## Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: First Adventure Learning City: Sioux Falls Provider Number: 018042656

**Center LLC** 

Inspector: Stacie Ugofsky Date of Inspection: 08/28/2018 Time of Inspection: 10:34 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

Corrections To Be Made: Agency Action:

An activity plan must be developed and implemented for all age groups of children, including the Adventure Preschool room.

Compliance Plan

Suggested Actual Completion Completion Date: Actual

The activity plan was developed and was implemented for the Adventure Preschool classroom before the inspection concluded.

08/28/2018 08/28/2018

Status: Corrected Immediately

## 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.

	DC - Three References		•	Complia	nce Plan	
	PE - Timely Orientation, Tra AH - Three References KJ - Three References FK - Three References SL - Timely Orientation, Tra KN - Criminal Record Checl EP - Training	ining	(	Suggested Completion Date:		Actual Completion Date:
			(	09/28/2018		10/02/2018
	DP - Timely Orientation MP - Training NS - Timely Orientation		\$	Status:	Corrected	
41.	be mainta	ined at the				
	Corrections To Be Made:			Agency /	Action:	
	ME - Immunization Records TG - Immunization Records		•	Complia	nce Plan	
	LH - Immunization Records KK - Immunization Records GL - Immunization Records		(	Suggeste Completi Date:		Actual Completion Date:
	ML - Immunization Records HM - Immunization Records SN - Immunization Records		(	09/28/20	18	10/02/2018
	CO - Immunization Records		\$	Status:	Corrected	
Kelli Jur	rgensen	08/28/2018	Stacie Ugofsky			08/28/2018
Provider Signature		Date		Inspector Signature		Date

Agency Action:

Corrections To Be Made: