

# Program Inspection Compliance Plan

Provider's Name: **The Kids Den**

City: **Rapid City**

Provider Number: **016597777**

Inspector: **Andrea Neff**

Date of Inspection: **10/03/2023**

Time of Inspection: **8:15 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:	Agency Action:	
<b>CL - C A/N Report Statement</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>10/09/2023</b>	<b>10/03/2023</b>
	Status: <b>Corrected</b>	

**Nadia Lafferty**

Provider Signature

**10/03/2023**

Date

**Andrea Neff**

Inspector Signature

**10/03/2023**

Date