Program Inspection
Compliance Plan

Provider's Name:	**Sioux Valley BASE**	City:	**Volga**	Provider Number:	**010501748**
Inspector:	**Ambuer Jaacks**	Date of Inspection:	**10/23/2023**	Time of Inspection:	**2:52 PM**

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

34. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43

Corrections To Be Made:

Dates of the emergency preparedness drills were not provided at time of inspection.

The provider needs to complete and document two fire evacuation drills, two shelter-in-place drills, and two lockdown drills each year.

Correction: Verification received of dates when drills completed.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/23/2023	**12/12/2023**

Status: **Corrected**

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

Corrections To Be Made:

RB - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement
AH - DCI Check, C A/N Report Statement
KH - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement
IK - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement
NM - Level II Complete, CPR
SR - Orientation Complete, Training
TT - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/23/2023	**12/20/2023**

Status: **Corrected**

Nikki Moir	10/23/2023	Ambuer Jaacks	10/23/2023
Provider Signature	Date	Inspector Signature	Date