

# Program Inspection Compliance Plan

Provider's Name: **KIDS CLUB KIDS MOUNTAIN  
VIEW**

City: **Spearfish**

Provider Number: **016598118**

Inspector: **Tina Uecker**

Date of Inspection: **10/09/2024**

Time of Inspection: **4:30 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>CL - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI<br/>Check, NCIC Check<br/>ES - CPR, Training</b> | <b>Compliance Plan</b>     |                         |
|  | Suggested Completion Date: | Actual Completion Date: |
|  | <b>11/15/2024</b>          | <b>11/07/2024</b>       |
|  | Status: <b>Corrected</b>   |                         |

**SAndy Tarrant**

Provider Signature

**11/12/2024**

Date

**Tina Uecker**

Inspector Signature

**11/12/2024**

Date