

Program Inspection Compliance Plan

Provider's Name: **Campus Learning Center For Children**

City: **Sioux Falls**

Provider Number: **018026052**

Inspector: **Rita Trager**

Date of Inspection: **08/12/2024**

Time of Inspection: **8:33 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:	Agency Action:	
SH - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/12/2024	08/14/2024
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
DF - Orientation Complete, Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/12/2024	09/03/2024
	Status: Corrected	

Judy Knadel

Provider Signature

08/12/2024

Date

Rita Trager

Inspector Signature

08/12/2024

Date