

# Family Day Care Inspection Compliance Plan

Provider's Name: **Virginia Ochsner**

City: **Sioux Falls**

Provider Number: **010605478**

Inspector: **Rita Trager**

Date of Inspection: **07/24/2019**

Time of Inspection: **7:44 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:	Agency Action:	
<b>WH - Immunization Records</b> <b>CK - Immunization Records</b> <b>CL - Immunization Records</b> <b>ML - Immunization Records</b> <b>NN - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/15/2019</b>	<b>08/14/2019</b>
	Status: <b>Corrected</b>	

**Virginia Ochsner**

Provider Signature

**07/24/2019**

Date

**Rita Trager**

Inspector Signature

**07/24/2019**

Date