Program Inspection
Compliance Plan

Provider's Name:	**Prodigy Learning Center**	City:	**Dakota Dunes**	Provider Number:	**018042118**
Inspector:	**Rita Trager**	Date of Inspection:	**08/06/2024**	Time of Inspection:	**9:13 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

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

Corrections To Be Made:

KM - Immunization Records
LN - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/06/2024	**09/06/2024**

Status: **Corrected**

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

Corrections To Be Made:

DA - Level II Complete, Training
JG - Out Of State
JN - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/06/2024	**09/06/2024**

Status: **Corrected**

Kathy Soldati	**08/06/2024**	**Rita Trager**	**08/06/2024**
Provider Signature	Date	Inspector Signature	Date