

Program Inspection Compliance Plan

Provider's Name: **YMCA Child Care**

City: **Rapid City**

Provider Number: **016523586**

Inspector: **Tina Uecker**

Date of Inspection: **01/22/2024**

Time of Inspection: **10:00 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

35. Does each child 's record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
AL - Immunization Records ML - Immunization Records NL - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	02/15/2024	02/07/2024
	Status: Corrected	

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
TM - Orientation Complete	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	02/15/2024	02/01/2024
	Status: Corrected	

Nicole Weiss

Provider Signature

02/07/2024

Date

Tina Uecker

Inspector Signature

02/07/2024

Date