

Program Inspection Compliance Plan

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

City: **Aberdeen**

Provider Number: **011009204**

Inspector: **Julie Hermansen**

Date of Inspection: **10/24/2024**

Time of Inspection: **12:40 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:
AH - Orientation Complete, CPR	Compliance Plan
ML - Training	Suggested Completion Date:
EM - Orientation Complete	Actual Completion Date:
JO - Orientation Complete	11/24/2024
ER - CPR	11/15/2024
JZ - Out Of State	Status: Corrected

Patricia Buechler

Provider Signature

11/22/2024

Date

Julie Hermansen

Inspector Signature

11/22/2024

Date