

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **W.A.S.P. OST**

City: **Sisseton**

Provider Number: **011102381**

Inspector: **Julie Hermansen**

Date of Inspection: **04/03/2019**

Time of Inspection: **1:50 PM**

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

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.

<p>Corrections To Be Made:</p> <p><b>KB - Three References</b>  <b>AF - Timely Orientation</b>  <b>AF - Three References, C A/N Report Statement</b>  <b>PH - Timely Orientation</b>  <b>MK - Timely Orientation</b>  <b>KM - Timely Orientation</b>  <b>JS - Criminal Record Check, Timely Orientation</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>05/03/2019</b></td> <td><b>05/15/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>05/03/2019</b>	<b>05/15/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>05/03/2019</b>	<b>05/15/2019</b>				

**Alicia Finnesand**

Provider Signature

**04/03/2019**

Date

**Julie Hermansen**

Inspector Signature

**04/03/2019**

Date