

Family Day Care Inspection Compliance Plan

Provider's Name: **Teresa Rippentrop**

City: **Lennox**

Provider Number: **010602899**

Inspector: **Michael Czmowski**

Date of Inspection: **06/15/2020**

Time of Inspection: **10:30 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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> AB - Immunization Records EE - Immunization Records BF - Immunization Records BF - Immunization Records EH - Emergency Contact, Emergency Permission, Immunization Records BH - Immunization Records BK - Immunization Records NR - Immunization Records TVS - Emergency Permission 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">06/30/2020</td> <td style="text-align: center;">07/06/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	06/30/2020	07/06/2020
Suggested Completion Date:	Actual Completion Date:				
06/30/2020	07/06/2020				

Teresa Rippentrop

Provider Signature

06/23/2020

Date

Michael Czmowski

Inspector Signature

06/23/2020

Date