

# Family Day Care Inspection Compliance Plan

Provider's Name: **Karry Borgan**

City: **Huron**

Provider Number: **010605652**

Inspector: **Jennie Halajian**

Date of Inspection: **02/28/2018**

Time of Inspection: **9:05 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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>EG - Immunization Records</b></li> <li><b>HG - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission, Immunization Records</b></li> <li><b>IG - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</b></li> <li><b>JG - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</b></li> <li><b>TH - Immunization Records</b></li> <li><b>JJ - Immunization Records</b></li> <li><b>EM - Immunization Records</b></li> <li><b>JM - Immunization Records</b></li> <li><b>EM - Immunization Records</b></li> <li><b>EP - Immunization Records</b></li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Suggested Completion Date:</td> <td style="width: 40%;">Actual Completion Date:</td> </tr> <tr> <td><b>03/28/2018</b></td> <td><b>03/27/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/28/2018</b>	<b>03/27/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>03/28/2018</b>	<b>03/27/2018</b>				

**Karry Borgan**

**02/28/2018**

Provider Signature

Date

**Jennie Halajian**

**02/28/2018**

Inspector Signature

Date