

Family Day Care Inspection Compliance Plan

Provider's Name: **Sharon Shantz**

City: **Redfield**

Provider Number: **013002034**

Inspector: **Julie Hermansen**

Date of Inspection: **12/06/2024**

Time of Inspection: **2:45 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
RH - Immunization Records CO - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	12/27/2024	12/30/2024
	Status: Corrected	

36. Do provider and family day care assistant 's records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
SS - Level II Complete	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	12/27/2024	12/19/2024
	Status: Corrected	

Sharon Shantz

Provider Signature

12/06/2024

Date

Julie Hermansen

Inspector Signature

12/06/2024

Date