

Date Issued	June 20, 2025	Status	Closed
Provider Name	<u>KOLB, KATRINA</u>		
Provider ID	<u>016597861</u>		
Provider Address	<u>1104 Walworth St, Belle Fourche, SD 57717, USA</u>		
Provider Contact	<u>KATRINA KOLB</u>		

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

Compliance Plan Action #1

Administrative Rule:

67:42:17:18

All providers must obtain annual training in the topic areas identified in 45 C.F.R. § 98.41, in effect on September 30, 2016, or as identified by the department. Training must be documented and relevant to the provider’s position as determined by the department. Training may include on-site or online classes. Pediatric cardiopulmonary resuscitation renewal may not be included in annual training.

Each director and provider of center and school-age programs counted in staff-child ratios shall complete ten hours of annual training.

Each provider of family day care counted in staff-child ratios shall complete six hours of annual training.

Orientation training hours qualify as annual training hours for each provider in the year the training was completed.

Every five years, all providers shall complete additional, advanced training in each of the training areas listed in § 67:42:17:17.

Summary of Non-Compliance Finding:

Provider did not have verification of completing the Ongoing Health & Safety Level II training available during the inspection.

Corrections to be Made:

Provider will need to submit the Ongoing Health & Safety Level II training certificate to the Office of Licensing & Accreditation.

Corrections Made:

Provider submitted the Ongoing Health & Safety Level II certificate of completion to the Office of Licensing & Accreditation.

Anticipated Completion Date:
July 07, 2025

Date Completed:
June 23, 2025

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Katrina L Kolb

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 20, 2025

Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Andrea Neff

Printed Name of DSS Staff



Signature of DSS Staff:

June 20, 2025

Date

6/20/2025, 4:05:14 PM