

# Program Inspection Compliance Plan

Provider's Name: **Storytime Preschool & Child  
Care Center**

City: **North Sioux City**

Provider Number: **010604217**

Inspector: **Teri Pieters**

Date of Inspection: **11/02/2022**

Time of Inspection: **10:11 AM**

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

## B. Program Practices

18. Does the facility obtain written parental consent to administer medications that includes specific dates the medication is to be administered (view info. to verify) ? 67:42:10:15

Corrections To Be Made:	Agency Action:				
<b>Not all written parental medical consent forms had the specific dates for the medicine to be administered.</b>	<b>Compliance Plan</b>				
<b>The facility will obtain written parental consent to administer medications that include specific dates the medication is to be administered,</b>	<table><tr><td>Suggested Completion Date:</td><td>Actual Completion Date:</td></tr><tr><td><b>12/04/2022</b></td><td><b>12/05/2022</b></td></tr></table>	Suggested Completion Date:	Actual Completion Date:	<b>12/04/2022</b>	<b>12/05/2022</b>
Suggested Completion Date:	Actual Completion Date:				
<b>12/04/2022</b>	<b>12/05/2022</b>				
<b>Correction: Management reviewed the written parental consent to administer medications and including the specific dates on all medication forms with staff.</b>	Status: <b>Corrected</b>				

## G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

Corrections To Be Made:

- MB - Criminal Record Check, Timely Orientation**
- BC - CPR, Training**
- JC - Timely Orientation, CPR**
- MK - Central Registry Check**
- MM - Timely Orientation, CPR, Training**
- AR - Timely Orientation, CPR, Training**
- AS - Central Registry Check, Timely Orientation, CPR, Training**
- KS - Central Registry Check, Sex Offender Registry Check, Timely Orientation, CPR, Training**
- LS - CPR**
- PW - CPR**

Agency Action:

**Compliance Plan**

Suggested Completion Date:	Actual Completion Date:
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<b>12/04/2022</b>	<b>12/15/2022</b>
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Status: **Corrected**

**Kayla Portez**

Provider Signature

**12/15/2022**

Date

**Teri Pieters**

Inspector Signature

**12/15/2022**

Date