

Family Day Care Inspection Compliance Plan

Provider's Name: **Lynette Lohan**

City: **Sioux Falls**

Provider Number: **018014192**

Inspector: **Sarah Boese**

Date of Inspection: **08/23/2023**

Time of Inspection: **9:40 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

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:

CC - Immunization Records
LG - Immunization Records
JK - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/30/2023

Actual
Completion
Date:

08/28/2023

Status: **Corrected**

Lynette Lohan

Provider Signature

08/23/2023

Date

Sarah Boese

Inspector Signature

08/23/2023

Date