

Program Inspection Compliance Plan

Provider's Name: **Trojan Learning Center**

City: **Parkston**

Provider Number: **014512570**

Inspector: **Deb Bigge**

Date of Inspection: **02/13/2024**

Time of Inspection: **8:03 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:	Agency Action:
The written medication consent forms observed do not consistently have the dates for the medication to be administered completed.	Compliance Plan
The consent forms must include the dates that the medication is to be administered.	Suggested Completion Date: 02/13/2024
The requirements were reviewed with the program during the inspection to assure compliance going forward. The current OLA medication consent form was sent to the program.	Actual Completion Date: 02/13/2024
	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:	
The posted menu did not include snacks.	Compliance Plan	
The weekly menu that must be posted must include snacks served to children.	Suggested Completion Date:	Actual Completion Date:
Verification was received that the snack information was added to the menu.	02/20/2024	02/15/2024
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
CB - Immunization Records	Compliance Plan	
DB - Immunization Records	Suggested Completion Date:	Actual Completion Date:
GG - Immunization Records	02/27/2024	04/03/2024
LH - Immunization Records	Status: Corrected	
HH - Immunization Records		
NR - Immunization Records		
JR - Immunization Records		
HW - Immunization Records		

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

Corrections To Be Made:	Agency Action:	
AD - Out Of State	Compliance Plan	
EG - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check	Suggested Completion Date:	Actual Completion Date:
TG - Training	02/27/2024	04/02/2024
MM - Training	Status: Corrected	
MM - Training		
PW - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, C A/N Report Statement, Orientation Complete, CPR, Training		

Amber Friedel
Provider Signature

02/13/2024
Date

Deb Bigge
Inspector Signature

02/13/2024
Date