

Family Day Care Inspection Compliance Plan

Provider's Name: **Trisha Lensing**

City: **Wagner**

Provider Number: **019519633**

Inspector: **Kenneth
Anderson**

Date of Inspection: **07/25/2018**

Time of Inspection: **8:21 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:

AB - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/01/2018

Actual
Completion
Date:

07/30/2018

Status: **Corrected**

Trisha Lensing

Provider Signature

07/25/2018

Date

Kenneth Anderson

Inspector Signature

07/25/2018

Date