Program Inspection
Compliance Plan

Provider's Name:	**Little Wings Preschool**	City:	**Sioux Falls**	Provider Number:	**018043096**
Inspector:	**Teri Pieters**	Date of Inspection:	**07/23/2024**	Time of Inspection:	**9:00 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:

LA - Emergency Permission
OB - Immunization Records
BB - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/10/2024	**07/25/2024**

Status: **Corrected**

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

Corrections To Be Made:

JB - Training
JF - Orientation Complete, Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/10/2024	**07/25/2024**

Status: **Corrected**

Mel Wherkamp	**07/29/2024**	**Teri Pieters**	**07/29/2024**
Provider Signature	Date	Inspector Signature	Date