

# Family Day Care Inspection Compliance Plan

Provider's Name: **Nahida Barwari**

City: **Sioux Falls**

Provider Number: **010604963**

Inspector: **Rita Trager**

Date of Inspection: **09/18/2023**

Time of Inspection: **7:35 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## B. Record Keeping/Emergency Preparedness

41. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

Corrections To Be Made:	Agency Action:
<b>Updated emergency preparedness and response plan to be developed and provided to OLA</b>	<b>Compliance Plan</b>
<b>*Correction: updated emergency preparedness and response plan received.</b>	Suggested Completion Date: <b>09/30/2023</b>
	Actual Completion Date: <b>09/21/2023</b>
	Status: <b>Corrected</b>

**Nahida Barwari**

Provider Signature

**09/18/2023**

Date

**Rita Trager**

Inspector Signature

**09/18/2023**

Date