

# Program Inspection Compliance Plan

Provider's Name: **Banana Bunch CLC 2**

City: **Rapid City**

Provider Number: **016598239**

Inspector: **Andrea Neff**

Date of Inspection: **08/21/2024**

Time of Inspection: **11:04 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>AV - Emergency Contact</b> <b>MV - Emergency Contact</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/21/2024</b>	<b>08/21/2024</b>
	Status: <b>Corrected Immediately</b>	

**Pam Ramp**

Provider Signature

**08/21/2024**

Date

**Andrea Neff**

Inspector Signature

**08/21/2024**

Date