

# Program Inspection Compliance Plan

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

Provider Number: **011102334**

Inspector: **Julie Hermansen** Date of Inspection: **10/24/2024**

Time of Inspection: **2:30 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>FD - DCI Check</b>	<b>Compliance Plan</b>
	Suggested Completion Date:
	Actual Completion Date:
	<b>11/24/2024</b>
	<b>12/16/2024</b>
	Status: <b>Corrected</b>

**Shelby Braun**

Provider Signature

**12/16/2024**

Date

**Julie Hermansen**

Inspector Signature

**12/16/2024**

Date