Program Inspection
Compliance Plan

Provider's Name:	**Hawthorne Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043146**
Inspector:	**Rita Trager**	Date of Inspection:	**08/30/2023**	Time of Inspection:	**4:25 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

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

Corrections To Be Made:

JH - C A/N Report Statement
AL - C A/N Report Statement
MP - DCI Check, C A/N Report Statement
BY - C A/N Report Statement

Agency Action:

Compliance Plan

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

Status: **Corrected**

Amanda Ludwig	**08/30/2023**	**Rita Trager**	**08/30/2023**
Provider Signature	Date	Inspector Signature	Date