

# Program Inspection Compliance Plan

Provider's Name: **Anne Sullivan Elementary CLC** City: **Sioux Falls**

Provider Number: **018043153**

Inspector: **Brooke Flemmer** Date of Inspection: **08/30/2023**

Time of Inspection: **4:18 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

35. Does each child 's record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:
<b>JA - Emergency Contact</b> <b>JA - Emergency Contact</b> <b>KA - Emergency Contact</b> <b>SA - Emergency Contact</b> <b>ID - Emergency Contact</b> <b>DK - Emergency Contact</b> <b>SL - Emergency Permission</b> <b>JM - Emergency Permission</b> <b>JS - Emergency Permission</b> <b>SU - Emergency Permission</b>	<b>Compliance Plan</b>  Suggested Completion Date: <b>09/27/2023</b> Actual Completion Date: <b>09/28/2023</b>  Status: <b>Corrected</b>

**Bella Cobb**

Provider Signature

**08/30/2023**

Date

**Brooke Flemmer**

Inspector Signature

**09/05/2023**

Date