Program Inspection
Compliance Plan

Provider's Name:	**Inter-Lakes Com, Action-Sioux Falls**	City:	**Sioux Falls**	Provider Number:	**018038755**
Inspector:	**Teri Pieters**	Date of Inspection:	**10/26/2023**	Time of Inspection:	**10:27 AM**

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:

AB - FBI Check, DCI Check, NCIC Check, CPR
LF - CPR
AG - Orientation Complete
HG - Five Year Screen, Level II Complete, Training
KG - CPR
VL - Orientation Complete, CPR
BN - FBI Check, DCI Check, NCIC Check, Out Of State
BO - FBI Check, DCI Check, NCIC Check, Five Year Screen
LR - CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/01/2023	**11/16/2023**

Status: **Corrected**

Jill Miller	**11/16/2023**	**Teri Pieters**	**11/16/2023**
Provider Signature	Date	Inspector Signature	Date