

# Program Inspection Compliance Plan

Provider's Name: **Bethel Lutheran After School  
Care**

City: **Sioux Falls**

Provider Number: **018043103**

Inspector: **Teri Pieters**

Date of Inspection: **09/12/2024**

Time of Inspection: **3:07 PM**

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

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

Corrections To Be Made:

**KJ - Central Registry Check**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**10/12/2024**

Actual  
Completion  
Date:

**09/27/2024**

Status: **Corrected**

**Kjersti Jakober**

Provider Signature

**09/12/2024**

Date

**Teri Pieters**

Inspector Signature

**09/12/2024**

Date