

# Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle McGuire**

City: **Black Hawk**

Provider Number: **010605017**

Inspector: **Jon Farrar**

Date of Inspection: **11/12/2019**

Time of Inspection: **9:05 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

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

45. Is the home clean, organized, free of litter & rubbish? 67:42:03:12

Corrections To Be Made:

**The reach in cooler needs to be cleaned; areas of the home need to have the clutter removed/organized; areas of the flooring is damage. Provider is in the process of cleaning. Correction: Provider cleaned and organized the home.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**11/19/2019**

Status: **Corrected**

Actual  
Completion  
Date:

**11/15/2019**

**Michelle McGuire**

Provider Signature

**11/12/2019**

Date

**Jon Farrar**

Inspector Signature

**11/12/2019**

Date