

Program Inspection Compliance Plan

Provider's Name: **Roncalli Sonshine Patch Middle School OST** City: **Aberdeen**

Provider Number: **011102334**

Inspector: **Julie Hermansen** Date of Inspection: **11/15/2023**

Time of Inspection: **2:01 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:	
EW - Out Of State	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	12/13/2023	12/12/2023
	Status: Corrected	

Patricia Buechler

Provider Signature

11/15/2023

Date

Julie Hermansen

Inspector Signature

11/15/2023

Date