Program Inspection
Compliance Plan

Provider's Name:	**Robert Frost Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043143**
Inspector:	**Rita Trager**	Date of Inspection:	**06/27/2024**	Time of Inspection:	**7:57 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:

DG - CPR, Training
DI - CPR, Training
JM - Training
AM - Training
LR - Orientation Complete, Training
SS - CPR, Training
AW - CPR, Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
07/26/2024	**07/18/2024**

Status: **Corrected**

Jessica McCormick	**06/27/2024**	**Rita Trager**	**06/27/2024**
Provider Signature	Date	Inspector Signature	Date