Program Inspection
Compliance Plan

Provider's Name:	**Robert Frost Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043143**
Inspector:	**Rita Trager**	Date of Inspection:	**08/31/2023**	Time of Inspection:	**9:47 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

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

Corrections To Be Made:

KA - C A/N Report Statement
DG - C A/N Report Statement
JM - C A/N Report Statement
JM - FBI Check, NCIC Check, C A/N Report Statement
LM - C A/N Report Statement

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/30/2023	**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:	Agency Action:	
Emergency Preparedness plan (EPP) to be submitted to OLA	**Compliance Plan**	
***Correction: EPP submitted to OLA**	Suggested Completion Date:	Actual Completion Date:
	09/30/2023	**09/28/2023**
	Status: **Corrected**	

Jessica McCormick	**08/31/2023**	**Rita Trager**	**08/31/2023**
Provider Signature	Date	Inspector Signature	Date