

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **EmBe Harrisburg Endeavor  
OST**

City: **Sioux Falls**

Provider Number: **018042663**

Inspector: **Rita Trager**

Date of Inspection: **06/23/2020**

Time of Inspection: **8:24 AM**

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

## G. Record Keeping, Posting Information, Fire/Tornado Drills

32. Does the facility have posted in a visible location a copy of the facility's latest Program \ul and\ulnone Facility Safety inspection? And if on a CAP, does facility have a copy of the plan available upon request? 67:42:16:17

Corrections To Be Made:

**Post DPS inspection checklist  
\*Inspection posted as of 07/15/2020**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**06/30/2020**

Actual  
Completion  
Date:

**07/15/2020**

Status: **Corrected**

33. Does the program have documentation 4 fire drills and 1 tornado drill were conducted in the past year? 67:42:14:28

Corrections To Be Made:

**One fire drill to be completed to meet compliance.  
\*Date provided as of 07/15/2020.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**07/23/2020**

Actual  
Completion  
Date:

**07/15/2020**

Status: **Corrected**

34. Do staff records contain all required information? 67:42:14:23 Note: staff records are to be maintained for 6 months following the end of employment.

Corrections To Be Made:

**BP - CPR, Training**  
**LS - CPR, Training**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**07/31/2020**

Actual  
Completion  
Date:

**07/31/2020**

Status: **Corrected**

**Les Schroeder**

Provider Signature

**06/23/2020**

Date

**Rita Trager**

Inspector Signature

**06/23/2020**

Date