

Family Day Care Inspection Compliance Plan

Provider's Name: **Rochelle Miller**

City: **Mitchell**

Provider Number: **019517496**

Inspector: **Deb Bigge**

Date of Inspection: **09/05/2019**

Time of Inspection: **1:43 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"> LG - Immunization Records HG - Immunization Records LG - Emergency Permission JH - Emergency Permission QH - Immunization Records KH - Emergency Permission CN - 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;">09/19/2019</td> <td style="text-align: center;">09/25/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/19/2019	09/25/2019
Suggested Completion Date:	Actual Completion Date:				
09/19/2019	09/25/2019				

Shelly Miller

Provider Signature

09/05/2019

Date

Deb Bigge

Inspector Signature

09/05/2019

Date