

Family Day Care Inspection Compliance Plan

Provider's Name: **Trisha Lensing**

City: **Wagner**

Provider Number: **019519633**

Inspector: **Kenneth
Anderson**

Date of Inspection: **05/18/2020**

Time of Inspection: **9:25 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:

**LC - Immunization Records
FJ - Immunization Records
SJ - Immunization Records
XP - Immunization Records
SV - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/31/2020

Actual
Completion
Date:

06/09/2020

Status: **Corrected**

Trisha Lensing

Provider Signature

05/18/2020

Date

Kenneth Anderson

Inspector Signature

05/18/2020

Date