

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Kids Inc - Laura B. Anderson**

City: **Sioux Falls**

Provider Number: **018036423**

Inspector: **Shannon Terhark**

Date of Inspection: **09/02/2020**

Time of Inspection: **3:15 PM**

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, Fire/Tornado Drills

34. Do staff records contain all required information? 67:42:14:23 Note: staff records are to be maintained for 6 months following the end of employment.

Corrections To Be Made:	Agency Action:
<b>KD - CPR</b>	<b>Compliance Plan</b>
	Suggested Completion Date:
	Actual Completion Date:
	<b>10/10/2020</b>
	<b>10/02/2020</b>
	Status: <b>Corrected</b>

**Jodi Miller**

Provider Signature

**09/10/2020**

Date

**Shannon Terhark**

Inspector Signature

**09/10/2020**

Date