

# Program Inspection Compliance Plan

Provider's Name: **Westsdie Preschool Program**

City: **Sisseton**

Provider Number: **011102433**

Inspector: **Julie Hermansen**

Date of Inspection: **09/25/2024**

Time of Inspection: **2:34 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:

**BA - Five Year Screen, Level II Complete  
HA - Out Of State, C A/N Report Statement  
KP - Five Year Screen, Level II Complete**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**10/25/2024**

**11/15/2024**

Status: **Corrected**

**Dr. April Moen**

Provider Signature

**09/25/2024**

Date

**Julie Hermansen**

Inspector Signature

**09/25/2024**

Date