

# Family Day Care Inspection Compliance Plan

Provider's Name: **RAMONA ADAMS**

City: **Newell**

Provider Number: **016536154**

Inspector: **Lori Janssen**

Date of Inspection: **08/20/2019**

Time of Inspection: **9:51 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:

**ME - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**08/30/2019**

Actual  
Completion  
Date:

**08/20/2019**

Status: **Corrected**

**Ramona Adams**

Provider Signature

**08/20/2019**

Date

**Lori Janssen**

Inspector Signature

**08/20/2019**

Date