Program Inspection
Compliance Plan

Provider's Name:	**Graham Academy Preschool**	City:	**Sioux Falls**	Provider Number:	**018043047**
Inspector:	**Teri Pieters**	Date of Inspection:	**09/09/2024**	Time of Inspection:	**9:45 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

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

Corrections To Be Made:

IH - Immunization Records
JL - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/27/2024	**09/27/2024**

Status: **Corrected**

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

Corrections To Be Made:

JJ - Orientation Complete, CPR, Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/27/2024	**09/26/2024**

Status: **Corrected**

Madelyn Grogan	**09/09/2024**	**Teri Pieters**	**09/09/2024**
Provider Signature	Date	Inspector Signature	Date