

# Program Inspection Compliance Plan

Provider's Name: **Boys & Girls Club Explorer**

City: **Sioux Falls**

Provider Number: **018042113**

Inspector: **Brooke Flemmer**

Date of Inspection: **06/06/2024**

Time of Inspection: **11:07 AM**

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

## A. Staff-Child Ratio and Supervision of Children

4. Are individual room capacities maintained, which was determined during the floor plan review? In spaces where there are more than 20 children, can the providers identify which children each provider is responsible to supervise? 67:42:17:19 Note: When room capacity does not align with the ratio requirements, a maximum of three additional children may be included in the room capacity as long as the ratios are maintained.

Corrections To Be Made:

**In areas where there were more than 20 children, providers were not able to identify which children each provider was responsible to supervise.**

**In spaces where more than twenty children are allowed, providers shall identify which children each provider is responsible to supervise.**

**Correction: The program created a primary care plan for providers to follow when there are 20 or more children in a space.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**06/21/2024**

Status: **Corrected**

Actual  
Completion  
Date:

**07/01/2024**

## 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:	
<b>There was not written consent obtained from a child's parents for a medication to be administered.</b>	<b>Compliance Plan</b>	
<b>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.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>06/19/2024</b>	<b>07/01/2024</b>
<b>Correction: Written consent was obtained from children's parents to administer medication.</b>	Status: <b>Corrected</b>	

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:	
<b>Children's medications were not kept in its original container with the original label.</b>	<b>Compliance Plan</b>	
<b>The medication must be provided by the parent and kept in the original container, with the original label.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>06/19/2024</b>	<b>07/01/2024</b>
<b>Correction: Medication is kept in its original container with the original label.</b>	Status: <b>Corrected</b>	

20. Are medications stored out of reach from children and placed in a non-absorbent container labeled medication if refrigeration is required? 67:42:17:28

Corrections To Be Made:	Agency Action:	
<b>Medication was stored in a place that was accessible to children.</b>	<b>Compliance Plan</b>	
<b>Medication must be stored in a place that is inaccessible to children.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>06/06/2024</b>	<b>07/01/2024</b>
<b>Correction: Medication was moved to be stored out of reach from children.</b>	Status: <b>Corrected</b>	

**Posting Information/ Emergency Preparedness/ Record Keeping/ Provider**

**C. 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:	
<b>The program did not have a written care plan for a child with a known food allergy.</b>	<b>Compliance Plan</b>	
<b>A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>06/19/2024</b>	<b>07/01/2024</b>
<b>Correction: The program obtained a written care plan for all children in care with a known food allergy.</b>	Status: <b>Corrected</b>	

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:	
<b>A provider did not complete orientation training within 90 days after the date of employment.</b>	<b>Compliance Plan</b>	
<b>All providers shall, within ninety days after the date of employment, complete and obtain documentation of orientation training.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>06/13/2024</b>	<b>06/13/2024</b>
<b>Correction: The provider completed orientation training and the program is aware of the requirement that all providers shall complete orientation training within 90 days after the date of employment.</b>	Status: <b>Corrected</b>	

**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:

**At the time of the inspection, not all providers and provider assistants were knowledgeable on the emergency preparedness and response plan and procedures.**

**A provider shall communicate the emergency preparedness and response plan to each provider at the time the individual begins employment.**

**Correction: The program reviewed all emergency preparedness and response plan and procedure with all provider and providers assistants.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**06/21/2024**

Status: **Corrected**

Actual  
Completion  
Date:

**07/01/2024**

**Shantell Bleeker**

Provider Signature

**06/06/2024**

Date

**Brooke Flemmer**

Inspector Signature

**06/06/2024**

Date