

Family Day Care Inspection Compliance Plan

Provider's Name: **Abigail Klemisch**

City: **Tea**

Provider Number: **018042618**

Inspector: **Rita Trager**

Date of Inspection: **07/26/2018**

Time of Inspection: **7:58 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:	Agency Action:	
AG - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	07/31/2018	07/27/2018
	Status: Corrected	

Abigail Klemisch

Provider Signature

07/26/2018

Date

Rita Trager

Inspector Signature

07/26/2018

Date