Program Inspection
Compliance Plan

Provider's Name:	**The Playhouse Childcare Center**	City:	**Sioux Falls**	Provider Number:	**018043161**
Inspector:	**Chandra VanHout**	Date of Inspection:	**04/10/2024**	Time of Inspection:	**10:15 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:

HS - Out Of State

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
05/01/2024	**04/18/2024**

Status: **Corrected**

Hailey Semmler	**04/10/2024**	**Chandra VanHout**	**04/10/2024**
Provider Signature	Date	Inspector Signature	Date