

# Program Inspection Compliance Plan

Provider's Name: **Tiger Tots Preschool and  
Childcare**

City: **Harrisburg**

Provider Number: **018042435**

Inspector: **Teri Pieters**

Date of Inspection: **11/06/2023**

Time of Inspection: **9:40 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

<p>Corrections To Be Made:</p> <p><b>The written medication administration forms do not include specific dates and times medication is to be administered.</b></p> <p><b>The written medication administration forms must include specific dates and times medication is to be administered.</b></p> <p><b>The provider reviewed with all the staff the importance of including the beginning and end dates on all written medication authorization forms.</b></p> <p><b>Did this non-compliance issue result in serious child injury or death? Yes</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>11/16/2023</b></td> <td style="text-align: center;"><b>11/07/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/16/2023</b>	<b>11/07/2023</b>
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<b>11/16/2023</b>	<b>11/07/2023</b>				

19. Are medications returned to the parent when no longer needed or the medication has expired? 67:42:17:27

<p>Corrections To Be Made:</p> <p><b>There was medication that were no longer being used were being stored in the classrooms.</b></p> <p><b>The provider may only administer medication within the specified begin and end dates on the medical permission slip. If the permission is no longer valid, the provider must send the medication home.</b></p> <p><b>The provider is administering medication only for the time frames outlined on the written medication authorization form. Once the medication authorization form time frames have expired, the medications will be given for the parent to take home. Any unused medicine has been given to the parents.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>11/16/2023</b></td> <td style="text-align: center;"><b>11/07/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/16/2023</b>	<b>11/07/2023</b>
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<b>11/16/2023</b>	<b>11/07/2023</b>				

23. Do providers and assistants comply with their legal responsibility to immediately report any suspicion of child abuse and neglect to child protective services, law enforcement or the State ' s Attorney ' s office? 67:42:17:47

Corrections To Be Made:	Agency Action:	
<p><b>During the inspection, several staff reported that they would advise the director of child abuse and neglect but were unaware that they needed to report the suspected abuse directly to CPS, law enforcement, or the state's attorney.</b></p> <p><b>The provider reviewed with all staff their responsibility as mandatory reporters, emphasizing the need to report immediately directly to CPS, law enforcement and the states attorney's office.</b></p>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	11/07/2023	11/07/2023
	Status: <b>Corrected</b>	

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

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

Corrections To Be Made:	Agency Action:	
<p><b>JB - Immunization Records</b></p> <p><b>RB - Immunization Records</b></p> <p><b>BG - Immunization Records</b></p> <p><b>RG - Immunization Records</b></p>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	12/01/2023	11/07/2023
	Status: <b>Corrected</b>	

**D. Transportation**

46. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

Corrections To Be Made:	Agency Action:	
<b>The program currently does not have written permission from parents to transport children.</b>	<b>Compliance Plan</b>	
<b>Written permission from parents is required to transportation of children.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The provider has obtained written permission for transportation from all school-age children in their care. To ensure they have written permission for transportation, they have included the information in the child enrollment application.</b>	<b>11/16/2023</b>	<b>11/16/2023</b>
	Status: <b>Corrected</b>	

### Miscellaneous Rule Violations

61:15:06:05 - Exit requirements.

Corrections To Be Made:	Agency Action:	
<b>The gate near the children's bathroom cannot be opened with a single motion.</b>	<b>Compliance Plan</b>	
<b>Gates need to be a single motion to open.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The provider modified the gate so it opens in one single motion.</b>	<b>12/01/2023</b>	<b>11/27/2023</b>
	Status: <b>Corrected</b>	

67:42:17:44 - Handling, storage, and disposal of hazardous materials

Corrections To Be Made:	Agency Action:	
<b>In several rooms, several nap mats were ripped.</b>	<b>Compliance Plan</b>	
<b>Nap mats must be in good repair and easily cleanable.</b>	Suggested Completion Date:	Actual Completion Date:
<b>All ripped nap mats were replaced immediately.</b>	<b>11/16/2023</b>	<b>11/06/2023</b>
	Status: <b>Corrected</b>	

Samantha Weber  
Provider Signature

11/06/2023  
Date

Teri Pieters  
Inspector Signature

11/06/2023  
Date