

Family Day Care Inspection Compliance Plan

Provider's Name: **Susanne Davis**

City: **Box Elder**

Provider Number: **016598710**

Inspector: **Tina Uecker**

Date of Inspection: **03/26/2024**

Time of Inspection: **2:00 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:	
AA - Immunization Records AB - Immunization Records AB - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	04/15/2024	04/02/2024
	Status: Corrected	

Susanne Davis

Provider Signature

04/05/2024

Date

Tina Uecker

Inspector Signature

04/05/2024

Date