Family Day Care Inspection
Compliance Plan

Provider's Name:	**Liliann Lukuke**	City:	**Sioux Falls**	Provider Number:	**018042987**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**02/16/2024**	Time of Inspection:	**8:39 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

36. D o provider and family day care assistant ' s records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
AL - Orientation Complete	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	03/01/2024	**02/20/2024**
	Status: **Corrected**	

Liliann Lukuke	**02/16/2024**	**Brooke Flemmer**	**02/16/2024**
Provider Signature	Date	Inspector Signature	Date