Family Day Care Inspection
Compliance Plan

Provider's Name:	**Sarah Flatten**	City:	**Colman**	Provider Number:	**011516888**
Inspector:	**Ambuer Jaacks**	Date of Inspection:	**03/02/2023**	Time of Inspection:	**10:23 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:

GR - Emergency Permission
RR - Emergency Permission, Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
03/30/2023	**03/27/2023**

Status: **Corrected**

Sarah Flatten	**03/02/2023**	**Ambuer Jaacks**	**03/02/2023**
Provider Signature	Date	Inspector Signature	Date