Program Inspection
Compliance Plan

Provider's Name:	**SFSD JR. Kindergarten EC at JFK**	City:	**Sioux Falls**	Provider Number:	**018043194**
Inspector:	**Rita Trager**	Date of Inspection:	**11/09/2023**	Time of Inspection:	**7:51 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:	Agency Action:	
LK - CPR, Training	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	11/30/2023	**11/20/2023**
	Status: **Corrected**	

Lynae Sudbeck	**11/09/2023**	**Rita Trager**	**11/09/2023**
Provider Signature	Date	Inspector Signature	Date