

Program Inspection Compliance Plan

Provider's Name: **St Michael School**

City: **Sioux Falls**

Provider Number: **018041884**

Inspector: **Rita Trager**

Date of Inspection: **11/13/2023**

Time of Inspection: **2:45 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

Corrections To Be Made:

Program was not obtaining written permission from parents to administer non-prescription medications. The site coordinator was advised of the requirement.

Written consent must be obtained from each child's parent before administering all prescription and non-prescription medication. The consent needs to include the child's name, name of medication and the dates, times, and dosage of the medication to be administered

***Correction: The program will obtain written permission from parents to administer any and all medications beginning immediately and moving forward**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/14/2023

Actual
Completion
Date:

11/14/2023

Status: **Corrected**

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:

Program was not documenting when non prescription medications were administered.

The medication administered to each child must be documented and include the child's name, dose, time, date given, and name of the individual administering the medication.

***Correction: Documentation of medication administration will begin immediately.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/14/2023

Actual
Completion
Date:

11/14/2023

Status: **Corrected**

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider

C. Qualifications

36. Do children ' s records include names of authorized individuals to pick up the children; health information including allergies or special needs; start and end date of enrollment? 67:42:17:42

Corrections To Be Made:	Agency Action:	
Enrollment date to be added to all children's records. One child is missing permission for emergency medical care.	Compliance Plan	
*Corrections: The enrollment date has been documented on all children's records. The permission for emergency medical care documentation has been received for the one child.	Suggested Completion Date:	Actual Completion Date:
	11/21/2023	12/07/2023
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
BB - Sex Offender Registry Check, FBI Check, NCIC Check, Orientation Complete, CPR, Training RG - Central Registry Check KH - Orientation Complete, Training NP - Orientation Complete, Training JP - Orientation Complete, Training HW - Orientation Complete, Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/30/2023	12/07/2023
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
Several employees were missing the Child Abuse Neglect training from the orientation training series.	Compliance Plan	
All orientation training topics are to be completed within 90 days after the date of employment or before caring for children unsupervised.	Suggested Completion Date:	Actual Completion Date:
*Correction: Documentation received that the employees completed the Child Abuse Neglect training as required.	11/30/2023	12/07/2023
	Status: Corrected	

Kelsey Hand

Provider Signature

11/14/2023

Date

Rita Trager

Inspector Signature

11/14/2023

Date