

Family Day Care Inspection Compliance Plan

Provider's Name: **Tracy Whittlinger**

City: **Aberdeen**

Provider Number: **011102299**

Inspector: **Clint Rux**

Date of Inspection: **10/17/2024**

Time of Inspection: **9:30 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: | Agency Action: | |
| LH - Immunization Records | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 11/10/2024 | 12/02/2024 |
| | Status: Corrected | |

Tracy Whittlinger

Provider Signature

10/17/2024

Date

Clint Rux

Inspector Signature

10/17/2024

Date