

Family Day Care Inspection Compliance Plan

Provider's Name: **Laura Picek**

City: **Mitchell**

Provider Number: **014511746**

Inspector: **Carrie Lewis**

Date of Inspection: **10/15/2020**

Time of Inspection: **10:30 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:

**WA - Immunization Records
ML - Immunization Records
AR - Immunization Records
ZW - Immunization Records**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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10/29/2020

10/26/2020

Status: **Corrected**

Laura Picek

Provider Signature

10/15/2020

Date

Carrie Lewis

Inspector Signature

10/15/2020

Date