

# Family Day Care Inspection Compliance Plan

Provider's Name: **Laura Picek**

City: **Mitchell**

Provider Number: **014511746**

Inspector: **Kelly Gnat**

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

Time of Inspection: **11:44 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

Corrections To Be Made:	Agency Action:	
<b>MA - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>09/15/2019</b>	<b>08/16/2019</b>
	Status: <b>Corrected</b>	

**Laura Picek**

Provider Signature

**08/15/2019**

Date

**Kelly Gnat**

Inspector Signature

**08/15/2019**

Date