

# Program Inspection Compliance Plan

Provider's Name: **Care at Axtell**

City: **Sioux Falls**

Provider Number: **018043063**

Inspector: **Chandra VanHout**

Date of Inspection: **07/31/2024**

Time of Inspection: **12:44 PM**

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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
<b>KA - Immunization Records AB - Immunization Records BB - Immunization Records ZJ - Immunization Records CT - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/21/2024</b>	<b>08/23/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>SA - Orientation Complete, CPR, Training KD - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check MH - Training BT - Central Registry Check, Sex Offender Registry Check, FBI Check, NCIC Check, Orientation Complete</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/21/2024</b>	<b>08/20/2024</b>
	Status: <b>Corrected</b>	

**Maci Howard**

**07/31/2024**

**Chandra VanHout**

**07/31/2024**

Provider Signature

Date

Inspector Signature

Date