

# Program Inspection Compliance Plan

Provider's Name: **HILLSVIEW DAYCARE CENTER** City: **Spearfish**

Provider Number: **016599178**

Inspector: **Tina Uecker**

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

Time of Inspection: **1:00 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

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:
<b>MD - CPR</b>	<b>Compliance Plan</b>
<b>AG - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</b>	Suggested Completion Date:
<b>AJ - CPR</b>	Actual Completion Date:
<b>MS - Level II Complete</b>	<b>11/15/2024</b>
<b>CS - Training</b>	<b>11/05/2024</b>
<b>AS - Orientation Complete</b>	Status: <b>Corrected</b>

**Val Thoreson**

Provider Signature

**11/05/2024**

Date

**Tina Uecker**

Inspector Signature

**11/05/2024**

Date