Program Inspection
Compliance Plan

Provider's Name:	**EmBe CCC Downtown**	City:	**Sioux Falls**	Provider Number:	**018026760**
Inspector:	**Chandra VanHout**	Date of Inspection:	**11/02/2022**	Time of Inspection:	**11:19 AM**

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

B. Program Practices

18. Does the facility obtain written parental consent to administer medications that includes specific dates the medication is to be administered (view info. to verify) ? 67:42:10:15

Corrections To Be Made:	Agency Action:	
There was not written parental consent to administer medication for one child's medication. **The facility must obtain written parental cconsent to administer medications.** **Correction: the program submitted written parental consent.**	**Compliance Plan** Suggested Completion Date: **11/03/2022** Status: **Corrected**	Actual Completion Date: **11/03/2022**

G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

Corrections To Be Made:

HA - Sex Offender Registry Check, Criminal Record Check
MB - Sex Offender Registry Check, Criminal Record Check
MD - Sex Offender Registry Check, Criminal Record Check
MF - Timely Orientation
PH - Sex Offender Registry Check, Criminal Record Check
GJ - Sex Offender Registry Check, Criminal Record Check
ML - Criminal Record Check, CPR
ML - Sex Offender Registry Check, Criminal Record Check
CL - Criminal Record Check
TR - Sex Offender Registry Check, Criminal Record Check
TS - Sex Offender Registry Check, Criminal Record Check
KW - Criminal Record Check

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/02/2022	**02/23/2023**

Status: **Corrected**

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

Corrections To Be Made:

TB - Immunization Records
AG - Immunization Records
CH - Immunization Records
EH - Immunization Records
EH - Immunization Records
HH - Immunization Records
CL - Immunization Records
SL - Emergency Contact, Immunization Records
EM - Immunization Records
IR - Immunization Records
TT - Emergency Contact
AW - Information Sheet, Emergency Contact, Emergency Permission
AW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/02/2022	**12/30/2022**

Status: **Corrected**

Abby Donovan	**11/02/2022**	**Chandra VanHout**	**11/02/2022**
Provider Signature	Date	Inspector Signature	Date