

Family Day Care Inspection Compliance Plan

Provider's Name: **Tracy Whittlinger**

City: **Aberdeen**

Provider Number: **011102299**

Inspector: **Clint Rux**

Date of Inspection: **07/30/2019**

Time of Inspection: **9:15 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:

SB - Immunization Records
HK - Immunization Records
MK - Immunization Records
TS - Immunization Records
VS - Immunization Records
HW - Enrollment Date, Information Sheet, Emergency Contact, Emergency
Permission
LW - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/15/2019

Actual
Completion
Date:

08/30/2019

Status: **Corrected**

Tracy Whittlinger

Provider Signature

07/30/2019

Date

Clint Rux

Inspector Signature

07/30/2019

Date