

Program Inspection Licensed Day Care Programs Compliance Plan

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

City: **Sioux Falls**

Provider Number: **018042094**

Inspector: **Denise Ferguson**

Date of Inspection: **09/24/2019**

Time of Inspection: **3:06 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> <ul style="list-style-type: none"> EA - CPR, Training MA - Timely Orientation MA - Timely Orientation CB - CPR KD - Timely Orientation, CPR, Training MF - Timely Orientation, CPR, Training RK - Timely Orientation, CPR KS - Timely Orientation, CPR, Training 	<p>Agency Action:</p> <p>Compliance Plan</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;">10/24/2019</td> <td style="text-align: center;">11/22/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/24/2019	11/22/2019
Suggested Completion Date:	Actual Completion Date:				
10/24/2019	11/22/2019				

Kira Stiles

Provider Signature

09/24/2019

Date

Denise Ferguson

Inspector Signature

09/24/2019

Date