

# Program Inspection Compliance Plan

Provider's Name: **Knollwood Discovery Center**

City: **Rapid City**

Provider Number: **016599295**

Inspector: **Andrea Neff**

Date of Inspection: **03/05/2024**

Time of Inspection: **4:13 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:

**SP - Five Year Screen  
DW - DCI Check**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**03/21/2024**

Actual  
Completion  
Date:

**04/23/2024**

Status: **Corrected**

**Melissa Laughlin**

Provider Signature

**03/05/2024**

Date

**Andrea Neff**

Inspector Signature

**03/05/2024**

Date