Family Day Care Inspection
Compliance Plan

Provider's Name:	**Melissa Larson**	City:	**Warner**	Provider Number:	**011102360**
Inspector:	**Clint Rux**	Date of Inspection:	**02/28/2024**	Time of Inspection:	**10:10 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:	
PH - Immunization Records	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	03/14/2024	**03/11/2024**
	Status: **Corrected**	

Melissa Larson	**02/28/2024**	**Clint Rux**	**02/28/2024**
Provider Signature	Date	Inspector Signature	Date