

Family Day Care Inspection Compliance Plan

Provider's Name: **Carmen Fischer**

City: **Mitchell**

Provider Number: **014512063**

Inspector: **Renee Strong**

Date of Inspection: **07/22/2024**

Time of Inspection: **8:30 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:	
KK - Immunization Records CS - Immunization Records SW - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	08/05/2024	08/06/2024
	Status: Corrected	

Carmen Fischer

Provider Signature

07/22/2024

Date

Renee Strong

Inspector Signature

07/22/2024

Date