

Program Inspection Compliance Plan

Provider's Name: **Central Downtown Children's Center**

City: **Sioux Falls**

Provider Number: **018043172**

Inspector: **Chandra VanHout**

Date of Inspection: **08/30/2023**

Time of Inspection: **8:57 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"> PA - Immunization Records EC - Immunization Records YK - Immunization Records MW - Emergency Permission 	<p>Agency Action:</p> <p>Compliance Plan</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;">09/30/2023</td> <td style="text-align: center;">09/27/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/30/2023	09/27/2023
Suggested Completion Date:	Actual Completion Date:				
09/30/2023	09/27/2023				

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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> KC - C A/N Report Statement KC - FBI Check, C A/N Report Statement JI - C A/N Report Statement CL - FBI Check, C A/N Report Statement BM - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement CN - C A/N Report Statement KO - FBI Check, Out Of State, C A/N Report Statement JS - FBI Check, C A/N Report Statement PS - FBI Check, C A/N Report Statement 	<p>Agency Action:</p> <p>Compliance Plan</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;">09/30/2023</td> <td style="text-align: center;">09/27/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/30/2023	09/27/2023
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Jennie Smithback

Provider Signature

08/30/2023

Date

Chandra VanHout

Inspector Signature

08/30/2023

Date