Program Inspection
Compliance Plan

Provider's Name:	**Laura B Anderson Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043150**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**08/30/2023**	Time of Inspection:	**3:02 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:

AB - Emergency Permission
TD - Emergency Permission
BP - Emergency Contact

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/27/2023	**09/28/2023**

Status: **Corrected**

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

Corrections To Be Made:

SO - C A/N Report Statement

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/27/2023	**09/14/2023**

Status: **Corrected**

Kyle Hoffman	**09/08/2023**	**Brooke Flemmer**	**08/30/2023**
Provider Signature	Date	Inspector Signature	Date