## Program Inspection Before & After School Center Compliance Plan

| Provider's Name:                            | OST Commun      | ity Haven City:     | Dell Rapids | Provider Number:    | 011514924  |
|---|-----------------|---------------------|-------------|---------------------|------------|
| Inspector:                                  | Denise Ferguson | Date of Inspection: | 04/10/2018  | Time of Inspection: | 2:52 PM    |
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| Provider was found to be in full compliance |                 |                     |             |                     |            |
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| isa Wilber                                  | 04              | /10/2018            | Denise      | Ferguson            | 04/10/2018 |
| Provider Signature                          | Da              | ate                 |             | or Signature        | Date       |
|   |                 |                     |             |                     |            |
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