

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **SF Housing Family Self-Sufficiency**

City: **Sioux Falls**

Provider Number: **018041860**

Inspector: **Rita Trager**

Date of Inspection: **04/10/2019**

Time of Inspection: **9:00 AM**

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

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.

<p>Corrections To Be Made:</p> <p>PB - Training NH - CPR, Training BL - Training TL - Training</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">05/10/2019</td> <td style="text-align: center;">05/15/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	05/10/2019	05/15/2019
Suggested Completion Date:	Actual Completion Date:				
05/10/2019	05/15/2019				

Lisa Bartell

Provider Signature

04/10/2019

Date

Rita Trager

Inspector Signature

04/10/2019

Date