Program Inspection
Compliance Plan

Provider's Name:	**Saint Lawrence School OST**	City:	**Milbank**	Provider Number:	**011102548**
Inspector:	**Ambuer Jaacks**	Date of Inspection:	**07/10/2024**	Time of Inspection:	**10:35 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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:

PD - Emergency Permission
RH - Emergency Permission
LK - Emergency Permission
GM - Emergency Contact

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/10/2024	**08/13/2024**

Status: **Corrected**

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

Corrections To Be Made:

KB - Orientation Complete

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/10/2024	**07/15/2024**

Status: **Corrected**

Darby Helms	**07/10/2024**	**Ambuer Jaacks**	**07/10/2024**
Provider Signature	Date	Inspector Signature	Date