

# Family Day Care Inspection Compliance Plan

Provider's Name: **Karry Borgan**

City: **Huron**

Provider Number: **010605652**

Inspector: **Neal Cruse**

Date of Inspection: **10/03/2023**

Time of Inspection: **9:13 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:

**SB - Immunization Records**  
**ML - Immunization Records**  
**GN - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**10/17/2023**

**11/30/2023**

Status: **Corrected**

**Karry Borgan**

Provider Signature

**10/03/2023**

Date

**Neal Cruse**

Inspector Signature

**10/03/2023**

Date