

# Program Inspection Before & After School Center Compliance Plan

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

Provider Number: **018042343**

Inspector: **Rita Trager**      Date of Inspection: **07/01/2019**

Time of Inspection: **1:52 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

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> <ul style="list-style-type: none"> <li>BB - Enrollment Date, Emergency Permission</li> <li>AB - Enrollment Date, Emergency Permission</li> <li>BB - Enrollment Date, Emergency Permission</li> <li>BF - Enrollment Date, Emergency Permission</li> <li>IG - Enrollment Date, Emergency Permission</li> <li>CG - Enrollment Date, Emergency Permission</li> <li>CH - Enrollment Date, Emergency Permission</li> <li>CL - Enrollment Date, Emergency Permission</li> <li>NL - Enrollment Date, Emergency Permission</li> <li>OM - Enrollment Date, Emergency Permission</li> <li>GM - Enrollment Date, Emergency Permission</li> <li>KO - Enrollment Date, Emergency Permission</li> <li>EO - Enrollment Date, Emergency Permission</li> <li>AP - Enrollment Date, Emergency Permission</li> <li>CP - Enrollment Date, Emergency Permission</li> <li>CP - Enrollment Date, Emergency Permission</li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>07/15/2019</b></td> <td style="text-align: center;"><b>07/02/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>07/15/2019</b>	<b>07/02/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>07/15/2019</b>	<b>07/02/2019</b>				

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:

**Need permission for emergency medical care on-site**  
**\*Copy of emergency medical 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**

**Ashley Fuerst**

Provider Signature

**07/16/2019**

Date

**Rita Trager**

Inspector Signature

**07/09/2019**

Date