

# Program Inspection Compliance Plan

Provider's Name: **KIDS POINT CENTRAL**

City: **Spearfish**

Provider Number: **016597814**

Inspector: **Tina Uecker**

Date of Inspection: **04/25/2024**

Time of Inspection: **8:30 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:	Agency Action:	
<b>SH - Five Year Screen</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>05/15/2024</b>	<b>04/30/2024</b>
	Status: <b>Corrected</b>	

**KENDRA MCGINNIS**

Provider Signature

**04/30/2024**

Date

**Tina Uecker**

Inspector Signature

**04/30/2024**

Date