

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **GAP-Peace Lutheran**

City: **Brookings**

Provider Number: **011516510**

Inspector: **Ambuer Jaacks**

Date of Inspection: **07/06/2020**

Time of Inspection: **11:25 AM**

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

## B. Program Practices

13. When administering medications, does the staff document dose, time and date medication is administered and sign off on that administration? 67:42:14:24

|  |   |                            |                         |                   |                   |
|--|---|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>Parent will fill out form and staff will document when meds are given.</b><br/>.....<br/><b>Form provided showing staff documents when med is given to child.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0" style="width: 100%;"> <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>07/10/2020</b></td> <td style="text-align: center;"><b>07/07/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>07/10/2020</b> | <b>07/07/2020</b> |
| Suggested Completion Date:   | Actual Completion Date:   |                            |                         |                   |                   |
| <b>07/10/2020</b>  | <b>07/07/2020</b>   |                            |                         |                   |                   |

14. Does the program obtain written parental consent to administer medication that contains specific dates the medication is to be administered (view info. to verify)? 67:42:14:24

|   |   |                            |                         |                   |                   |
|---|---|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>Consent form will be filled out.</b><br/>.....<br/><b>Form filled out.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0" style="width: 100%;"> <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>07/10/2020</b></td> <td style="text-align: center;"><b>07/07/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>07/10/2020</b> | <b>07/07/2020</b> |
| Suggested Completion Date:  | Actual Completion Date:   |                            |                         |                   |                   |
| <b>07/10/2020</b>   | <b>07/07/2020</b>   |                            |                         |                   |                   |

**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.

|   |                            |                         |
|---|----------------------------|-------------------------|
| Corrections To Be Made:   | Agency Action:             |                         |
| <b>EK - Emergency Permission</b><br><b>KK - Emergency Contact, Emergency Permission</b> | <b>Compliance Plan</b>     |                         |
|   | Suggested Completion Date: | Actual Completion Date: |
|   | <b>07/10/2020</b>          | <b>07/07/2020</b>       |
|   | Status: <b>Corrected</b>   |                         |

**Jan Stage**  
\_\_\_\_\_  
Provider Signature

**07/07/2020**  
\_\_\_\_\_  
Date

**Ambuer Jaacks**  
\_\_\_\_\_  
Inspector Signature

**07/07/2020**  
\_\_\_\_\_  
Date