Program Inspection
Compliance Plan

Provider's Name:	**Laura Wilder Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043144**
Inspector:	**Rita Trager**	Date of Inspection:	**08/30/2023**	Time of Inspection:	**4:00 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:

SA - Emergency Permission

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/04/2023	**08/31/2023**

Status: **Corrected**

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

Corrections To Be Made:

NA - C A/N Report Statement
CB - C A/N Report Statement
SL - C A/N Report Statement
AM - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement
MO - C A/N Report Statement, Five Year Screen
HT - C A/N Report Statement

Agency Action:

Letter of Notification

Suggested Completion Date:	Actual Completion Date:
09/15/2023	**09/15/2023**

Status: **Corrected**

Noemi Anduce	**08/30/2023**	**Rita Trager**	**08/30/2023**
Provider Signature	Date	Inspector Signature	Date