Family Day Care Inspection
Compliance Plan

Provider's Name:	**Shannon Johns**	City:	**Canistota**	Provider Number:	**019520631**
Inspector:	**Carrie Lewis**	Date of Inspection:	**09/20/2023**	Time of Inspection:	**10:00 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:

FK - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/04/2023	**09/22/2023**

Status: **Corrected**

36. D o provider and family day care assistant ' s records contain all required information? 67:42:17:15

Corrections To Be Made:

CP - Five Year Screen

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/20/2023	**11/17/2023**

Status: **Corrected**

Shannon Johns	**09/20/2023**	**Carrie Lewis**	**09/20/2023**
Provider Signature	Date	Inspector Signature	Date