

Program Inspection Compliance Plan

Provider's Name: **Roncalli Sonshine Patch Daycare**

City: **Aberdeen**

Provider Number: **011009204**

Inspector: **Julie Hermansen**

Date of Inspection: **11/15/2023**

Time of Inspection: **12:42 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

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

Corrections To Be Made:	Agency Action:	
KC - Out Of State	Compliance Plan	
EK - CPR	Suggested Completion Date:	Actual Completion Date:
SL - Out Of State	12/13/2023	12/11/2023
ML - CPR, Training		
LP - CPR		
CS - Out Of State		
JZ - Out Of State		
	Status: Corrected	

Shelby Braun

Provider Signature

11/15/2023

Date

Julie Hermansen

Inspector Signature

11/15/2023

Date