

Family Day Care Inspection Compliance Plan

Provider's Name: **Angela Seefeldt**

City: **Clark**

Provider Number: **011102302**

Inspector: **Jennie Halajian**

Date of Inspection: **10/17/2018**

Time of Inspection: **8:57 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> <p>AB - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</p> <p>AD - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</p> <p>CF - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</p> <p>NH - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</p> <p>LJ - Immunization Records</p> <p>AM - Enrollment Date, Emergency Contact, Emergency Permission</p> <p>TM - Immunization Records</p> <p>HS - Immunization Records</p> <p>WW - Immunization Records</p>	<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;">11/17/2018</td> <td style="text-align: center;">11/21/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/17/2018	11/21/2018
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11/17/2018	11/21/2018				

Angela Seefeldt

10/17/2018

Jennie Halajian

10/17/2018

Provider Signature

Date

Inspector Signature

Date