

Family Day Care Inspection Compliance Plan

Provider's Name: **Jill Hanson**

City: **Sioux Falls**

Provider Number: **018042650**

Inspector: **Rita Trager**

Date of Inspection: **02/12/2019**

Time of Inspection: **10:06 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

39. Does the provider have a written plan for prevention and response to emergencies due to food and allergic reactions? 67:42:03:13

Corrections To Be Made:

**Develop written plan for orange allergy
*Wirtten plan received on 02/27/19.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

02/28/2019

02/27/2019

Status: **Corrected**

Jill Hanson

Provider Signature

02/12/2019

Date

Rita Trager

Inspector Signature

02/12/2019

Date