

# Family Day Care Inspection Compliance Plan

Provider's Name: **Stephanie Skyberg**

City: **Madison**

Provider Number: **010605210**

Inspector: **Rachel Holm**

Date of Inspection: **01/22/2020**

Time of Inspection: **3:58 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:	
<b>CL - Immunization Records</b> <b>BS - Immunization Records</b> <b>CW - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>02/25/2020</b>	<b>02/12/2020</b>
	Status: <b>Corrected</b>	

**Stephanie Skyberg**

Provider Signature

**01/28/2020**

Date

**Rachel Holm**

Inspector Signature

**01/28/2020**

Date