

# Family Day Care Inspection Compliance Plan

Provider's Name: **April Cordie**

City: **Sisseton**

Provider Number: **011102500**

Inspector: **Kelly Gnat**

Date of Inspection: **06/11/2019**

Time of Inspection: **9:02 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:

**KR - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**07/11/2019**

**07/11/2019**

Status: **Corrected**

**April Cordie**

Provider Signature

**06/11/2019**

Date

**Kelly Gnat**

Inspector Signature

**06/11/2019**

Date