Program Inspection
Compliance Plan

Provider's Name:	**Gimme-A-Break LLC**	City:	**Sioux Falls**	Provider Number:	**018043178**
Inspector:	**Teri Pieters**	Date of Inspection:	**08/14/2023**	Time of Inspection:	**10:07 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:

JM - CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/23/2023	**08/21/2023**

Status: **Corrected**

amanda m	**08/14/2023**	**Teri Pieters**	**08/14/2023**
Provider Signature	Date	Inspector Signature	Date