

Family Day Care Inspection Compliance Plan

Provider's Name: **Stephanie Witte**

City: **Sioux Falls**

Provider Number: **012002852**

Inspector: **Rita Trager**

Date of Inspection: **07/28/2020**

Time of Inspection: **8:04 AM**

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

36. Have all helpers completed six hours of training in at least three separate topic areas in the past year?
67:42:03:07.02

Corrections To Be Made:

**Complete 2.5 hours of training for helper.
*Documentation of training received on 08/27/2020**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

08/31/2020

08/27/2020

Status: **Corrected**

Stephanie Witte

Provider Signature

07/28/2020

Date

Rita Trager

Inspector Signature

07/28/2020

Date