Family Day Care Inspection
Compliance Plan

Provider's Name:	**KELLIE KEEGAN**	City:	**Hermosa**	Provider Number:	**010603750**
Inspector:	**Meredith Schrier**	Date of Inspection:	**09/11/2023**	Time of Inspection:	**10:15 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:

A - Immunization Records
RA - Immunization Records
BH - Immunization Records
WH - Immunization Records
CP - Immunization Records
RP - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/30/2023	**09/27/2023**

Status: **Corrected**

KELLIE KEEGAN	**09/11/2023**	**Meredith Schrier**	**09/11/2023**
Provider Signature	Date	Inspector Signature	Date