

Family Day Care Inspection Compliance Plan

Provider's Name: **Jennifer Holthe**

City: **Sioux Falls**

Provider Number: **010604845**

Inspector: **Rita Trager**

Date of Inspection: **09/17/2019**

Time of Inspection: **8:02 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:

CB - Immunization Records
EI - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

09/30/2019

Actual
Completion
Date:

09/26/2019

Status: **Corrected**

Jenna Holthe

Provider Signature

09/17/2019

Date

Rita Trager

Inspector Signature

09/17/2019

Date