

Program Inspection Compliance Plan

Provider's Name: **The Uplift Center**

City: **Spearfish**

Provider Number: **016597747**

Inspector: **Tina Uecker**

Date of Inspection: **10/01/2024**

Time of Inspection: **9:30 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

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

Corrections To Be Made:

BM - CPR

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/15/2024

Actual
Completion
Date:

10/14/2024

Status: **Corrected**

45. Is the individual responsible for planning and implementing the program at least 18 years of age and is the required education or work experience maintained? 67:42:17:09

Corrections To Be Made:

Program planner did not have a copy of her current CDA. Program planner must meet required education or work experience qualifications.

***The program planner submitted verification of her CDA credentials.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

10/15/2024

Actual
Completion
Date:

10/03/2024

Status: **Corrected**

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:	Agency Action:	
Program did not have a current copy of insurance certificate of liability. A certificate of liability must be provided.	Compliance Plan	
*The program submitted proof of liability insurance.	Suggested Completion Date:	Actual Completion Date:
	10/15/2024	10/03/2024
	Status: Corrected	

Brett McCue

Provider Signature

10/18/2024

Date

Tina Uecker

Inspector Signature

10/18/2024

Date