

Program Inspection Compliance Plan

Provider's Name: **WILLOW CREEK CHILD CARE** City: **Custer**

Provider Number: **016597792**

Inspector: **Tina Uecker** Date of Inspection: **08/26/2024**

Time of Inspection: **11:00 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

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

Corrections To Be Made:

EG - Central Registry Check, NCIC Check
SG - Central Registry Check, NCIC Check

Agency Action:

Compliance Plan

Suggested
Completion
Date:

09/15/2024

Actual
Completion
Date:

09/30/2024

Status: **Corrected**

Trenna Cooper

Provider Signature

08/29/2024

Date

Tina Uecker

Inspector Signature

08/29/2024

Date