

# Program Inspection Compliance Plan

Provider's Name: **Our Little Treasures Daycare  
and Preschool**

City: **Rapid City**

Provider Number: **016597805**

Inspector: **Andrea Neff**

Date of Inspection: **08/28/2024**

Time of Inspection: **7:47 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:	
<b>SB - Enrollment Date</b> <b>ZH - Enrollment Date</b> <b>ES - Information Sheet</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>09/11/2024</b>	<b>08/28/2024</b>
	Status: <b>Corrected</b>	

**Erika Huemiller**

Provider Signature

**08/28/2024**

Date

**Andrea Neff**

Inspector Signature

**08/28/2024**

Date