

Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle Barker**

City: **Castlewood**

Provider Number: **011517119**

Inspector: **Jennie Halajian**

Date of Inspection: **10/03/2018**

Time of Inspection: **9:29 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"> EA - Immunization Records HL - Immunization Records BR - Immunization Records JS - Immunization Records PVZ - 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;">11/03/2018</td> <td style="text-align: center;">11/14/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/03/2018	11/14/2018
Suggested Completion Date:	Actual Completion Date:				
11/03/2018	11/14/2018				

Michelle Barker

10/03/2018

Provider Signature

Date

Jennie Halajian

10/03/2018

Inspector Signature

Date