Family Day Care Inspection
Compliance Plan

Provider's Name:	**Sara Elways**	City:	**Humboldt**	Provider Number:	**018043189**
Inspector:	**Sarah Boese**	Date of Inspection:	**03/21/2024**	Time of Inspection:	**11:35 AM**

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:	
GR - Emergency Contact, Emergency Permission	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	03/30/2024	**04/09/2024**
	Status: **Corrected**	

Sara Elways	**03/21/2024**	**Sarah Boese**	**03/21/2024**
Provider Signature	Date	Inspector Signature	Date