

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **T.A.S.K.**

City: **Sioux Falls**

Provider Number: **018042782**

Inspector: **Rita Trager**

Date of Inspection: **10/17/2018**

Time of Inspection: **3:10 PM**

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

## A. Program Activities, Schedule, Equipment and Supplies

2. Are activity plans in writing and posted in the facility? 67:42:14:15

Corrections To Be Made:

**Activity plan to be in writing and posted at the facility.**  
**\*Plan posted as of 10/31/18.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**10/31/2018**

Actual  
Completion  
Date:

**10/31/2018**

Status: **Corrected**

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

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:

**Dates of fire and tornado drills to be provided.**  
**\*Dates of drills received on 10/29/18.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**10/31/2018**

Actual  
Completion  
Date:

**10/29/2018**

Status: **Corrected**

**Natasha Hinman**

Provider Signature

**10/18/2018**

Date

**Rita Trager**

Inspector Signature

**10/18/2018**

Date