

Family Day Care Inspection Compliance Plan

Provider's Name: **Shannon Powell**

City: **Summerset**

Provider Number: **014511862**

Inspector: **Lori Janssen**

Date of Inspection: **08/25/2020**

Time of Inspection: **8:03 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:	Agency Action:	
CJ - Immunization Records RJ - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/25/2020	09/24/2020
	Status: Corrected	

Shannon Powell

Provider Signature

08/25/2020

Date

Lori Janssen

Inspector Signature

08/25/2020

Date