Program Inspection
Compliance Plan

Provider's Name:	**Kidstop**	City:	**Sioux Falls**	Provider Number:	**018042497**
Inspector:	**Chandra VanHout**	Date of Inspection:	**05/01/2024**	Time of Inspection:	**2:47 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:	
SE - CPR	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	05/22/2024	**05/09/2024**
	Status: **Corrected**	

Kathy Martens	**05/01/2024**	**Chandra VanHout**	**05/01/2024**
Provider Signature	Date	Inspector Signature	Date