

Family Day Care Inspection Compliance Plan

Provider's Name: **Melissa Mallinger**

City: **Hartford**

Provider Number: **018042083**

Inspector: **Carrie Lewis**

Date of Inspection: **09/29/2020**

Time of Inspection: **2:40 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

Corrections To Be Made:	Agency Action:	
BN - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	10/29/2020	10/01/2020
	Status: Corrected	

Melissa Mallinger

Provider Signature

09/29/2020

Date

Carrie Lewis

Inspector Signature

09/29/2020

Date