

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Holy Cross  
Preschool/Extended Care**

City: **Sioux Falls**

Provider Number: **018042555**

Inspector: **Stacie Ugofsky**

Date of Inspection: **08/19/2019**

Time of Inspection: **10:02 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## A. Program Activities, Schedule and Environment

2. Are activity plans developed and implemented that offer a variety of activities to meet the needs of various age groups? 67:42:10:10

<p>Corrections To Be Made:</p> <p><b>Infant activity plan is not current.</b></p> <p><b>Activity plans must be developed and implemented that offer a variety of activities to meet the needs of various age groups.</b></p> <p><b>Correction: A current activity plan was developed.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;"><b>08/19/2019</b></td> <td><b>08/28/2019</b></td> </tr> <tr> <td colspan="2">Status: <b>Corrected</b></td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	<b>08/19/2019</b>	<b>08/28/2019</b>	Status: <b>Corrected</b>	
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<b>08/19/2019</b>	<b>08/28/2019</b>						
Status: <b>Corrected</b>							

## 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.

Corrections To Be Made:  <b>SG - CPR, Training</b> <b>MN - Timely Orientation</b> <b>SS - Timely Orientation</b>	Agency Action:  <b>Compliance Plan</b>  Suggested Completion Date: <b>09/15/2019</b>  Status: <b>Corrected</b>	Actual Completion Date:  <b>08/28/2019</b>
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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 Made:  <b>DF - Immunization Records</b> <b>DF - Immunization Records</b>	Agency Action:  <b>Compliance Plan</b>  Suggested Completion Date: <b>09/15/2019</b>  Status: <b>Corrected</b>	Actual Completion Date:  <b>08/28/2019</b>
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**Tricia Murphy**  
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 Provider Signature

**08/19/2019**  
 \_\_\_\_\_  
 Date

**Stacie Ugofsky**  
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 Inspector Signature

**08/19/2019**  
 \_\_\_\_\_  
 Date