Program Inspection
Compliance Plan

Provider's Name:	**Gimmie A Break**	City:	**Sioux Falls**	Provider Number:	**018043178**
Inspector:	**Teri Pieters**	Date of Inspection:	**07/23/2024**	Time of Inspection:	**2:30 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:	
RL - CPR **BM - CPR** **KO - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Level II Complete** **SR - Orientation Complete**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	08/05/2024	**08/05/2024**
	Status: **Corrected**	

Amanda McGregor	**08/26/2024**	**Teri Pieters**	**08/26/2024**
Provider Signature	Date	Inspector Signature	Date