Program Inspection
Compliance Plan

Provider's Name:	**LOLA - Center**	City:	**Mobridge**	Provider Number:	**011102577**
Inspector:	**Julie Hermansen**	Date of Inspection:	**08/06/2024**	Time of Inspection:	**12:37 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:

KS - DCI Check
CS - DCI Check

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/06/2024	**10/05/2024**

Status: **Corrected**

Emily Moser	**08/06/2024**	**Julie Hermansen**	**08/06/2024**
Provider Signature	Date	Inspector Signature	Date