## Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: Go Kids Daycare & Learning City: Sioux Falls Provider Number: 018042120

Center

Inspector: Shannon Terhark Date of Inspection: 02/11/2019 Time of Inspection: 10:00 AM

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.

**Corrective Action Plan** 

Actual

Date:

Completion

05/02/2019

Suggested

Completion

03/11/2019

Status: Corrected

Date:

Corrections To Be Made: Agency Action:

MA - CPR

MA - Training

**ID - Criminal Record Check** 

AD - CPR, Training

HD - CPR

BF - Training

GH - CPR, Training

**SH - Timely Orientation, Training** 

KH - Central Registry Check, Sex Offender Registry Check, Criminal

**Record Check** 

EH - C A/N Report Statement, Timely Orientation

KK - Timely Orientation, CPR, Training

**IK - Timely Orientation** 

HK - Criminal Record Check, CPR, Training

DM - CPR

SM - Training

TM - Training

**AS - Timely Orientation** 

AS - C A/N Report Statement, Timely Orientation

LT - Training

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

Corrections To Be Ma	de:	Agency Action:	
HB - Immunization R	ecords	Compliance Plan	
LB - Immunization Ro LB - Immunization Ro CC - Immunization Ro JC - Immunization Ro	ecords ecords	Suggested Completion Date:	Actual Completion Date:
LC - Immunization Ro TC - Immunization Ro		03/11/2019	02/28/2019
LD - Immunization Re FE - Immunization Re RE - Immunization R HH - Immunization R NK - Immunization R	ecords ecords ecords	Status: Corrected	
LL - Immunization Re DM - Immunization R JO - Immunization R TP - Immunization Re	lecords ecords		
AT - Immunization Re ST - Immunization Re AW - Enrollment Date Permission, Immuniz	ecords e, Information Sheet, Emergency Contact, Emer	gency	

**Shannon Terhark** 

Inspector Signature

02/11/2019

Date

02/11/2019

Date

Terri Monshaugen

Provider Signature