

Program Inspection Compliance Plan

Provider's Name: **KADOKA LEARNING CENTER**

City: **Kadoka**

Provider Number: **010606724**

Inspector: **Tina Uecker**

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

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:

**KH - Five Year Screen
MS - Five Year Screen, CPR**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/15/2024

Actual
Completion
Date:

10/31/2024

Status: **Corrected**

NIKKI BONENBERGER

Provider Signature

10/31/2024

Date

Tina Uecker

Inspector Signature

10/31/2024

Date