

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jane Bochman**

City: **Yankton**

Provider Number: **018035049**

Inspector: **Stacy Wildermuth**

Date of Inspection: **09/27/2018**

Time of Inspection: **9:30 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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>WH - Immunization Records</b></li> <li><b>TJ - Immunization Records</b></li> <li><b>JM - Immunization Records</b></li> <li><b>MM - Immunization Records</b></li> <li><b>RM - Immunization Records</b></li> <li><b>JY - Immunization Records</b></li> <li><b>MY - Immunization Records</b></li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>11/04/2018</b></td> <td style="text-align: center;"><b>10/22/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/04/2018</b>	<b>10/22/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>11/04/2018</b>	<b>10/22/2018</b>				

Jane  
Provider Signature

09/27/2018  
Date

Stacy Wildermuth  
Inspector Signature

09/27/2018  
Date