

# Family Day Care Inspection Compliance Plan

Provider's Name: **Lacey Branham**

City: **Baltic**

Provider Number: **018042445**

Inspector: **Kelly Gnat**

Date of Inspection: **09/26/2018**

Time of Inspection: **12:30 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:

**LB - Immunization Records**  
**JD - Immunization Records**  
**EH - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**10/26/2018**

Actual  
Completion  
Date:

**10/16/2018**

Status: **Corrected**

**Lacey Branham**

Provider Signature

**09/26/2018**

Date

**Kelly Gnat**

Inspector Signature

**09/26/2018**

Date