

Family Day Care Inspection Compliance Plan

Provider's Name: **Vicki Anderson**

City: **Aberdeen**

Provider Number: **017504674**

Inspector: **Julie Hermansen**

Date of Inspection: **11/18/2022**

Time of Inspection: **10:45 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:

**CM - Emergency Permission
PM - Immunization Records
HR - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

11/30/2022

11/30/2022

Status: **Corrected**

Vicki Anderson

Provider Signature

11/18/2022

Date

Julie Hermansen

Inspector Signature

11/18/2022

Date