

Family Day Care Inspection Compliance Plan

Provider's Name: **Shelly Miller**

City: **Mitchell**

Provider Number: **019517496**

Inspector: **Ron Werner**

Date of Inspection: **08/07/2018**

Time of Inspection: **10:44 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:

MG - Immunization Records
KH - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

09/07/2018

Actual
Completion
Date:

09/05/2018

Status: **Corrected**

Shelly Miller

Provider Signature

08/07/2018

Date

Ron Werner

Inspector Signature

08/07/2018

Date