

Family Day Care Inspection Compliance Plan

Provider's Name: **Ramona Adams**

City: **Newell**

Provider Number: **016536154**

Inspector: **Lori Janssen**

Date of Inspection: **09/24/2018**

Time of Inspection: **9:01 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:	
OB - Immunization Records MM - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	10/05/2018	10/11/2018
	Status: Corrected	

Ramona Adams

Provider Signature

09/24/2018

Date

Lori Janssen

Inspector Signature

09/24/2018

Date