

Program Inspection Compliance Plan

Provider's Name: **Dell Rapids Community Haven OST** City: **Dell Rapids**

Provider Number: **011514924**

Inspector: **Chandra VanHout** Date of Inspection: **06/24/2024**

Time of Inspection: **12:53 PM**

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

| | | | | | |
|--|---|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p>Written consent was not obtained for 2 medications.</p> <p>Written consent must be obtained from each child's parent before administering medication.</p> <p>The medicatons are no longer applicable.</p> | <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;">07/05/2024</td> <td style="text-align: center;">08/09/2024</td> </tr> </table> <p>Status: Corrected</p> <p>Did this non-compliance issue result in serious child injury or death? Yes</p> | Suggested Completion Date: | Actual Completion Date: | 07/05/2024 | 08/09/2024 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 07/05/2024 | 08/09/2024 | | | | |

16. Is medication administered to each child documented, which includes the child ' s name, dose, time, date given, and name of the individual administering the medication? 67:42:17:27

| | | | | | |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p>Medication administered to a child had not been documented.</p> <p>Medication administered to each child must be documented.</p> <p>The provider will document medication administered.</p> | <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;">06/28/2024</td> <td style="text-align: center;">06/28/2024</td> </tr> </table> <p>Status: Corrected Immediately</p> | Suggested Completion Date: | Actual Completion Date: | 06/28/2024 | 06/28/2024 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 06/28/2024 | 06/28/2024 | | | | |

18. Are medications provided by the parent kept in their original container with the original label? For prescription medications, does the label include the child's name, instructions including the amount and frequency, expiration date, and physician or licensed practitioner's name? 67:42:17:27

| | | |
|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| An epi-pen was not in the original container. | Compliance Plan | |
| Medications must be kept in their original container with the original label. | Suggested Completion Date: | Actual Completion Date: |
| The medication is no longer applicable. | 07/05/2024 | 08/09/2024 |
| | Status: Corrected | |

23. Do providers and assistants comply with their legal responsibility to immediately report any suspicion of child abuse and neglect to child protective services, law enforcement or the State's Attorney's office? 67:42:17:47

| | | |
|---|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Several providers were unfamiliar with the reporting procedures. | Compliance Plan | |
| Providers must comply with their legal responsibility to immediately report any suspicion of child abuse and neglect to child protective services, law enforcement or the State's Attorney's office. | Suggested Completion Date: | Actual Completion Date: |
| The procedures were reviewed with all providers. | 07/12/2024 | 07/23/2024 |
| | Status: Corrected | |

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider

C. Qualifications

32. Does the provider have a weekly menu posted, which includes meals and snacks to be served each week? 67:42:17:30

| | | |
|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| There was not a weekly snack menu posted. | Compliance Plan | |
| There must be a weekly menu posted, which includes snacks to be served each week. | Suggested Completion Date: | Actual Completion Date: |
| A weekly snack menu was posted. | 07/12/2024 | 07/23/2024 |
| | Status: Corrected | |

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: | |
| Two children in care with a known food allergy did not have a written plan. | Compliance Plan | |
| Children in care with known food allergies must have a written plan. | Suggested Completion Date: | Actual Completion Date: |
| The program obtained a written plan for the children with known food allergies. | 07/08/2024 | 07/10/2024 |
| | Status: Corrected | |

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

| | | |
|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| KR - Emergency Contact TR - Emergency Contact | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 07/12/2024 | 07/10/2024 |
| | Status: Corrected | |

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

| <p>Corrections To Be Made:</p> <p>CC - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement, CPR KF - Address & Phone Number, Central Registry Check, C A/N Report Statement, CPR, Training JG - CPR AH - Training KL - Sex Offender Registry Check, C A/N Report Statement, CPR, Training KL - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement ML - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement, CPR, Training AM - Sex Offender Registry Check MM - C A/N Report Statement, CPR SM - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement, CPR AO - Address & Phone Number, C A/N Report Statement, CPR AR - Training HR - Address & Phone Number, C A/N Report Statement, CPR NS - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement AV - Address & Phone Number, C A/N Report Statement, CPR EV - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, C A/N Report Statement, CPR SW - CPR, Training CW - Training</p> | <p>Agency Action:</p> <p>Corrective Action Plan</p> <table border="1"> <thead> <tr> <th>Suggested Completion Date:</th> <th>Actual Completion Date:</th> </tr> </thead> <tbody> <tr> <td>08/31/2024</td> <td>11/29/2024</td> </tr> </tbody> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 08/31/2024 | 11/29/2024 |
|--|---|----------------------------|-------------------------|-------------------|-------------------|
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 08/31/2024 | 11/29/2024 | | | | |

42. Have providers and assistants completed orientation training within 90 days after the date of employment and before caring for children unsupervised? 67:42:17:17

| <p>Corrections To Be Made:</p> <p>Several providers did not complete orientation training within 90 days of hire.</p> <p>Providers must complete orientation training within 90 days after the date of employment.</p> <p>The providers will complete orientation training by August 31, 2024.</p> | <p>Agency Action:</p> <p>Corrective Action Plan</p> <table border="1"> <thead> <tr> <th>Suggested Completion Date:</th> <th>Actual Completion Date:</th> </tr> </thead> <tbody> <tr> <td>08/31/2024</td> <td>11/29/2024</td> </tr> </tbody> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 08/31/2024 | 11/29/2024 |
|---|---|----------------------------|-------------------------|-------------------|-------------------|
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 08/31/2024 | 11/29/2024 | | | | |

45. Is the individual responsible for planning and implementing the program at least 18 years of age and is the required education or work experience maintained? 67:42:17:09

| | | |
|---|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| The individual responsible for planning and implementing the program did not meet the required education or work experience. | Compliance Plan | |
| The individual responsible for planning and implementing the program must meet the required education or work experience. | Suggested Completion Date: | Actual Completion Date: |
| | 07/19/2024 | 08/31/2024 |
| | Status: Corrected | |

E. Written Procedures

51. Are all providers and provider assistants knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins? 67:42:17:43

| | | |
|---|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Providers were unaware of the lockdown procedure for the program. Some providers were unaware of the shelter-in-place location. | Compliance Plan | |
| All providers must be knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins. | Suggested Completion Date: | Actual Completion Date: |
| The emergency preparedness and response plan and procedures were reviewed with all providers. | 07/19/2024 | 07/23/2024 |
| | Status: Corrected | |

Josh Geppert

 Provider Signature

06/28/2024

 Date

Chandra VanHout

 Inspector Signature

06/28/2024

 Date