

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Inter-Lakes Com. Action - Sioux Falls** City: **Sioux Falls**

Provider Number: **018038755**

Inspector: **Denise Ferguson** Date of Inspection: **11/13/2018**

Time of Inspection: **10:11 AM**

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

A. Program Activities, Schedule and Environment

2. Are activity plans developed and implemented that offer a variety of activities to meet the needs of various age groups? 67:42:10:10

<p>Corrections To Be Made:</p> <p>Activity plans needed in Classroom 7 for the current week.</p> <p>*Activity plans have been developed and implemented.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">12/13/2018</td> <td style="text-align: center;">11/15/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2018	11/15/2018
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12/13/2018	11/15/2018				

Jen Meinert

Provider Signature

11/13/2018

Date

Denise Ferguson

Inspector Signature

11/13/2018

Date