

Family Day Care Inspection Compliance Plan

Provider's Name: **Brandi Uecker- Hallstrom**

City: **Clark**

Provider Number: **011102485**

Inspector: **Kelly Gnat**

Date of Inspection: **07/17/2019**

Time of Inspection: **10:15 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"> BH - Immunization Records ES - Emergency Permission, Immunization Records EW - Emergency Permission KW - Emergency Permission KW - 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;">08/01/2019</td> <td style="text-align: center;">08/09/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/01/2019	08/09/2019
Suggested Completion Date:	Actual Completion Date:				
08/01/2019	08/09/2019				

Brandi Uecker-Hallstrom

07/17/2019

Provider Signature

Date

Kelly Gnat

07/17/2019

Inspector Signature

Date