Program Inspection
Compliance Plan

Provider's Name:	**Hawthorne Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043146**
Inspector:	**Rita Trager**	Date of Inspection:	**09/11/2024**	Time of Inspection:	**4:31 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

34. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43

Corrections To Be Made:	Agency Action:	
Documentation of annual fire, shelter-in-place and lockdown drills was not available at the time of the inspection. **Dates of drills completed to be provided to Office of Licensing and Accreditation.** ***Correction: dates of drills submitted to OLA.**	**Compliance Plan** Suggested Completion Date: **09/30/2024** Status: **Corrected**	Actual Completion Date: **09/16/2024**

Kelli Jurgensen	**09/11/2024**	**Rita Trager**	**09/11/2024**
Provider Signature	Date	Inspector Signature	Date