

# Family Day Care Inspection Compliance Plan

Provider's Name: **Natalia Langbehn**

City: **Brookings**

Provider Number: **011517354**

Inspector: **Rachel Holm**

Date of Inspection: **01/22/2020**

Time of Inspection: **1:00 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:

**SJ - Immunization Records  
EW - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**02/22/2020**

Actual  
Completion  
Date:

**01/27/2020**

Status: **Corrected**

42. Does the provider have documentation showing four fire drills and one tornado drill was conducted in the past year? 67:42:03:11.03

Corrections To Be Made:

**Four fire drills and one tornado drill need to be completed and documented yearly.**

**\*\*Provider will assure that adequate drills are completed and documented yearly going forward.\*\***

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**01/22/2020**

Actual  
Completion  
Date:

**01/22/2020**

Status: **Corrected Immediately**

**Natalia Langbehn**

Provider Signature

**01/27/2020**

Date

**Rachel Holm**

Inspector Signature

**01/22/2020**

Date