Program Inspection
Compliance Plan

Provider's Name:	**First Baptist Childrens Center OST**	City:	**Sioux Falls**	Provider Number:	**010602017**
Inspector:	**Teri Pieters**	Date of Inspection:	**09/10/2024**	Time of Inspection:	**3:35 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

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

Corrections To Be Made:

EK - Orientation Complete, CPR, Training
AL - DCI Check, Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/15/2024	**10/14/2024**

Status: **Corrected**

Sheena Christiansen	**10/17/2024**	**Teri Pieters**	**10/17/2024**
Provider Signature	Date	Inspector Signature	Date