

Family Day Care Inspection Compliance Plan

Provider's Name: **Bobbie Kurtenbach**

City: **Mitchell**

Provider Number: **019004549**

Inspector: **Deb Bigge**

Date of Inspection: **06/05/2020**

Time of Inspection: **2:04 PM**

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:

**RA - Immunization Records
AE - Immunization Records
CS - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

06/19/2020

06/19/2020

Status: **Corrected**

Bobbie Kurtenbach

Provider Signature

06/19/2020

Date

Deb Bigge

Inspector Signature

06/19/2020

Date