

Program Inspection Compliance Plan

Provider's Name: **KIDS CLUB KIDS WEST**

City: **Spearfish**

Provider Number: **010605091**

Inspector: **Tina Uecker**

Date of Inspection: **10/09/2024**

Time of Inspection: **3:30 PM**

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

Corrections To Be Made:	Agency Action:	
MB - Training	Compliance Plan	
TH - CPR		
DP - CPR	Suggested	Actual
HW - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI	Completion	Completion
Check, NCIC Check, Orientation Complete, CPR	Date:	Date:
JW - CPR	11/15/2024	11/26/2024
MW - CPR		
	Status: Corrected	

Sandy Tarrant

Provider Signature

11/26/2024

Date

Tina Uecker

Inspector Signature

11/26/2024

Date