

Program Inspection Compliance Plan

Provider's Name: **Rapid City Children's Center**

City: **Rapid City**

Provider Number: **000097111**

Inspector: **Tina Uecker**

Date of Inspection: **08/06/2024**

Time of Inspection: **9:00 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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
TP - Emergency Permission HP - Emergency Permission	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/01/2024	08/25/2024
	Status: Corrected	

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

Corrections To Be Made:

- JA - CPR
- SB - CPR
- SB - Orientation Complete
- SC - Level II Complete
- MC - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, CPR
- HE - C A/N Report Statement
- MG - CPR
- MG - Five Year Screen, Level II Complete
- CG - CPR
- JK - Level II Complete
- RM - CPR
- SM - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
- KP - Level II Complete
- SP - CPR
- JR - Five Year Screen, Level II Complete
- SS - Five Year Screen, Level II Complete
- TZ - CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/31/2024	08/25/2024

Status: **Corrected**

Jodi Richter

Provider Signature

08/25/2024

Date

Tina Uecker

Inspector Signature

08/25/2024

Date