

Family Day Care Inspection Compliance Plan

Provider's Name: **Beth Salmen**

City: **Madison**

Provider Number: **011507507**

Inspector: **Lara Kvale**

Date of Inspection: **04/09/2018**

Time of Inspection: **9:22 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:

KJ - Immunization Records
CM - Immunization Records
RM - Immunization Records
WM - Emergency Permission, Immunization Records
JR - Emergency Contact
PR - Emergency Contact

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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05/09/2018

04/30/2018

Status: **Corrected**

Beth Salmen

Provider Signature

04/09/2018

Date

Lara Kvale

Inspector Signature

04/09/2018

Date