

Family Day Care Inspection Compliance Plan

Provider's Name: **Tabatha Appel**

City: **Black Hawk**

Provider Number: **016598612**

Inspector: **Jon Farrar**

Date of Inspection: **03/09/2020**

Time of Inspection: **10:44 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:

WD - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

04/01/2020

Actual
Completion
Date:

04/21/2020

Status: **Corrected**

tabatha appel

Provider Signature

03/09/2020

Date

Jon Farrar

Inspector Signature

03/09/2020

Date