

Family Day Care Inspection Compliance Plan

Provider's Name: **Ashley Mischke**

City: **Watertown**

Provider Number: **011516030**

Inspector: **Kelly Gnat**

Date of Inspection: **10/09/2019**

Time of Inspection: **10:00 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> <p>TB - Immunization Records EF - Immunization Records AG - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records KH - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records KH - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records SL - Emergency Contact, Emergency Permission, Immunization Records RP - Immunization Records WP - Immunization Records BT - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records XT - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records LZ - Immunization Records</p> | <p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Suggested Completion Date:</th> <th style="text-align: left;">Actual Completion Date:</th> </tr> </thead> <tbody> <tr> <td>11/09/2019</td> <td>11/19/2019</td> </tr> </tbody> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 11/09/2019 | 11/19/2019 |
|--|---|----------------------------|-------------------------|-------------------|-------------------|
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 11/09/2019 | 11/19/2019 | | | | |

Ashley Mischke

10/09/2019

Kelly Gnat

10/09/2019

Provider Signature

Date

Inspector Signature

Date