# Program Inspection
# Compliance Plan

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|---|---|---|---|---|---|
| Provider's Name: | **St. Michael School** | City: | **Sioux Falls** | Provider Number: | **018041884** |
| Inspector: | **Rita Trager** | Date of Inspection: | **12/19/2022** | Time of Inspection: | **7:14 AM** |

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

## A. Program Activities, Schedule and Environment

2. Are activity plans developed and implemented that offer a variety of activities to meet the needs of various age groups? 67:42:10:10

| Corrections To Be Made: | Agency Action: | |
|---|---|---|
| **Activity plan to be developed**<br><br>***Correction: activity plan received.** | **Compliance Plan** | |
| | Suggested Completion Date: | Actual Completion Date: |
| | **12/29/2022** | **12/27/2022** |
| | Status: **Corrected** | |

8. Does the program have a written daily schedule? 67:42:10:10

| Corrections To Be Made: | Agency Action: | |
|---|---|---|
| **Daily schedule to be provided**<br><br>***Correction: copy of daily schedule received.** | **Compliance Plan** | |
| | Suggested Completion Date: | Actual Completion Date: |
| | **12/29/2022** | **12/27/2022** |
| | Status: **Corrected** | |

## 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.

| Corrections To Be Made: | Agency Action: | |
|---|---|---|
| **MA - CPR, Training**<br>**KH - Training**<br>**PH - Criminal Record Check**<br>**IP - Sex Offender Registry Check, Criminal Record Check**<br>**JP - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, Timely Orientation, Training**<br>**HW - Sex Offender Registry Check, Criminal Record Check** | **Compliance Plan** | |
| | Suggested Completion Date: | Actual Completion Date: |
| | **12/29/2022** | **01/25/2023** |
| | Status: **Corrected** | |

| **Tammy Florez** | **12/19/2022** | **Rita Trager** | **12/19/2022** |
|---|---|---|---|
| Provider Signature | Date | Inspector Signature | Date |