

Family Day Care Inspection Compliance Plan

Provider's Name: **Katherine Blachford**

City: **Box Elder**

Provider Number: **010609279**

Inspector: **Tina Uecker**

Date of Inspection: **11/20/2023**

Time of Inspection: **10:00 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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> KB - Emergency Permission MB - Information Sheet, Emergency Contact, Emergency Permission SC - Immunization Records KD - Immunization Records LM - Immunization Records WM - Immunization Records BT - Immunization Records JT - Immunization Records LT - Immunization Records LT - Immunization Records 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">12/10/2023</td> <td style="text-align: center;">11/16/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/10/2023	11/16/2024
Suggested Completion Date:	Actual Completion Date:				
12/10/2023	11/16/2024				

Katherine Blachford

01/16/2024

Provider Signature

Date

Tina Uecker

01/16/2024

Inspector Signature

Date