Program Inspection
Compliance Plan

Provider's Name:	**Kids First OST**	City:	**Lake Preston**	Provider Number:	**011515687**
Inspector:	**Ambuer Jaacks**	Date of Inspection:	**11/28/2023**	Time of Inspection:	**2:41 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

AG - Orientation Complete
BH - FBI Check, NCIC Check
KO - Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/12/2023	**12/20/2023**

Status: **Corrected**

Kristi Odegaard	**11/28/2023**	**Ambuer Jaacks**	**11/28/2023**
Provider Signature	Date	Inspector Signature	Date