Program Inspection
Compliance Plan

Provider's Name:	**Lil Troopers Learning Center**	City:	**Sioux Falls**	Provider Number:	**018041025**
Inspector:	**Teri Pieters**	Date of Inspection:	**04/08/2024**	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.

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:

EA - Immunization Records
IB - Immunization Records
SG - Immunization Records
JH - Immunization Records
NI - Immunization Records
JJ - Immunization Records
DL - Immunization Records
CN - Immunization Records
MN - Immunization Records
OP - Immunization Records
EP - Immunization Records
LW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
04/30/2024	**04/09/2024**

Status: **Corrected**

Jen Bonnema	**04/10/2024**	**Teri Pieters**	**04/10/2024**
Provider Signature	Date	Inspector Signature	Date