Program Inspection
Compliance Plan

Provider's Name:	**St Katherine Drexel School**	City:	**Sioux Falls**	Provider Number:	**018042355**
Inspector:	**Rita Trager**	Date of Inspection:	**10/21/2024**	Time of Inspection:	**2:52 PM**

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

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

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

Corrections To Be Made:	Agency Action:	
CM - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	10/01/2024	**09/20/2024**
	Status: **Corrected**	

Stacy Charron	**10/22/2024**	**Rita Trager**	**10/22/2024**
Provider Signature	Date	Inspector Signature	Date