

Family Day Care Inspection Compliance Plan

Provider's Name: **Katrina Kolb**

City: **Belle Fourche**

Provider Number: **016597861**

Inspector: **Lori Janssen**

Date of Inspection: **09/01/2020**

Time of Inspection: **8:02 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:	
CB - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/15/2020	09/14/2020
	Status: Corrected	

Katrina Kolb

Provider Signature

09/01/2020

Date

Lori Janssen

Inspector Signature

09/01/2020

Date