

# Family Day Care Inspection Compliance Plan

Provider's Name: **Connie Lamp**

City: **Canton**

Provider Number: **017502579**

Inspector: **Kelly Gnat**

Date of Inspection: **10/04/2019**

Time of Inspection: **1:32 PM**

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>RO - Immunization Records</b> <b>AS - Immunization Records</b> <b>AS - Immunization Records</b> <b>MS - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>10/31/2019</b>	<b>11/11/2019</b>
	Status: <b>Corrected</b>	

## C. Health & Safety Features of the Home - Indoor Environmental Observations

72. Is there documentation showing pets have current vaccination records? 67:42:03:22

Corrections To Be Made:	Agency Action:	
<b>Updated vaccination records are needed for one of the pets.</b> <b>***Current vaccination records were received for the dog.</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>10/31/2019</b>	<b>11/01/2019</b>
	Status: <b>Corrected</b>	

**Connie Lamp**

Provider Signature

**10/04/2019**

Date

**Kelly Gnat**

Inspector Signature

**10/04/2019**

Date