Family Day Care Inspection
Compliance Plan

Provider's Name:	**Lynette Lohan**	City:	**Sioux Falls**	Provider Number:	**018014192**
Inspector:	**Sarah Boese**	Date of Inspection:	**07/10/2024**	Time of Inspection:	**10:26 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:

AB - Immunization Records
CC - Immunization Records
LG - Immunization Records
HH - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
07/20/2024	**08/02/2024**

Status: **Corrected**

Lynette Lohan	**07/10/2024**	**Sarah Boese**	**07/10/2024**
Provider Signature	Date	Inspector Signature	Date