

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **St. Lambert School**

City: **Sioux Falls**

Provider Number: **018042092**

Inspector: **Denise Ferguson**

Date of Inspection: **02/24/2020**

Time of Inspection: **3:38 PM**

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

## I. Written Procedures

44. Does the program have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; accommodation of infants & toddlers; children with disabilities & children with chronic medical conditions? 67:42:10:10

<p>Corrections To Be Made:</p> <p><b>Written Emergency Preparedness &amp; Response Plan unavailable at the time of the inspection. Ensure plan is available at the program at all times.</b></p> <p><b>*Written Emergency Preparedness &amp; Response Plan is available at the program.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>03/24/2020</b></td> <td style="text-align: center;"><b>02/25/2020</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">Status: <b>Corrected</b></td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	<b>03/24/2020</b>	<b>02/25/2020</b>	Status: <b>Corrected</b>	
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Status: <b>Corrected</b>							

**Sandra Stockert**

**02/24/2020**

Provider Signature

Date

**Denise Ferguson**

**02/24/2020**

Inspector Signature

Date