Family Day Care Inspection
Compliance Plan

Provider's Name:	**Pamela Jensen**	City:	**Freeman**	Provider Number:	**018030096**
Inspector:	**Kenneth Anderson**	Date of Inspection:	**12/12/2022**	Time of Inspection:	**11:31 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:

AG - Immunization Records
CS - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
01/31/2023	**01/24/2023**

Status: **Corrected**

Pmuela Jensen	**12/12/2022**	**Kenneth Anderson**	**12/12/2022**
Provider Signature	Date	Inspector Signature	Date