

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **B&G Club Explorer Elementary ASE** City: **Sioux Falls**

Provider Number: **018042113**

Inspector: **Rita Trager**

Date of Inspection: **07/08/2019**

Time of Inspection: **7:59 AM**

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

37. Do child records contain all required information? 67:42:16:13 Note: child records are to be retained for 6 months after the care of the child ceases.

<p>Corrections To Be Made:</p> <p>MB - Enrollment Date, Emergency Permission BB - Enrollment Date, Emergency Permission JD - Enrollment Date, Emergency Permission HE - Enrollment Date, Emergency Permission EG - Enrollment Date, Emergency Permission KH - Enrollment Date, Emergency Permission CH - Enrollment Date, Emergency Permission KH - Enrollment Date, Emergency Permission MJ - Enrollment Date, Emergency Permission TL - Enrollment Date, Emergency Permission JM - Enrollment Date, Emergency Permission JM - Enrollment Date, Emergency Permission GN - Enrollment Date, Emergency Permission BO - Enrollment Date, Emergency Permission AS - Enrollment Date, Emergency Permission BT - Enrollment Date, Emergency Permission MV - Enrollment Date, Emergency Permission SW - Enrollment Date, Emergency Permission AW - Enrollment Date, Emergency Permission CW - Enrollment Date, Emergency Permission</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;">07/15/2019</td> <td>07/16/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	07/15/2019	07/16/2019
Suggested Completion Date:	Actual Completion Date:				
07/15/2019	07/16/2019				

38. If records are kept at an alternative site other than where care is provided, does the facility where care is provided have at minimum a record with child's name, date of birth, allergy information, original emergency medical treatment authorization, name, address, and phone number for child's parents and emergency contact information? 67:42:14:23

Corrections To Be Made:

Copy of permission for emergency medical care to be on-site
***Copy of form on-site as of 07/15/2019**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

07/15/2019

07/15/2019

Status: **Corrected**

Melissa Moget

Provider Signature

07/08/2019

Date

Rita Trager

Inspector Signature

07/16/2019

Date