

Program Inspection Compliance Plan

Provider's Name: **Hayward Elementary CLC**

City: **Sioux Falls**

Provider Number: **018043137**

Inspector: **Rita Trager**

Date of Inspection: **09/11/2023**

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.

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

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

Corrections To Be Made:

KM - Address & Phone Number, C A/N Report Statement
CT - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI
Check, NCIC Check, Out Of State
MW - Central Registry Check, Sex Offender Registry Check, FBI Check,
DCI Check, NCIC Check, Out Of State

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/31/2023

Actual
Completion
Date:

09/28/2023

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:

Emergency Preparedness plan to be provided to OLA.

***Correction: Emergency Preparedness plan was submitted to OLA.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

09/30/2023

Actual
Completion
Date:

09/29/2023

Status: **Corrected**

McKenna Wieland

Provider Signature

09/12/2023

Date

Rita Trager

Inspector Signature

09/12/2023

Date