Program Inspection
Compliance Plan

Provider's Name:	**H.O.P.E Care Day Care #2**	City:	**Sioux Falls**	Provider Number:	**018042468**
Inspector:	**Teri Pieters**	Date of Inspection:	**04/08/2024**	Time of Inspection:	**8:44 AM**

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:

AK - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
MK - CPR
BM - CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
04/26/2024	**04/26/2024**

Status: **Corrected**

Brandi McCuen	**04/08/2024**	**Teri Pieters**	**04/08/2024**
Provider Signature	Date	Inspector Signature	Date