

Family Day Care Inspection Compliance Plan

Provider's Name: **Nadene Thompson**

City: **Pierre**

Provider Number: **015508128**

Inspector: **Kelly Gnat**

Date of Inspection: **07/14/2020**

Time of Inspection: **2:44 PM**

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:	Agency Action:	
HL - Immunization Records LP - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	08/14/2020	08/21/2020
	Status: Corrected	

Nadene Thompson

Provider Signature

07/14/2020

Date

Kelly Gnat

Inspector Signature

07/14/2020

Date