

Family Day Care Inspection Compliance Plan

Provider's Name: **Beth Salmon**

City: **Madison**

Provider Number: **011507507**

Inspector: **Elijah Ehresmann**

Date of Inspection: **02/26/2019**

Time of Inspection: **9:31 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

32. Do provider and helper records contain all required information? 67:42:03:07.03

<p>Corrections To Be Made:</p> <p>Child immunizations were not up to date.</p> <p>**Updated immunizations were obtained and filed in child record folders.**</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Suggested Completion Date:</td> <td style="width: 40%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">03/26/2019</td> <td style="text-align: center;">03/26/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/26/2019	03/26/2019
Suggested Completion Date:	Actual Completion Date:				
03/26/2019	03/26/2019				

Beth Salmon

Provider Signature

02/26/2019

Date

Elijah Ehresmann

Inspector Signature

02/26/2019

Date