

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Good Shepherd Early
Childhood**

City: **Sioux Falls**

Provider Number: **018042612**

Inspector: **Rita Trager**

Date of Inspection: **08/02/2019**

Time of Inspection: **8:24 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

8. Does the program have a written daily schedule? 67:42:10:10

Corrections To Be Made:

**Daily schedule to be developed for infant room.
*Schedule observed on 08/29/2019.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/30/2019

Actual
Completion
Date:

08/29/2019

Status: **Corrected**

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:

CB - Training
AC - Central Registry Check
DD - Criminal Record Check, CPR, Training
EE - Three References
TE - Criminal Record Check
MF - CPR, Training
KF - Timely Orientation, Training
KG - CPR, Training
BK - Timely Orientation, CPR, Training
SN - Criminal Record Check
KR - Timely Orientation, CPR, Training
SR - Criminal Record Check
AW - Timely Orientation, CPR, Training
AW - Criminal Record Check, CPR, Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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08/30/2019	09/30/2019
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Status: **Corrected**

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:

GB - Enrollment Date
CB - Emergency Contact
CG - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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08/30/2019	08/29/2019
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Status: **Corrected**

Erin Ellingson

Provider Signature

08/02/2019

Date

Rita Trager

Inspector Signature

08/02/2019

Date