

# Program Inspection Compliance Plan

Provider's Name: **Rapid City Discovery at South Park** City: **Rapid City**

Provider Number: **016597768**

Inspector: **Andrea Neff** Date of Inspection: **01/23/2024**

Time of Inspection: **3:30 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:
<b>TB - C A/N Report Statement</b>	<b>Compliance Plan</b>
<b>AO - Orientation Complete</b>	Suggested Completion Date:
<b>NS - C A/N Report Statement</b>	Actual Completion Date:
	<b>02/07/2024</b> <b>01/29/2024</b>
	Status: <b>Corrected</b>

**Nicole Sandstrom**  
\_\_\_\_\_  
Provider Signature

**01/24/2024**  
\_\_\_\_\_  
Date

**Andrea Neff**  
\_\_\_\_\_  
Inspector Signature

**01/24/2024**  
\_\_\_\_\_  
Date