

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **EmBe--Gertie Belle Rogers  
Afterschool**

City: **Mitchell**

Provider Number: **014512427**

Inspector: **Deb Bigge**

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

Time of Inspection: **9:50 AM**

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

## B. Program Practices

11. Are medications stored inaccessible to children; in original container, with original label intact?  
67:42:14:24

<p>Corrections To Be Made:</p> <p><b>Medication was stored in a location accessible to children and needs to be moved to an inaccessible location.</b></p> <p><b>*Issued was dicussed wtih Provider during inspection. An inaccessible location was identified and the medication was moved.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table 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>07/07/2020</b></td> <td style="text-align: center;"><b>07/07/2020</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>07/07/2020</b>	<b>07/07/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>07/07/2020</b>	<b>07/07/2020</b>				

## 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.

<b>Corrections To Be Made:</b>  <b>JK - Timely Orientation, CPR, Training</b> <b>RK - Training</b> <b>LT - Training</b>	<b>Agency Action:</b>  <b>Compliance Plan</b>  Suggested Completion Date: <b>07/21/2020</b>  Status: <b>Corrected</b>	Actual Completion Date: <b>07/20/2020</b>
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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.

<b>Corrections To Be Made:</b>  <b>HB - Emergency Permission</b> <b>JB - Emergency Permission</b> <b>RB - Emergency Permission</b> <b>ZB - Emergency Permission</b> <b>CC - Emergency Permission</b> <b>HG - Emergency Permission</b> <b>BH - Emergency Permission</b> <b>KH - Emergency Permission</b> <b>CK - Emergency Permission</b> <b>MM - Emergency Permission</b> <b>LP - Emergency Permission</b> <b>OP - Emergency Permission</b> <b>PP - Emergency Permission</b> <b>VS - Emergency Permission</b> <b>HS - Emergency Permission</b> <b>ZS - Emergency Permission</b> <b>GT - Emergency Permission</b> <b>BV - Emergency Permission</b>	<b>Agency Action:</b>  <b>Compliance Plan</b>  Suggested Completion Date: <b>07/21/2020</b>  Status: <b>Corrected</b>	Actual Completion Date: <b>07/30/2020</b>
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Lindsay Newkirk  
Provider Signature

08/17/2020  
Date

Deb Bigge  
Inspector Signature

08/17/2020  
Date