Family Day Care Inspection
Compliance Plan

Provider's Name:	**Laura Picek**	City:	**Mitchell**	Provider Number:	**014511746**
Inspector:	**Neal Cruse**	Date of Inspection:	**11/13/2024**	Time of Inspection:	**1:21 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:	
VF - Immunization Records **SR - Immunization Records**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	11/23/2024	**11/14/2024**
	Status: **Corrected**	

Laura Picek	**11/13/2024**	**Neal Cruse**	**11/13/2024**
Provider Signature	Date	Inspector Signature	Date