Program Inspection
Before & After School Center
Compliance Plan

Provider's Name: **Kids Inc. - John Harris**   City: **Sioux Falls**   Provider Number: **010605527**

Inspector: **Shannon Terhark**   Date of Inspection: **04/02/2019**   Time of Inspection: **4:42 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

32. Does the facility have posted in a visible location a copy of the facility's latest Program \ul and\ulnone Facility Safety inspection? And if on a CAP, does facility have a copy of the plan available upon request? 67:42:16:17

Corrections To Be Made:	Agency Action:	
The 2018 Program Inspection is not posted.	**Compliance Plan**	
***The current Program Inspection is posted in the facility.**	Suggested Completion Date:	Actual Completion Date:
	04/05/2019	**05/01/2019**
	Status: **Corrected**	

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:	
LE - Timely Orientation, CPR	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	04/30/2019	**05/10/2019**
	Status: **Corrected**	

I. Written Procedures

42. Does the program have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication and reunification with families; continuity of operations, children with disabilities and children with chronic medical conditions? 67:42:14:16

Corrections To Be Made:

The emergency preparedness plan was not available during the inspection.

***The emergency preparedness plan is completed and available at the program.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
04/15/2019	**05/01/2019**

Status: **Corrected**

Beckahh Westra	04/02/2019	Shannon Terhark	04/02/2019
Provider Signature	Date	Inspector Signature	Date