Program Inspection
Compliance Plan

Provider's Name:	**St. Lambert School**	City:	**Sioux Falls**	Provider Number:	**018042092**
Inspector:	**Rita Trager**	Date of Inspection:	**11/01/2023**	Time of Inspection:	**3:00 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:

NB - Enrollment Date
SB - Enrollment Date
MC - Enrollment Date
OC - Enrollment Date
ZC - Enrollment Date
SE - Enrollment Date
GG - Enrollment Date
HG - Enrollment Date
EK - Enrollment Date
AM - Enrollment Date
ER - Enrollment Date
AS - Enrollment Date
JS - Enrollment Date
MV - Enrollment Date

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/15/2023	**11/14/2023**

Status: **Corrected**

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

Corrections To Be Made:

AA - Orientation Complete, CPR, Training
NN - Orientation Complete, Training
JW - Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/17/2023	**11/20/2023**

Status: **Corrected**

42. Have providers and assistants completed orientation training within 90 days after the date of employment and before caring for children unsupervised? 67:42:17:17

Corrections To Be Made:	Agency Action:	
Two employees need to complete the orientation training.	**Compliance Plan**	
***Correction: Orientation training has been completed.**	Suggested Completion Date:	Actual Completion Date:
	11/15/2023	**11/20/2023**
	Status: **Corrected**	

E. Written Procedures

50. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

Corrections To Be Made:	Agency Action:	
Emergency preparedness plan to be updated and submitted to OLA	**Compliance Plan**	
***Correction: updated plan received.**	Suggested Completion Date:	Actual Completion Date:
	11/15/2023	**11/14/2023**
	Status: **Corrected**	

Melissa Haupt	**11/02/2023**	**Rita Trager**	**11/02/2023**
Provider Signature	Date	Inspector Signature	Date