

Program Inspection Compliance Plan

Provider's Name: **Sioux Valley BASE**

City: **Volga**

Provider Number: **010501748**

Inspector: **Ambuer Jaacks**

Date of Inspection: **07/09/2024**

Time of Inspection: **10:08 AM**

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:

AJ - CPR
SK - Orientation Complete, CPR
TK - C A/N Report Statement, CPR
NM - Level II Complete, CPR
JO - Sex Offender Registry Check, FBI Check, NCIC Check, C A/N Report Statement, CPR
AT - Address & Phone Number, C A/N Report Statement, Orientation Complete
TT - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, CPR
TV - Address & Phone Number, C A/N Report Statement, Orientation Complete, CPR
JV - C A/N Report Statement, Orientation Complete, CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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08/09/2024	09/09/2024
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Status: **Corrected**

Nikki Moir

Provider Signature

09/09/2024

Date

Ambuer Jaacks

Inspector Signature

09/09/2024

Date