Program Inspection
Compliance Plan

Provider's Name:	**LOLA - Freeman Davis**	City:	**Mobridge**	Provider Number:	**011102575**
Inspector:	**Julie Hermansen**	Date of Inspection:	**08/06/2024**	Time of Inspection:	**2:57 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:	Agency Action:	
BB - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check **GF - DCI Check** **AL - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, CPR** **KO - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check** **CR - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	09/06/2024	**10/05/2024**
	Status: **Corrected**	

Emily Moser	**08/06/2024**	**Julie Hermansen**	**08/06/2024**
Provider Signature	Date	Inspector Signature	Date