

Family Day Care Inspection Compliance Plan

Provider's Name: **Angie Moon**

City: **Mitchell**

Provider Number: **014511422**

Inspector: **Josh Engquist**

Date of Inspection: **10/06/2022**

Time of Inspection: **11:54 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:

JK - Immunization Records
VS - Immunization Records
WW - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

11/06/2022

11/08/2022

Status: **Corrected**

Angie Moon

Provider Signature

10/06/2022

Date

Josh Engquist

Inspector Signature

10/06/2022

Date