

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **St. Michael School**

City: **Sioux Falls**

Provider Number: **018041884**

Inspector: **Denise Ferguson**

Date of Inspection: **09/30/2019**

Time of Inspection: **3:34 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 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.

<p>Corrections To Be Made:</p> <p>LH - Timely Orientation, Training MJ - Timely Orientation, CPR, Training TK - Central Registry Check, Sex Offender Registry Check, Criminal Record Check</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="vertical-align: top;">Suggested Completion Date:</td> <td style="vertical-align: top;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/30/2019</td> <td style="text-align: center;">11/25/2019</td> </tr> <tr> <td colspan="2">Status: Corrected</td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	10/30/2019	11/25/2019	Status: Corrected	
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10/30/2019	11/25/2019						
Status: Corrected							

Mary-Kate Garcia

Provider Signature

09/30/2019

Date

Denise Ferguson

Inspector Signature

09/30/2019

Date