

Family Day Care Inspection Compliance Plan

Provider's Name: **Linda Hothem**

City: **Belle Fourche**

Provider Number: **016598636**

Inspector: **Andrea Neff**

Date of Inspection: **08/03/2022**

Time of Inspection: **9:00 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

32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:

**DH - Address & Phone Number, Three References, C A/N Report Statement, Timely Orientation
LH - C A/N Report Statement**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

08/31/2022

08/15/2022

Status: **Corrected**

Linda Hothem

Provider Signature

08/11/2022

Date

Andrea Neff

Inspector Signature

08/11/2022

Date