

Family Day Care Inspection Compliance Plan

Provider's Name: **Molly Cogley**

City: **Sioux Falls**

Provider Number: **010281531**

Inspector: **Dwight Johnson**

Date of Inspection: **10/11/2019**

Time of Inspection: **11:30 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

D. Health & Safety Features of the Home - Outdoor Environmental Observations

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

Corrections To Be Made:

The child development training needs to be completed for the orientation training requirement.

*****Verification of the child development training was received by Child Care Services.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

11/11/2019

10/11/2019

Status: **Corrected**

Molly Cogley

Provider Signature

10/11/2019

Date

Dwight Johnson

Inspector Signature

10/11/2019

Date