

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Kids Inc. - Oscar Howe**

City: **Sioux Falls**

Provider Number: **018036424**

Inspector: **Stacie Ugofsky**

Date of Inspection: **04/01/2019**

Time of Inspection: **2:45 PM**

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

B. Program Practices

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>The written parental consent to administer medications does not include specific dates.</p> <p>Ensure all written medication authorization is up to date before administering medications.</p> <p>Correction: Written parental consent to administer medication contains specific dates the medication is to be administered.</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">04/01/2019</td> <td style="text-align: center;">04/03/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	04/01/2019	04/03/2019
Suggested Completion Date:	Actual Completion Date:				
04/01/2019	04/03/2019				

Amber Biswell

Provider Signature

04/01/2019

Date

Stacie Ugofsky

Inspector Signature

04/01/2019

Date