

Program Inspection Compliance Plan

Provider's Name: **St Thomas More Preschool & After School Care Program**

City: **Brookings**

Provider Number: **011515539**

Inspector: **Ambuer Jaacks**

Date of Inspection: **10/21/2024**

Time of Inspection: **9:54 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

<p>Corrections To Be Made:</p> <p>CS - Immunization Records</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;">11/21/2024</td> <td style="text-align: center;">11/19/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/21/2024	11/19/2024
Suggested Completion Date:	Actual Completion Date:				
11/21/2024	11/19/2024				

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

<p>Corrections To Be Made:</p> <p>MN - Training AR - Orientation Complete</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;">11/21/2024</td> <td style="text-align: center;">11/19/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/21/2024	11/19/2024
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11/21/2024	11/19/2024				

Marissa Kessler

Provider Signature

10/21/2024

Date

Ambuer Jaacks

Inspector Signature

10/21/2024

Date