

Provider required to post this report.

Program Inspection Compliance Plan

Provider's Name: **SWO Head Start East**

City: **Agency Village**

Provider Number: **011102376**

Inspector: **Julie Hermansen**

Date of Inspection: **12/04/2024**

Time of Inspection: **2:59 PM**

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

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

IA - Central Registry Check, Five Year Screen

JA - Orientation Complete, CPR

BI - Central Registry Check

MP - Five Year Screen, Level II Complete

AR - Five Year Screen, Level II Complete

GW - Level II Complete

Agency Action:

Compliance Plan

Suggested	Actual
Completion	Completion

Date:	Date:
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12/30/2024	02/04/2025
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Status: **Corrected**



Provider Signature

Jennifer Bissonette

Name

12/04/2024

Date



Inspector Signature

Julie Hermansen

Name

12/04/2024

Date