

Family Day Care Inspection Compliance Plan

Provider's Name: **Christie Finck**

City: **Madison**

Provider Number: **010601690**

Inspector: **Elijah Ehresmann**

Date of Inspection: **07/09/2019**

Time of Inspection: **11:14 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:	Agency Action:	
EP - Immunization Records ET - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	08/09/2019	07/23/2019
	Status: Corrected	

Christie Finck

Provider Signature

07/09/2019

Date

Elijah Ehresmann

Inspector Signature

07/09/2019

Date