

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: **09/02/2020**

Time of Inspection: **3:22 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"> SA - Emergency Permission CD - Emergency Permission AD - Emergency Permission KD - Emergency Permission QD - Emergency Permission IF - Emergency Permission AH - Emergency Permission TH - Emergency Permission VH - Emergency Permission ZH - Emergency Permission MI - Emergency Permission EJ - Emergency Permission AK - Emergency Permission AM - Emergency Permission ZR - Emergency Permission HS - Emergency Permission JS - Emergency Permission BW - Emergency Permission AW - Emergency Permission EW - Emergency Permission KW - Emergency Permission 	<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;">09/20/2020</td> <td style="text-align: center;">10/09/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/20/2020	10/09/2020
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09/20/2020	10/09/2020				

Miranda Sullenger

Provider Signature

09/02/2020

Date

Stacie Ugofsky

Inspector Signature

09/02/2020

Date