

Program Inspection Compliance Plan

Provider's Name: **Enemy Swim Day School OST** City: **Waubay**

Provider Number: **010605432**

Inspector: **Julie Hermansen** Date of Inspection: **11/30/2023**

Time of Inspection: **2:38 PM**

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

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

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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> SA - Sex Offender Registry Check XA - Sex Offender Registry Check, C A/N Report Statement, CPR PB - Sex Offender Registry Check, C A/N Report Statement JB - Sex Offender Registry Check, C A/N Report Statement, CPR MD - Sex Offender Registry Check, C A/N Report Statement, CPR LK - Sex Offender Registry Check, C A/N Report Statement RM - Central Registry Check, Sex Offender Registry Check, C A/N Report Statement, CPR WR - C A/N Report Statement, Training BS - Central Registry Check, Sex Offender Registry Check, C A/N Report Statement, CPR 	<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;">12/27/2023</td> <td style="text-align: center;">01/31/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/27/2023	01/31/2024
Suggested Completion Date:	Actual Completion Date:				
12/27/2023	01/31/2024				

Rebecca Dargetz

Provider Signature

11/30/2023

Date

Julie Hermansen

Inspector Signature

11/30/2023

Date