

# Family Day Care Inspection Compliance Plan

Provider's Name: **Lacey Branham**

City: **Baltic**

Provider Number: **018042445**

Inspector: **Denise Ferguson**

Date of Inspection: **03/02/2020**

Time of Inspection: **9:26 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

32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:

**CB - C A/N Report Statement**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**04/02/2020**

Actual  
Completion  
Date:

**03/25/2020**

Status: **Corrected**

## C. Health & Safety Features of the Home - Indoor Environmental Observations

72. Is there documentation showing pets have current vaccination records? 67:42:03:22

Corrections To Be Made:

**Current shot records unavailable for Tigra. Send current record to CCS.**

**\*Updated shots received.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**04/02/2020**

Actual  
Completion  
Date:

**03/12/2020**

Status: **Corrected**

**Lacey Branham**

Provider Signature

**03/02/2020**

Date

**Denise Ferguson**

Inspector Signature

**03/02/2020**

Date