

Family Day Care Inspection Compliance Plan

Provider's Name: **Shelby Braaten**

City: **Alcester**

Provider Number: **019525316**

Inspector: **Stacy Wildermuth**

Date of Inspection: **06/16/2020**

Time of Inspection: **9:00 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:	
HD - Immunization Records MS - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	06/30/2020	07/10/2020
	Status: Corrected	

Shelby Braaten

Provider Signature

06/16/2020

Date

Stacy Wildermuth

Inspector Signature

06/16/2020

Date