

Family Day Care Inspection Compliance Plan

Provider's Name: **Patricia Berven**

City: **Pierre**

Provider Number: **010609240**

Inspector: **Chad Wrightson**

Date of Inspection: **12/05/2022**

Time of Inspection: **8:00 AM**

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

B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:

TM - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

01/05/2023

Actual
Completion
Date:

12/06/2022

Status: **Corrected**

Patricia Berven

Provider Signature

12/05/2022

Date

Chad Wrightson

Inspector Signature

12/05/2022

Date