Family Day Care Inspection
Compliance Plan

Provider's Name:	**Racheal Embrock**	City:	**Alcester**	Provider Number:	**018042992**
Inspector:	**Stacy Wildermuth**	Date of Inspection:	**10/22/2024**	Time of Inspection:	**9:00 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:

CG - Immunization Records
CG - Immunization Records
SN - Immunization Records
KS - Immunization Records
CV - Immunization Records
JZ - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/05/2024	**11/05/2024**

Status: **Corrected**

Racheal Embrock	**10/22/2024**	**Stacy Wildermuth**	**10/22/2024**
Provider Signature	Date	Inspector Signature	Date