

# Family Day Care Inspection Compliance Plan

Provider's Name: **Shelby Braaten**

City: **Alcester**

Provider Number: **019525316**

Inspector: **Stacy Wildermuth**

Date of Inspection: **09/13/2018**

Time of Inspection: **7:52 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:	Agency Action:	
<b>CW - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>09/21/2018</b>	<b>09/24/2018</b>
	Status: <b>Corrected</b>	

**Shelby**

Provider Signature

**09/14/2018**

Date

**Stacy Wildermuth**

Inspector Signature

**09/14/2018**

Date