

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Faulkton Area OST Program**

City: **Faulkton**

Provider Number: **011102455**

Inspector: **Julie Hermansen**

Date of Inspection: **07/16/2018**

Time of Inspection: **10:56 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

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>JG - C A/N Report Statement TO - C A/N Report Statement BR - Central Registry Check, Criminal Record Check, C A/N Report Statement</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;">08/16/2018</td> <td style="text-align: center;">08/17/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/16/2018	08/17/2018
Suggested Completion Date:	Actual Completion Date:				
08/16/2018	08/17/2018				

Ashley Clemens

Provider Signature

07/16/2018

Date

Julie Hermansen

Inspector Signature

07/16/2018

Date