

Family Day Care Inspection Compliance Plan

Provider's Name: **Nadene Thompson**

City: **Pierre**

Provider Number: **015508128**

Inspector: **Kelly Gnat**

Date of Inspection: **07/25/2018**

Time of Inspection: **9:47 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:

HL - Immunization Records
HL - Immunization Records
GN - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

08/31/2018

09/24/2018

Status: **Corrected**

Nadine Thompson

Provider Signature

07/25/2018

Date

Kelly Gnat

Inspector Signature

07/25/2018

Date