

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **SF Housing Family Self Sufficiency Program CCC**

City: **Sioux Falls**

Provider Number: **018041860**

Inspector: **Rita Trager**

Date of Inspection: **03/29/2018**

Time of Inspection: **2:55 PM**

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, Fire/tornado Drills

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.

<p>Corrections To Be Made:</p> <p>ZD - Immunization Records MS - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">04/16/2018</td> <td style="text-align: center;">04/11/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	04/16/2018	04/11/2018
Suggested Completion Date:	Actual Completion Date:				
04/16/2018	04/11/2018				

Lisa Bartell

Provider Signature

03/29/2018

Date

Rita Trager

Inspector Signature

03/29/2018

Date