

Family Day Care Inspection Compliance Plan

Provider's Name: **Janet Hofer**

City: **Sioux Falls**

Provider Number: **010604618**

Inspector: **Shannon Terhark**

Date of Inspection: **07/10/2018**

Time of Inspection: **10:45 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:	
BA - Immunization Records BL - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	07/31/2018	07/13/2018
	Status: Corrected	

Janet Hofer

Provider Signature

07/10/2018

Date

Shannon Terhark

Inspector Signature

07/10/2018

Date