

Family Day Care Inspection Compliance Plan

Provider's Name: **Samantha Menning**

City: **Mitchell**

Provider Number: **014511918**

Inspector: **Kelly Gnat**

Date of Inspection: **10/02/2018**

Time of Inspection: **12:45 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

A. Provider's Practices/Maximum Capacity/Care of Children

27. Are menus posted and retained for 6 months following the week it was prepared for? 67:42:03:13

Corrections To Be Made:

The menus are all on her computer and she will print and hang a menu.

***A weekly menu is being posted.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

10/15/2018

Actual
Completion
Date:

10/03/2018

Status: **Corrected**

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:

AM - Immunization Records

KM - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

10/15/2018

Actual
Completion
Date:

11/13/2018

Status: **Corrected**

Samantha Menning

Provider Signature

10/02/2018

Date

Kelly Gnat

Inspector Signature

10/02/2018

Date