

# Family Day Care Inspection Compliance Plan

Provider's Name: **Sarah Jones**

City: **Faith**

Provider Number: **016597868**

Inspector: **Ann Marie Sailer**

Date of Inspection: **09/28/2020**

Time of Inspection: **10:00 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:	
<b>DH - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>10/12/2020</b>	<b>10/07/2020</b>
	Status: <b>Corrected</b>	

**Sarah Jones**

Provider Signature

**09/28/2020**

Date

**Ann Marie Sailer**

Inspector Signature

**09/28/2020**

Date