

Program Inspection Compliance Plan

Provider's Name: **Unki Takoja OTI Day Care**

City: **Eagle Butte**

Provider Number: **015401867**

Inspector: **Julie Hermansen**

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

Time of Inspection: **2:06 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:

**HH - CPR
SR - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI
Check, NCIC Check, Orientation Complete, CPR**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/09/2024

Actual
Completion
Date:

12/05/2024

Status: **Corrected**

Candace Hollow Horn

Provider Signature

10/09/2024

Date

Julie Hermansen

Inspector Signature

10/09/2024

Date