

# Family Day Care Inspection Compliance Plan

Provider's Name: **Tara Mettler**

City: **Summerset**

Provider Number: **010605230**

Inspector: **Lori Janssen**

Date of Inspection: **04/17/2018**

Time of Inspection: **8:47 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:	
<b>ME - Immunization Records</b> <b>AJ - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>05/04/2018</b>	<b>04/18/2018</b>
	Status: <b>Corrected</b>	

**Tara Mettler**

Provider Signature

**04/17/2018**

Date

**Lori Janssen**

Inspector Signature

**04/17/2018**

Date