

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amy Duncan**

City: **Mellette**

Provider Number: **011102364**

Inspector: **Eric Anderson**

Date of Inspection: **07/29/2020**

Time of Inspection: **11:09 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>RB - Immunization Records</b> <b>WH - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/15/2020</b>	<b>08/18/2020</b>
	Status: <b>Corrected</b>	

**Amy Duncan**

Provider Signature

**07/29/2020**

Date

**Eric Anderson**

Inspector Signature

**07/29/2020**

Date