

Family Day Care Inspection Compliance Plan

Provider's Name: **Molly Cogley**

City: **Sioux Falls**

Provider Number: **010281531**

Inspector: **Kelly Gnat**

Date of Inspection: **11/05/2020**

Time of Inspection: **1:56 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:

CM - Immunization Records
MN - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/19/2020

Actual
Completion
Date:

11/12/2020

Status: **Corrected**

Molly Cogley

Provider Signature

11/05/2020

Date

Kelly Gnat

Inspector Signature

11/05/2020

Date