Program Inspection
Compliance Plan

Provider's Name:	**School of Early Education - Sioux Falls**	City:	**Sioux Falls**	Provider Number:	**018042607**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**04/30/2024**	Time of Inspection:	**9:16 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:	Agency Action:	
MK - Central Registry Check, Sex Offender Registry Check	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	05/21/2024	**05/30/2024**
	Status: **Corrected**	

Chelsea DeJonge	**04/30/2024**	**Brooke Flemmer**	**04/30/2024**
Provider Signature	Date	Inspector Signature	Date