

Program Inspection Compliance Plan

Provider's Name: **Go Kids Daycare & Learning Center**

City: **Sioux Falls**

Provider Number: **018042120**

Inspector: **Teri Pieters**

Date of Inspection: **08/01/2024**

Time of Inspection: **9:00 AM**

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

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

Corrections To Be Made:	Agency Action:
A child has an EpiPen without a written allergy plan.	Compliance Plan
If a child in care has a known allergy, the provider must have a written plan that includes instructions regarding the allergens.	Suggested Completion Date: 08/10/2024
Correction: The program provided proof of a written plan for a child with an allergy requiring an epinephrine auto-injector.	Actual Completion Date: 08/27/2024
	Status: Corrected

35. Does each child 's record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
BC - Enrollment Date, Immunization Records CC - Enrollment Date, Immunization Records PC - Immunization Records BH - Immunization Records AK - Enrollment Date, Information Sheet, Immunization Records SL - Immunization Records TL - Enrollment Date, Emergency Contact, Immunization Records AL - Enrollment Date AP - Enrollment Date NP - Enrollment Date, Immunization Records CR - Immunization Records DW - Immunization Records WW - Immunization Records	Compliance Plan Suggested Completion Date: Actual Completion Date: 08/31/2024 08/27/2024 Status: Corrected	

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
LE - Orientation Complete BF - FBI Check EG - CPR MH - CPR KJ - CPR, Training MK - Five Year Screen IO - CPR CP - Orientation Complete, CPR, Training KP - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, Orientation Complete, CPR, Training JS - CPR LT - Five Year Screen, Orientation Complete, CPR, Training ST - Out Of State, C A/N Report Statement, CPR, Training TV - CPR NW - Five Year Screen	Compliance Plan Suggested Completion Date: Actual Completion Date: 08/31/2024 09/27/2024 Status: Corrected	

Jamie Elg
Provider Signature

09/27/2024
Date

Teri Pieters
Inspector Signature

09/27/2024
Date