Program Inspection
Compliance Plan

Provider's Name:	**Wolsey-Wessington OST Program**	City:	**Wolsey**	Provider Number:	**014510634**
Inspector:	**Sarah Deakins**	Date of Inspection:	**11/21/2023**	Time of Inspection:	**4:03 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

30. Does the program only use space that has been approved for care? 67:42:17:19

Corrections To Be Made:	Agency Action:	
The program is using at least one additional classroom that has not been approved for use. The program needs to provide an updated floor plan of the school with all rooms being used by the program. **All spaces used by the school age care program must be approved by the department.** **An updated floor plan that includes the rooms used by the program was received for review and approval.**	**Compliance Plan** Suggested Completion Date: **12/13/2023** Status: **Corrected**	Actual Completion Date: **01/11/2024**

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

Corrections To Be Made:	Agency Action:
SB - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement **JC - C A/N Report Statement** **KC - CPR, Training** **DF - CPR** **MF - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement** **MG - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement** **AR - CPR** **KR - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement** **LV - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement** **AW - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement** **LZ - CPR, Training**	**Corrective Action Plan** Suggested Completion Date: **02/21/2024** Actual Completion Date: **06/11/2024** Status: **Corrected**

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:	Agency Action:
The program's liability insurance on file has expired. **The program will have proof of current liability insurance.** **Verification of the program's current liability insurance was received.**	**Compliance Plan** Suggested Completion Date: **12/13/2023** Actual Completion Date: **01/11/2024** Status: **Corrected**

Lacey Zerfoss	**11/21/2023**	**Sarah Deakins**	**11/21/2023**
Provider Signature	Date	Inspector Signature	Date