

Program Inspection Compliance Plan

Provider's Name: **Rural America Initiatives**

City: **Rapid City**

Provider Number: **010601775**

Inspector: **Andrea Neff**

Date of Inspection: **09/27/2023**

Time of Inspection: **8:09 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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> EB - Level II Complete TB - Out Of State, Training AB - Out Of State MB - Out Of State KC - CPR TG - Level II Complete DG - Out Of State RJ - Orientation Complete SJ - Out Of State SJ - Level II Complete, Training CL - Level II Complete AL - Level II Complete SM - Out Of State SM - FBI Check CP - Out Of State MP - Out Of State KP - Level II Complete JP - Level II Complete GR - Out Of State AY - Level II Complete JY - Level II Complete PY - Training EY - Out Of State 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/13/2023</td> <td style="text-align: center;">10/06/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/13/2023	10/06/2023
Suggested Completion Date:	Actual Completion Date:				
10/13/2023	10/06/2023				

LaRae Arroyo

09/27/2023

Andrea Neff

09/27/2023

Provider Signature

Date

Inspector Signature

Date