

Family Day Care Inspection Compliance Plan

Provider's Name: **Marta Swenson**

City: **Brookings**

Provider Number: **011517490**

Inspector: **Kelly Gnat**

Date of Inspection: **11/27/2018**

Time of Inspection: **3:11 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:	
XG - Immunization Records AH - Immunization Records JH - Immunization Records MK - Immunization Records MK - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	12/11/2018	12/19/2018
	Status: Corrected	

Marta Swenson

Provider Signature

11/27/2018

Date

Kelly Gnat

Inspector Signature

11/27/2018

Date