

# Program Inspection Compliance Plan

Provider's Name: **Sioux Falls Christian School**

City: **Sioux Falls**

Provider Number: **018042354**

Inspector: **Rita Trager**

Date of Inspection: **12/14/2022**

Time of Inspection: **8:18 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.

Corrections To Be Made:	Agency Action:	
<b>HA - Three References</b>	<b>Compliance Plan</b>	
<b>AB - Three References, Timely Orientation, Training</b>	Suggested Completion Date:	Actual Completion Date:
<b>IB - Central Registry Check, Sex Offender Registry Check, Criminal Record Check</b>	<b>01/14/2023</b>	<b>02/14/2023</b>
<b>GD - Three References</b>	Status: <b>Corrected</b>	
<b>CE - Timely Orientation, Training</b>		
<b>VH - CPR</b>		
<b>MJ - Central Registry Check, Sex Offender Registry Check, Criminal Record Check</b>		
<b>PJ - Central Registry Check, Sex Offender Registry Check, Criminal Record Check</b>		
<b>BO - Central Registry Check, Sex Offender Registry Check, Criminal Record Check</b>		
<b>JS - Three References</b>		
<b>NS - Timely Orientation, Training</b>		
<b>MS - Timely Orientation, Training</b>		
<b>BW - Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check</b>		
<b>EW - Timely Orientation, Training</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>Current proof of liability insurance was not available during the inspection.</b>	<b>Compliance Plan</b>	
<b>*Correction: Current policy submitted to OLA.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>12/27/2022</b>	<b>01/08/2023</b>
	Status: <b>Corrected</b>	

43. If the facility transports children, does the facility have documentation that each vehicle used for transporting children has current liability insurance that covers the children being transported?  
67:42:16:16

Corrections To Be Made:	Agency Action:	
<b>Current proof of vehicle liability insurance was not available during the inspection.</b>	<b>Compliance Plan</b>	
<b>*Correction: Current policy submitted to OLA.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>12/27/2022</b>	<b>01/08/2023</b>
	Status: <b>Corrected</b>	

**Jill Smith**  
\_\_\_\_\_  
Provider Signature

**12/27/2022**  
\_\_\_\_\_  
Date

**Rita Trager**  
\_\_\_\_\_  
Inspector Signature

**12/14/2022**  
\_\_\_\_\_  
Date