

Program Inspection Compliance Plan

Provider's Name: **PRAIRIE HILLS CHILD CARE
CENTER**

City: **Spearfish**

Provider Number: **016598172**

Inspector: **Tina Uecker**

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

Time of Inspection: **2:00 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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:
EC - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission	Compliance Plan
TC - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission	Suggested Completion Date:
	Actual Completion Date:
	05/15/2024
	04/26/2024
	Status: Corrected

KARLEY LAFOUNTAIN

Provider Signature

04/30/2024

Date

Tina Uecker

Inspector Signature

04/30/2024

Date