Family Day Care Inspection
Compliance Plan

Provider's Name:	**Pamela Jensen**	City:	**Freeman**	Provider Number:	**018030096**
Inspector:	**Deb Bigge**	Date of Inspection:	**04/24/2024**	Time of Inspection:	**12:47 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:

AG - Immunization Records
MG - Immunization Records
BH - Immunization Records
JU - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
05/08/2024	**05/16/2024**

Status: **Corrected**

C. Health and Safety Features of the Home- Indoor Environmental Observations

52. Is there an operating smoke detector with audible alarm located on each level of the home (regardless if level is used for care of children or not)? 67:42:17:37

Corrections To Be Made:

The smoke detector in the basement was not functional at the time of inspection.

An operating smoke detector is needed on each level of the home.

Verification was received that the detector was functional.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
04/24/2024	**04/24/2024**

Status: **Corrected**

Pamela Jensen	04/24/2024	Deb Bigge	04/24/2024
Provider Signature	Date	Inspector Signature	Date