

Family Day Care Inspection Compliance Plan

Provider's Name: **Kathy Bitner**

City: **Dell Rapids**

Provider Number: **011502570**

Inspector: **Denise Ferguson**

Date of Inspection: **09/09/2020**

Time of Inspection: **10:03 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:	
LD - Immunization Records KH - Immunization Records PL - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/30/2020	09/23/2020
	Status: Corrected	

Kathy Bitner

Provider Signature

09/09/2020

Date

Denise Ferguson

Inspector Signature

09/09/2020

Date