

Program Inspection Compliance Plan

Provider's Name: **Stepping Stones**

City: **Yankton**

Provider Number: **019522405**

Inspector: **Deb Bigge**

Date of Inspection: **04/17/2024**

Time of Inspection: **9:16 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

Corrections To Be Made:

**AC - Immunization Records
PH - Immunization Records
BL - Immunization Records
HS - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/01/2024

Actual
Completion
Date:

04/23/2024

Status: **Corrected**

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

Corrections To Be Made:

**SC - Orientation Complete, Training
AF - Five Year Screen
JM - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI
Check, NCIC Check
MO - Five Year Screen, Level II Complete
HQ - FBI Check**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/01/2024

Actual
Completion
Date:

05/01/2024

Status: **Corrected**

Hollie Pearson

Provider Signature

04/17/2024

Date

Deb Bigge

Inspector Signature

04/17/2024

Date