

Family Day Care Inspection Compliance Plan

Provider's Name: **Tina Greger**

City: **Wagner**

Provider Number: **014512048**

Inspector: **Kenneth
Anderson**

Date of Inspection: **10/04/2018**

Time of Inspection: **8:17 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>CH - Immunization Records JH - Immunization Records IJ - Immunization Records SJ - Immunization Records TL - Immunization Records</p>	<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;">10/10/2018</td> <td style="text-align: center;">11/26/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/10/2018	11/26/2018
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10/10/2018	11/26/2018				

Tina Greger

Provider Signature

10/04/2018

Date

Kenneth Anderson

Inspector Signature

10/04/2018

Date