

Compliance Monitoring Report Compliance Plan

Provider's Name: **Kimberly Hudson**

City: **Pierre**

Provider Number: **010604726**

Inspector: **Becky Hurst**

Date of Visit/Report: **05/24/2019**

Time of Visit/Report: **9:00 AM**

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

Miscellaneous Rule Violations

67:42:03:07.03 - Helper records and hiring requirements.

<p>Issue/Corrections To Be Made:</p> <p>A substitute provider was being utilized to care for children without having the appropriate records and hiring requirements on file.</p> <p>The Provider has chosen not to utilize a substitute or helper for care. The provider has agreed to ensure all required records and hiring requirements are met prior to utilizing a substitute or helper in the future.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">05/24/2019</td> <td style="text-align: center;">05/24/2019</td> </tr> </table> <p>Status: Corrected Immediately</p>	Suggested Completion Date:	Actual Completion Date:	05/24/2019	05/24/2019
Suggested Completion Date:	Actual Completion Date:				
05/24/2019	05/24/2019				

Kim Hudson

06/20/2019

Provider Signature

Date

Becky Hurst

06/20/2019

Inspector Signature

Date