

Family Day Care Inspection Compliance Plan

Provider's Name: **Kelsey Blair**

City: **Harrisburg**

Provider Number: **018042911**

Inspector: **Teri Pieters**

Date of Inspection: **04/19/2024**

Time of Inspection: **9:55 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:	
IO - Immunization Records MO - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	04/26/2024	04/26/2024
	Status: Corrected	

Kelsey Blair

Provider Signature

04/19/2024

Date

Teri Pieters

Inspector Signature

04/19/2024

Date