

# Program Inspection Compliance Plan

Provider's Name: **Boys & Girls Club of Yankton Academy**

City: **Yankton**

Provider Number: **018043032**

Inspector: **Deb Bigge**

Date of Inspection: **08/22/2023**

Time of Inspection: **7:01 AM**

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

## B. Provider Practices

15. Is written consent obtained from each child ' s parent before administering all prescription and non-prescription medication? Does the consent include the child ' s name, name of medication and the dates, times, and dosage of the medication to be administered? 67:42:17:27

### Corrections To Be Made:

**The medication consent form does not include the parent signature and date consent is given.**

**The regulation was reviewed with the Provider and the form will be updated to include this information or a consent form provided by Child Care Licensing can be used.**

**The Provider updated their consent form to include the signature and date.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**08/22/2023**

Actual  
Completion  
Date:

**08/22/2023**

Status: **Corrected**

## Posting Information/ Emergency Preparedness/ Record Keeping/ Provider

### C. Qualifications

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

Corrections To Be Made:

**HT - Orientation Complete, Training**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**09/05/2023**

Actual  
Completion  
Date:

**08/29/2023**

Status: **Corrected**

**Eden**

Provider Signature

**08/22/2023**

Date

**Deb Bigge**

Inspector Signature

**08/22/2023**

Date