Program Inspection
Compliance Plan

Provider's Name:	**Saint Lawrence**	City:	**Milbank**	Provider Number:	**011102548**
Inspector:	**Ambuer Jaacks**	Date of Inspection:	**10/25/2023**	Time of Inspection:	**1:46 PM**

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:

KB - Orientation Complete
JM - Orientation Complete

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/08/2023	**11/13/2023**

Status: **Corrected**

Brenda Anderson	**10/25/2023**	**Ambuer Jaacks**	**10/25/2023**
Provider Signature	Date	Inspector Signature	Date