

Program Inspection Compliance Plan

Provider's Name: **Abiding Savior Under Christ's** City: **Sioux Falls**

Provider Number: **010605802**

Inspector: **Teri Pieters** Date of Inspection: **11/03/2023**

Time of Inspection: **8:15 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:	Agency Action:
AC - Out Of State, C A/N Report Statement	Compliance Plan
RH - Out Of State	Suggested Completion Date:
SJ - C A/N Report Statement	Actual Completion Date:
RL - Out Of State	12/15/2023
SR - Out Of State	11/22/2023
ST - Out Of State	Status: Corrected
EW - C A/N Report Statement, Orientation Complete, Training	

Sydney Temple

Provider Signature

11/29/2023

Date

Teri Pieters

Inspector Signature

11/29/2023

Date