

Program Inspection Compliance Plan

Provider's Name: **Kadoka Learning Center**

City: **Kadoka**

Provider Number: **010606724**

Inspector: **Tina Uecker**

Date of Inspection: **12/11/2023**

Time of Inspection: **4:00 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:	
KH - Five Year Screen	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	12/31/2023	12/12/2023
	Status: Corrected	

Nikki Bonnenberger

Provider Signature

12/12/2023

Date

Tina Uecker

Inspector Signature

12/12/2023

Date