

Program Inspection Compliance Plan

Provider's Name: **SS. Peter & Paul OST Program** City: **Pierre**

Provider Number: **010610017**

Inspector: **Sarah Deakins**

Date of Inspection: **11/01/2023**

Time of Inspection: **3:52 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

35. Does each child 's record contain all required information? 67:42:17:42

Corrections To Be Made:

EH - Emergency Contact

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/29/2023

Actual
Completion
Date:

11/29/2023

Status: **Corrected**

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

WB - Orientation Complete, Training
AL - FBI Check, Orientation Complete
NM - DCI Check, Orientation Complete, Training
MM - C A/N Report Statement
CO - DCI Check, Orientation Complete, Training
TP - Orientation Complete, CPR, Training
MR - Orientation Complete, Training
DR - Orientation Complete, CPR, Training
KW - Orientation Complete, CPR, Training

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/29/2023

Actual
Completion
Date:

11/29/2023

Status: **Corrected**

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

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|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| The program's current proof of liability Insurance on file expired on 7/1/23. | Compliance Plan | |
| The program will have proof of current liability insurance on file. | Suggested Completion Date: | Actual Completion Date: |
| Verification of the program's current liability insurance was received. | 11/29/2023 | 11/29/2023 |
| | Status: Corrected | |

Dennis Rounds

Provider Signature

11/01/2023

Date

Sarah Deakins

Inspector Signature

11/01/2023

Date