

# Program Inspection Compliance Plan

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

City: **Burke**

Provider Number: **010611327**

Inspector: **Sarah Deakins**

Date of Inspection: **10/09/2024**

Time of Inspection: **11:28 AM**

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:

**NV - Immunization Records**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**11/09/2024**

Actual  
Completion  
Date:

**11/07/2024**

Status: **Corrected**

**Laurie Pistaulka**

Provider Signature

**10/09/2024**

Date

**Sarah Deakins**

Inspector Signature

**10/09/2024**

Date