

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Apple Tree East**

City: **Sioux Falls**

Provider Number: **010605673**

Inspector: **Denise Ferguson**

Date of Inspection: **11/14/2018**

Time of Inspection: **8:26 AM**

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

## G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

### Corrections To Be Made:

**MB - Timely Orientation, CPR**  
**KD - Timely Orientation**  
**DG - CPR**  
**CL - Timely Orientation, CPR**  
**SP - Timely Orientation**  
**JS - Criminal Record Check**  
**AS - Timely Orientation, CPR**  
**VW - Criminal Record Check**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**12/14/2018**

Status: **Corrected**

Actual  
Completion  
Date:

**12/06/2018**

**Lisa Carson**

Provider Signature

**11/14/2018**

Date

**Denise Ferguson**

Inspector Signature

**11/14/2018**

Date