

Family Day Care Inspection Compliance Plan

Provider's Name: **Lynette Lohan**

City: **Sioux Falls**

Provider Number: **018014192**

Inspector: **Charles Anderson**

Date of Inspection: **07/05/2018**

Time of Inspection: **9:35 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:

**AB - Immunization Records
GH - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

07/19/2018

Actual
Completion
Date:

07/12/2018

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:

The provider has not been documenting the fire drills however fire drills are conducted monthly. Ensure the fire drills are documented.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

07/19/2018

Actual
Completion
Date:

07/12/2018

Status: **Corrected**

Lynette Lohan

Provider Signature

07/05/2018

Date

Charles Anderson

Inspector Signature

07/05/2018

Date