

# 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: **02/26/2020**

Time of Inspection: **3:20 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><b>AG - Timely Orientation</b>  <b>MG - Timely Orientation</b>  <b>TG - CPR</b>  <b>LH - Timely Orientation</b>  <b>MH - CPR</b>  <b>LH - CPR</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>03/26/2020</b></td> <td style="text-align: center;"><b>03/20/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/26/2020</b>	<b>03/20/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>03/26/2020</b>	<b>03/20/2020</b>				

**Mary Garcia**  
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 Provider Signature

**02/26/2020**  
 \_\_\_\_\_  
 Date

**Denise Ferguson**  
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 Inspector Signature

**02/26/2020**  
 \_\_\_\_\_  
 Date