

Family Day Care Inspection Compliance Plan

Provider's Name: **Janet Hofer**

City: **Sioux Falls**

Provider Number: **010604618**

Inspector: **Brooke Flemmer**

Date of Inspection: **04/03/2023**

Time of Inspection: **8:46 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:

CC - Emergency Contact, Immunization Records
BF - Emergency Contact, Immunization Records
GH - Emergency Contact
MH - Emergency Contact, Immunization Records
BL - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

04/17/2023

Actual
Completion
Date:

04/17/2023

Status: **Corrected**

Janet Hofer

Provider Signature

04/03/2023

Date

Brooke Flemmer

Inspector Signature

04/03/2023

Date