

# Family Day Care Inspection Compliance Plan

Provider's Name: **Olivia Monclova**

City: **Scotland**

Provider Number: **014512519**

Inspector: **Kenneth  
Anderson**

Date of Inspection: **08/03/2020**

Time of Inspection: **10:24 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>MB - Immunization Records</b>	<b>Compliance Plan</b>	
<b>JF - Immunization Records</b>	Suggested Completion Date:	
<b>MF - Immunization Records</b>	Actual Completion Date:	
<b>NF - Immunization Records</b>	<b>08/20/2020</b>	<b>09/28/2020</b>
	Status: <b>Corrected</b>	

**Olivia Monmclova**

Provider Signature

**08/03/2020**

Date

**Kenneth Anderson**

Inspector Signature

**08/03/2020**

Date