

Program Inspection Compliance Plan

Provider's Name: **Christ the King School**

City: **Sioux Falls**

Provider Number: **018042186**

Inspector: **Rita Trager**

Date of Inspection: **10/23/2023**

Time of Inspection: **7:00 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

30. Does the program only use space that has been approved for care? 67:42:17:19

| | | | | | |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p>Room # 9 to be reviewed and approved for use.</p> <p>*correction: floor plans resubmitted and room approved for use. Updated license certificate issued to reflect change.</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;">11/23/2023</td> <td style="text-align: center;">10/26/2023</td> </tr> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 11/23/2023 | 10/26/2023 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 11/23/2023 | 10/26/2023 | | | | |

35. Does each child ' s record contain all required information? 67:42:17:42

| | | | | | |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p>IJ - Emergency Permission</p> <p>MK - Emergency Permission</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;">10/31/2023</td> <td style="text-align: center;">11/21/2023</td> </tr> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 10/31/2023 | 11/21/2023 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 10/31/2023 | 11/21/2023 | | | | |

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

Corrections To Be Made:

HA - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

11/17/2023

11/22/2023

Status: **Corrected**

Rita Trager

Provider Signature

10/23/2023

Date

Rita Trager

Inspector Signature

10/23/2023

Date