

Program Inspection Compliance Plan

Provider's Name: **Horace Mann Discovery**

City: **Rapid City**

Provider Number: **016599285**

Inspector: **Andrea Neff**

Date of Inspection: **11/12/2024**

Time of Inspection: **3:16 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:

BA - Orientation Complete, CPR

KP - Orientation Complete

**JS - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI
Check, NCIC Check**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/26/2024

Status: **Corrected**

Actual
Completion
Date:

12/12/2024

Daniel Vigoren

Provider Signature

11/12/2024

Date

Andrea Neff

Inspector Signature

11/12/2024

Date