

Family Day Care Inspection Compliance Plan

Provider's Name: **Rosemary Menning**

City: **Mitchell**

Provider Number: **011509518**

Inspector: **Kelly Gnat**

Date of Inspection: **08/15/2019**

Time of Inspection: **3:30 PM**

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"> GD - Immunization Records JG - Immunization Records SH - Immunization Records WL - Immunization Records WL - Immunization Records ET - Immunization Records 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/15/2019</td> <td style="text-align: center;">08/19/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/15/2019	08/19/2019
Suggested Completion Date:	Actual Completion Date:				
09/15/2019	08/19/2019				

Rosemary Menning

Provider Signature

08/15/2019

Date

Kelly Gnat

Inspector Signature

08/15/2019

Date