

Program Inspection Compliance Plan

Provider's Name: **Burke Daycare Inc.**

City: **Burke**

Provider Number: **010611327**

Inspector: **Sarah Deakins**

Date of Inspection: **09/15/2023**

Time of Inspection: **2:04 PM**

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

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

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

Corrections To Be Made:	Agency Action:	
BF - Immunization Records JF - Immunization Records OH - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/22/2023	09/19/2023
	Status: Corrected	

Laurie Piskulka

Provider Signature

09/15/2023

Date

Sarah Deakins

Inspector Signature

09/15/2023

Date