

Family Day Care Inspection Compliance Plan

Provider's Name: **Melissa Petersen**

City: **Winner**

Provider Number: **015508312**

Inspector: **Becky Hurst**

Date of Inspection: **10/25/2018**

Time of Inspection: **1:03 PM**

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"> CA - Emergency Permission LA - Emergency Permission MA - Emergency Permission AC - Emergency Permission KD - Emergency Permission DE - Emergency Permission HR - Emergency Permission LS - Emergency Permission CV - Emergency Permission GW - Emergency Permission 	<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;">11/08/2018</td> <td style="text-align: center;">11/27/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/08/2018	11/27/2018
Suggested Completion Date:	Actual Completion Date:				
11/08/2018	11/27/2018				

Melissa Petersen

10/25/2018

Provider Signature

Date

Becky Hurst

10/25/2018

Inspector Signature

Date