

# Family Day Care Inspection Compliance Plan

Provider's Name: **Pamela Hamilton**

City: **Yankton**

Provider Number: **019511188**

Inspector: **Stacy Wildermuth**

Date of Inspection: **10/13/2023**

Time of Inspection: **8:40 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:

**BB - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**10/27/2023**

Actual  
Completion  
Date:

**10/27/2023**

Status: **Corrected**

**Pamela Hamilton**

Provider Signature

**10/13/2023**

Date

**Stacy Wildermuth**

Inspector Signature

**10/13/2023**

Date