

# Program Inspection Compliance Plan

Provider's Name: **Creator's Kids**

City: **Sioux Falls**

Provider Number: **018043065**

Inspector: **Teri Pieters**

Date of Inspection: **05/23/2024**

Time of Inspection: **8:41 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                          |                            |                         |                   |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>AA - Immunization Records</b></li> <li><b>CA - Enrollment Date</b></li> <li><b>AB - Immunization Records</b></li> <li><b>FH - Immunization Records</b></li> <li><b>ZH - Enrollment Date, Immunization Records</b></li> <li><b>HH - Immunization Records</b></li> <li><b>LK - Immunization Records</b></li> <li><b>NK - Emergency Contact, Emergency Permission, Immunization Records</b></li> <li><b>BW - Emergency Permission</b></li> </ul> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>06/30/2024</b></td> <td style="text-align: center;"><b>06/11/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>06/30/2024</b> | <b>06/11/2024</b> |
| Suggested Completion Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Actual Completion Date:                                                                                                                                                                                                                                                                                                                                                                  |                            |                         |                   |                   |
| <b>06/30/2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>06/11/2024</b>                                                                                                                                                                                                                                                                                                                                                                        |                            |                         |                   |                   |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                          |                            |                         |                   |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>BA - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</b></li> <li><b>MG - Out Of State</b></li> <li><b>EM - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</b></li> <li><b>CM - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</b></li> </ul> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>06/23/2024</b></td> <td style="text-align: center;"><b>06/11/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>06/23/2024</b> | <b>06/11/2024</b> |
| Suggested Completion Date:                                                                                                                                                                                                                                                                                                                                                                                         | Actual Completion Date:                                                                                                                                                                                                                                                                                                                                                                  |                            |                         |                   |                   |
| <b>06/23/2024</b>                                                                                                                                                                                                                                                                                                                                                                                                  | <b>06/11/2024</b>                                                                                                                                                                                                                                                                                                                                                                        |                            |                         |                   |                   |

**abbie baker**

**06/11/2024**

**Teri Pieters**

**06/11/2024**

Provider Signature

Date

Inspector Signature

Date