

# Family Day Care Inspection Compliance Plan

Provider's Name: **Tracy Whittlinger**

City: **Aberdeen**

Provider Number: **011102299**

Inspector: **Julie Hermansen**

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

Time of Inspection: **1:38 PM**

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:	Agency Action:
<b>LB - Immunization Records</b>	<b>Compliance Plan</b>
<b>LH - Immunization Records</b>	Suggested Completion Date:
<b>JW - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission</b>	Actual Completion Date:
	<b>10/25/2023</b>
	<b>10/31/2023</b>
	Status: <b>Corrected</b>

**Tracy Whittlinger**

Provider Signature

**10/10/2023**

Date

**Julie Hermansen**

Inspector Signature

**10/10/2023**

Date