

# Program Inspection Compliance Plan

Provider's Name: **Enemy Swim Day School**

City: **Waubay**

Provider Number: **010605432**

Inspector: **Julie Hermansen**

Date of Inspection: **05/01/2024**

Time of Inspection: **2:33 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

|   |                            |
|---|----------------------------|
| Corrections To Be Made:                         | Agency Action:             |
| <b>SA - CPR, Training</b>                       | <b>Compliance Plan</b>     |
| <b>XA - Level II Complete, CPR, Training</b>    |                            |
| <b>JB - CPR</b>                                 | Suggested Completion Date: |
| <b>MD - Orientation Complete, CPR</b>           | Actual Completion Date:    |
| <b>LK - Orientation Complete, CPR, Training</b> | <b>05/22/2024</b>          |
| <b>RM - CPR</b>                                 | <b>06/27/2024</b>          |
| <b>WR - Orientation Complete</b>                | Status: <b>Corrected</b>   |
| <b>IR - DCI Check</b>                           |                            |
| <b>BS - Orientation Complete, CPR, Training</b> |                            |

**Rebecca Dargatz**

Provider Signature

**05/01/2024**

Date

**Julie Hermansen**

Inspector Signature

**05/01/2024**

Date