

# Family Day Care Inspection Compliance Plan

Provider's Name: **Rochelle Miller**

City: **Mitchell**

Provider Number: **019517496**

Inspector: **Carrie Lewis**

Date of Inspection: **08/12/2020**

Time of Inspection: **10:35 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:

**CA - Immunization Records**  
**JG - Immunization Records**  
**LG - Immunization Records**  
**AP - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**08/26/2020**

**08/28/2020**

Status: **Corrected**

**Rochelle Miller**

Provider Signature

**08/12/2020**

Date

**Carrie Lewis**

Inspector Signature

**08/12/2020**

Date