

# Program Inspection Compliance Plan

Provider's Name: **St. Martin's Lutheran School  
Early Learning Center**

City: **Watertown**

Provider Number: **011516936**

Inspector: **Ambuer Jaacks**

Date of Inspection: **03/14/2024**

Time of Inspection: **1:30 PM**

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:	Agency Action:	
<b>LF - Immunization Records CW - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>03/28/2024</b>	<b>03/22/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>LM - Training KO - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>03/28/2024</b>	<b>04/15/2024</b>
	Status: <b>Corrected</b>	

**Mandy Elseth**

Provider Signature

**03/14/2024**

Date

**Ambuer Jaacks**

Inspector Signature

**03/14/2024**

Date