Program Inspection
Compliance Plan

Provider's Name:	**Precious Angels Learning Center**	City:	**Sioux Falls**	Provider Number:	**018042647**
Inspector:	**Teri Pieters**	Date of Inspection:	**07/29/2024**	Time of Inspection:	**10:30 AM**

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:

JD - Immunization Records
MK - Immunization Records
JS - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/30/2024	**08/26/2024**

Status: **Corrected**

Cayla Rush	**07/29/2024**	**Teri Pieters**	**07/29/2024**
Provider Signature	Date	Inspector Signature	Date