

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Sioux Valley BASE**

City: **Volga**

Provider Number: **010501748**

Inspector: **Rachel Holm**

Date of Inspection: **10/02/2019**

Time of Inspection: **1:27 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## G. Record Keeping, Posting Information, Fire/Tornado Drills

34. Do staff records contain all required information? 67:42:14:23 Note: staff records are to be maintained for 6 months following the end of employment.

Corrections To Be Made:	Agency Action:	
<b>AA - Address &amp; Phone Number, Three References, Criminal Record Check, Timely Orientation</b>	<b>Compliance Plan</b>	
<b>TB - Criminal Record Check, Training</b>	Suggested Completion Date:	Actual Completion Date:
<b>KL - Three References, Criminal Record Check, Training</b>		
<b>JM - Criminal Record Check, Training</b>		
<b>KM - Criminal Record Check, Timely Orientation</b>		
<b>NM - Training</b>	<b>11/10/2019</b>	<b>12/04/2019</b>
<b>TM - Timely Orientation, Training</b>		
<b>AM - Central Registry Check, Criminal Record Check, Training</b>	Status: <b>Corrected</b>	
<b>JP - Criminal Record Check</b>		
<b>RS - Criminal Record Check, CPR</b>		

**Nikki Moir**

**10/10/2019**

Provider Signature

Date

**Rachel Holm**

**10/02/2019**

Inspector Signature

Date