

Family Day Care Inspection Compliance Plan

Provider's Name: **Vicki Anderson**

City: **Aberdeen**

Provider Number: **017504674**

Inspector: **Clint Rux**

Date of Inspection: **10/16/2023**

Time of Inspection: **9:35 AM**

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:	
JP - Immunization Records HS - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	10/30/2023	11/28/2023
	Status: Corrected	

Vicki Anderson

Provider Signature

10/16/2023

Date

Clint Rux

Inspector Signature

10/16/2023

Date