

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Lil' Hands Lil' Feet, Inc.**

City: **Sioux Falls**

Provider Number: **018042824**

Inspector: **Rita Trager**

Date of Inspection: **06/25/2018**

Time of Inspection: **1:29 PM**

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:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

07/25/2018

08/07/2018

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:	Agency Action:	
AA - Training	Compliance Plan	
LA - Timely Orientation, CPR, Training	Suggested Completion Date:	Actual Completion Date:
HC - Timely Orientation, CPR, Training	07/25/2018	08/07/2018
CG - Training	Status: Corrected	
MH - Timely Orientation, CPR, Training		
JO - Training		
CT - 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 Made:	Agency Action:	
SH - Immunization Records	Compliance Plan	
NK - Immunization Records	Suggested Completion Date:	Actual Completion Date:
SM - Immunization Records	07/25/2018	08/07/2018
PM - Immunization Records	Status: Corrected	
GN - Immunization Records		
AR - Immunization Records		
LS - Immunization Records		
AV - Immunization Records		
HY - Immunization Records		

Brenda White

 Provider Signature

06/25/2018

 Date

Rita Trager

 Inspector Signature

06/25/2018

 Date