

# 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: **07/11/2019**

Time of Inspection: **1:09 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>JG - Criminal Record Check</b>  <b>CL - Central Registry Check, Sex Offender Registry Check, Criminal Record Check</b>  <b>HS - Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>08/11/2019</b></td> <td style="text-align: center;"><b>08/21/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>08/11/2019</b>	<b>08/21/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>08/11/2019</b>	<b>08/21/2019</b>				

**April Sorensen**

Provider Signature

**07/11/2019**

Date

**Julie Hermansen**

Inspector Signature

**07/11/2019**

Date