

Family Day Care Inspection Compliance Plan

Provider's Name: **Lindsay Simon**

City: **Sisseton**

Provider Number: **011102339**

Inspector: **Kelly Gnat**

Date of Inspection: **10/10/2018**

Time of Inspection: **12:30 PM**

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

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:	Agency Action:	
DB - Immunization Records LB - Immunization Records SS - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	10/30/2018	11/26/2018
	Status: Corrected	

Lindsay Simon

Provider Signature

10/10/2018

Date

Kelly Gnat

Inspector Signature

10/10/2018

Date