

Family Day Care Inspection Compliance Plan

Provider's Name: **Sue Kelley**

City: **Brookings**

Provider Number: **011511027**

Inspector: **Charles Schmidt**

Date of Inspection: **08/03/2020**

Time of Inspection: **2:15 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

34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

Corrections To Be Made:

Unable to locate documentation at time of inspection.

.....
Provider needs 2.5 hours of training to meet compliance.

.....
Provider completed the needed hours of training to meet compliance.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

09/21/2020

Actual
Completion
Date:

09/21/2020

Status: **Corrected**

Susan Kelley

Provider Signature

08/03/2020

Date

Charles Schmidt

Inspector Signature

08/03/2020

Date