

Family Day Care Inspection Compliance Plan

Provider's Name: **Vicki Anderson**

City: **Aberdeen**

Provider Number: **017504674**

Inspector: **Julie Hermansen**

Date of Inspection: **11/21/2024**

Time of Inspection: **12:17 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:

**NA - Immunization Records
JP - Immunization Records
HS - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/30/2024

Actual
Completion
Date:

11/30/2024

Status: **Corrected**

Vicki Anderson

Provider Signature

11/21/2024

Date

Julie Hermansen

Inspector Signature

11/21/2024

Date