

# Program Inspection Compliance Plan

Provider's Name: **St. Elizabeth Seton Child Care**      City: **Rapid City**  
 Inspector: **Andrea Neff**      Date of Inspection: **04/17/2023**

Provider Number: **016523547**  
 Time of Inspection: **10:40 AM**

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

## G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

<p>Corrections To Be Made:</p> <p><b>AC - Three References, C A/N Report Statement, CPR</b>  <b>HM - Three References</b>  <b>TM - Central Registry Check</b>  <b>CO - Three References, Training</b>  <b>BS - Central Registry Check, CPR</b>  <b>JT - Central Registry Check</b>  <b>LT - Three References, CPR</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>05/05/2023</b></td> <td style="text-align: center;"><b>05/17/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>05/05/2023</b>	<b>05/17/2023</b>
Suggested Completion Date:	Actual Completion Date:				
<b>05/05/2023</b>	<b>05/17/2023</b>				

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

<p>Corrections To Be Made:</p> <p><b>EG - Emergency Contact</b>  <b>RG - Emergency Contact</b>  <b>AM - Information Sheet, Emergency Contact, Emergency Permission</b>  <b>AS - Information Sheet, Emergency Contact, Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>05/05/2023</b></td> <td style="text-align: center;"><b>05/08/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>05/05/2023</b>	<b>05/08/2023</b>
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<b>05/05/2023</b>	<b>05/08/2023</b>				

## H. Insurance

42. Does the facility have documentation the program has current liability insurance coverage?  
67:42:16:16

Corrections To Be Made:	Agency Action:	
<b>Provider's liability insurance on file expired 04/01/2023.</b>	<b>Compliance Plan</b>	
<b>Provider needs to submit a current liability insurance certification.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Correction: Provider submitted a current liability insurance certificate.</b>	<b>05/05/2023</b>	<b>05/08/2023</b>
	Status: <b>Corrected</b>	

**Jana Thies**

Provider Signature

**04/21/2023**

Date

**Andrea Neff**

Inspector Signature

**04/21/2023**

Date