

Family Day Care Inspection Compliance Plan

Provider's Name: **Mallory Zell**

City: **Garretson**

Provider Number: **018043126**

Inspector: **Sarah Boese**

Date of Inspection: **07/26/2024**

Time of Inspection: **2:33 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:	Agency Action:	
GB - Emergency Permission SB - Emergency Permission CD - Emergency Permission CD - Emergency Permission OD - Emergency Permission HH - Emergency Permission	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	08/02/2024	07/30/2024
	Status: Corrected	

Mallory Zell

Provider Signature

07/26/2024

Date

Sarah Boese

Inspector Signature

07/26/2024

Date