

Program Inspection Compliance Plan

Provider's Name: **St Thomas More Preschool** City: **Brookings** Provider Number: **011515539**
 Inspector: **Ambuer Jaacks** Date of Inspection: **09/26/2023** Time of Inspection: **10:12 AM**

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: CB - Immunization Records GD - Immunization Records MO - Immunization Records OP - Immunization Records PR - Immunization Records AS - Immunization Records CS - Immunization Records AT - Immunization Records XW - Immunization Records	Agency Action: Compliance Plan <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;">10/10/2023</td> <td style="text-align: center;">10/19/2023</td> </tr> </table> Status: Corrected	Suggested Completion Date:	Actual Completion Date:	10/10/2023	10/19/2023
Suggested Completion Date:	Actual Completion Date:				
10/10/2023	10/19/2023				

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

Corrections To Be Made: LP - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State BS - Out Of State	Agency Action: Compliance Plan <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;">10/10/2023</td> <td style="text-align: center;">11/15/2023</td> </tr> </table> Status: Corrected	Suggested Completion Date:	Actual Completion Date:	10/10/2023	11/15/2023
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<u>Meghan Kelly</u>	<u>09/26/2023</u>	<u>Ambuer Jaacks</u>	<u>09/26/2023</u>
Provider Signature	Date	Inspector Signature	Date