Program Inspection
Compliance Plan

Provider's Name:	**EmBe - Downtown Childcare**	City:	**Sioux Falls**	Provider Number:	**018026760**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**09/09/2024**	Time of Inspection:	**9:24 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:	
There was written medication authorization consent that was 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: All written medication authorization was updated.**	**Compliance Plan** Suggested Completion Date: **09/16/2024** Status: **Corrected**	Actual Completion Date: **09/16/2024**

18. A re 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:	
There were medications on site that were not in their original container with the original label. **The medication must be provided by the parent and kept in the original container, with the original label.** **Correction: The program obtained labels including the child's name, instructions including the amount and frequency, expiration date, and physician or licensed practitioner's name, for medication kept on site.**	**Compliance Plan** Suggested Completion Date: **09/16/2024** Status: **Corrected**	Actual Completion Date: **09/16/2024**

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:	
There was a medication on site that was no longer needed. **The medication must be returned to the parent when no longer needed or expired.** **Correction: Medication that was no longer needed was returned to parents.**	**Compliance Plan** Suggested Completion Date: **09/16/2024** Status: **Corrected**	Actual Completion Date: **09/16/2024**

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

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

Corrections To Be Made:	Agency Action:	
MD - Emergency Permission **MH - Immunization Records** **VP - Immunization Records**	**Compliance Plan** Suggested Completion Date: **10/09/2024** Status: **Corrected**	Actual Completion Date: **10/04/2024**

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

Corrections To Be Made:	Agency Action:	
KB - Out Of State **ED - Out Of State** **DG - Orientation Complete** **RH - Out Of State** **MM - Orientation Complete, CPR** **SS - Out Of State** **FS - Orientation Complete, CPR, Training** **AV - CPR** **SW - Out Of State** **JW - Out Of State**	**Compliance Plan** Suggested Completion Date: **10/09/2024** Status: **Corrected**	Actual Completion Date: **12/26/2024**

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:	
Not all providers were knowledgeable on the program's emergency preparedness and response plan. **The program shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment.** **Correction: The program's emergency preparedness and response plan was review with program staff.**	**Compliance Plan** Suggested Completion Date: **09/30/2024** Status: **Corrected**	Actual Completion Date: **09/17/2024**

Shalee Pitman	**09/16/2024**	**Brooke Flemmer**	**09/09/2024**
Provider Signature	Date	Inspector Signature	Date