

# Program Inspection Compliance Plan

Provider's Name: **EmBe - South Childcare**

City: **Sioux Falls**

Provider Number: **010605399**

Inspector: **Brooke Flemmer**

Date of Inspection: **09/03/2024**

Time of Inspection: **10:03 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:

**There was not written consent obtained from a child's parents for a medication to be administered. Additionally, there were written medication authorization consent forms that were not up to date.**

**Before any medication is administered to a child, written permission from the parent or guardian must be obtained and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.**

**Correction: Written consent was obtained from all children's parents for medication to be administered and all medication authorization consent forms were up to date.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**09/10/2024**

Actual  
Completion  
Date:

**09/10/2024**

Status: **Corrected**

19. Are medications returned to the parent when no longer needed or the medication has expired? 67:42:17:27

### Corrections To Be Made:

**There was medication on site that was no longer needed and expired.**

**The medication must be returned to the parent when no longer needed or expired.**

**Correction: All medication that was no longer need was returned to the parents.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**09/10/2024**

Actual  
Completion  
Date:

**09/10/2024**

Status: **Corrected**

**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:             |                         |
| <b>There were children in care with a known food allergy that did not have a written prevention and response plan.</b>                                                                                                                                                                      | <b>Compliance Plan</b>     |                         |
| <b>A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.</b> | Suggested Completion Date: | Actual Completion Date: |
|                                                                                                                                                                                                                                                                                             | <b>09/10/2024</b>          | <b>09/10/2024</b>       |
| <b>Correction: The program obtained a written care plan for all children in care with a known food allergy.</b>                                                                                                                                                                             | Status: <b>Corrected</b>   |                         |

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

|                                                                                                                                                          |                            |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| Corrections To Be Made:                                                                                                                                  | Agency Action:             |                         |
| <b>AA - Emergency Permission<br/>FC - Immunization Records<br/>ER - Immunization Records<br/>JS - Immunization Records<br/>TS - Immunization Records</b> | <b>Compliance Plan</b>     |                         |
|                                                                                                                                                          | Suggested Completion Date: | Actual Completion Date: |
|                                                                                                                                                          | <b>10/04/2024</b>          | <b>10/02/2024</b>       |
|                                                                                                                                                          | Status: <b>Corrected</b>   |                         |

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

Corrections To Be Made:

**CB - Out Of State**  
**NG - DCI Check, Out Of State, CPR**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**10/04/2024**

Actual  
Completion  
Date:

**10/02/2024**

Status: **Corrected**

**Caitlin Rothschadl**

Provider Signature

**09/03/2024**

Date

**Brooke Flemmer**

Inspector Signature

**09/03/2024**

Date