

# Compliance Monitoring Report Compliance Plan

Provider's Name: **EMBE SOUTH CHILD CARE  
CENTER**

City: **Sioux Falls**

Provider Number: **010605399**

Inspector: **Rita Trager**

Date of Visit/Report: **09/30/2020**

Time of Visit/Report: **2:00 PM**

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

## Miscellaneous Rule Violations

67:42:10:13 - Nutrition requirements.

Issue/Corrections To Be Made:

**The center director reported that an infant received the breast milk that belonged to another infant in care.**

**Staff are to ensure each infant in care is given the appropriate formula or breast milk intended for him/her.**

**The Department implemented a Corrective Action Plan with the Program. The expected completion date is January 31, 2021**

Agency Action:

### Corrective Action Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**01/31/2021**

Status: **Pending**

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

**Rita Trager**

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date