Program Inspection
Compliance Plan

Provider's Name:	**The Crayon Box II**	City:	**Salem**	Provider Number:	**014511967**
Inspector:	**Deb Bigge**	Date of Inspection:	**08/13/2024**	Time of Inspection:	**8:44 AM**

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

B. Provider Practices

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

Corrections To Be Made:	Agency Action:	
The medication consent form used by the program does not include the dose administered. **Program was given the DSS medication consent form with all required information.** **Medication consent/administration requirements were reviewed with all staff and the program is using the updated consent form.**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	08/14/2024	**08/14/2024**
	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:	Agency Action:	
Medications are not returned to the families when no longer needed. **Program needs to return all medications to families when no longer needed/after the date to be given on the medication consent form is expired.** **Medications not needed for a current consent form were sent home.**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	08/13/2024	**08/15/2024**
	Status: **Corrected**	

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider 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:	
An allergy plan is not on file for a child with a known food allergy. **An allergy plan must be completed. The DSS allergy plan form was provided to the program.** **An allergy plan was completed.**	**Compliance Plan**	
	Suggested Completion Date: **08/20/2024**	Actual Completion Date: **08/26/2024**
	Status: **Corrected**	

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

Corrections To Be Made:	Agency Action:	
UK - Immunization Records	**Compliance Plan**	
	Suggested Completion Date: **08/27/2024**	Actual Completion Date: **08/26/2024**
	Status: **Corrected**	

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

Corrections To Be Made:	Agency Action:	
AZ - DCI Check	**Compliance Plan**	
	Suggested Completion Date: **08/27/2024**	Actual Completion Date: **09/11/2024**
	Status: **Corrected**	

Deb Bigge	08/13/2024	Deb Bigge	08/13/2024
Provider Signature	Date	Inspector Signature	Date