

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Sioux Valley School District-  
BASE**

City: **Volga**

Provider Number: **010501748**

Inspector: **Rachel Holm**

Date of Inspection: **10/03/2018**

Time of Inspection: **2:24 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.

<p>Corrections To Be Made:</p> <p><b>AA - Address &amp; Phone Number, Three References, Criminal Record Check, Timely Orientation, CPR, Training</b></p> <p><b>JM - Address &amp; Phone Number, Three References, Criminal Record Check, Timely Orientation, CPR, Training</b></p> <p><b>KM - Criminal Record Check, Timely Orientation, CPR, Training</b></p> <p><b>JP - Criminal Record Check, CPR, Training</b></p> <p><b>RS - Criminal Record Check, CPR</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="text-align: center;">Suggested Completion Date:</td> <td style="text-align: center;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>11/10/2018</b></td> <td style="text-align: center;"><b>11/09/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/10/2018</b>	<b>11/09/2018</b>
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<b>11/10/2018</b>	<b>11/09/2018</b>				

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><b>EB - Emergency Contact, Emergency Permission, Immunization Records</b></p> <p><b>LB - Emergency Contact, Emergency Permission, Immunization Records</b></p> <p><b>AD - Emergency Contact, Emergency Permission, Immunization Records</b></p> <p><b>HD - Emergency Contact, Emergency Permission, Immunization Records</b></p> <p><b>SD - Emergency Contact, Emergency Permission, Immunization Records</b></p> <p><b>TE - Emergency Contact, Emergency Permission, Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="text-align: center;">Suggested Completion Date:</td> <td style="text-align: center;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>10/24/2018</b></td> <td style="text-align: center;"><b>10/24/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/24/2018</b>	<b>10/24/2018</b>
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<b>10/24/2018</b>	<b>10/24/2018</b>				

## H. Insurance

39. Does the facility have documentation the program has current liability insurance coverage?  
67:42:16:16

Corrections To Be Made:	Agency Action:	
<b>Program needs updated copy of liability insurance that expired 6/30/18.</b>	<b>Compliance Plan</b>	
<b>**Program obtained a copy of the liability insurance that is good until 6/30/19.**</b>	Suggested Completion Date:	Actual Completion Date:
	<b>10/24/2018</b>	<b>11/26/2018</b>
	Status: <b>Corrected</b>	

**Nikki Moir**

Provider Signature

**10/10/2018**

Date

**Rachel Holm**

Inspector Signature

**10/10/2018**

Date