

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jessica Hanson**

City: **Lennox**

Provider Number: **018042740**

Inspector: **Kenneth  
Anderson**

Date of Inspection: **08/27/2018**

Time of Inspection: **11:57 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

<p>Corrections To Be Made:</p> <p><b>CH - Enrollment Date</b>  <b>NM - Immunization Records</b>  <b>JW - Enrollment Date</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>08/30/2018</b></td> <td style="text-align: center;"><b>09/26/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>08/30/2018</b>	<b>09/26/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>08/30/2018</b>	<b>09/26/2018</b>				

**Jessica Hanson**

Provider Signature

**08/27/2018**

Date

**Kenneth Anderson**

Inspector Signature

**08/27/2018**

Date