

Program Inspection Compliance Plan

Provider's Name: **FAOSP Little Sprouts**

City: **Faulkton**

Provider Number: **011102564**

Inspector: **Julie Hermansen**

Date of Inspection: **01/12/2024**

Time of Inspection: **11:53 AM**

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:

SH - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check

Agency Action:

Compliance Plan

Suggested
Completion
Date:

02/02/2024

Actual
Completion
Date:

01/18/2024

Status: **Corrected**

April Sorensen

Provider Signature

01/12/2024

Date

Julie Hermansen

Inspector Signature

01/12/2024

Date