

Program Inspection Compliance Plan

Provider's Name: **Kids Crossing**

City: **Sioux Falls**

Provider Number: **018042391**

Inspector: **Rita Trager**

Date of Inspection: **04/11/2024**

Time of Inspection: **8:29 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

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

Corrections To Be Made:	Agency Action:
JA - Immunization Records JD - Immunization Records EM - Immunization Records BT - Immunization Records SW - Immunization Records EY - Immunization Records	Compliance Plan Suggested Completion Date: 05/10/2024 Actual Completion Date: 05/29/2024 Status: Corrected

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

Corrections To Be Made:	Agency Action:
CK - FBI Check AM - Level II Complete, Training AM - Level II Complete, Training	Compliance Plan Suggested Completion Date: 05/10/2024 Actual Completion Date: 05/29/2024 Status: Corrected

Jen Bauchspeiss

04/11/2024

Rita Trager

04/11/2024

Provider Signature

Date

Inspector Signature

Date