

# Program Inspection Compliance Plan

Provider's Name: **EmBe Harrisburg Freedom OST** City: **Harrisburg**

Provider Number: **018042556**

Inspector: **Brooke Flemmer** Date of Inspection: **08/28/2024**

Time of Inspection: **3:54 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:	Agency Action:	
<b>There was not written consent obtained from a child's parents for a medication to be administered. Additionally, there was written medication authorization consent that was not up to date.</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>Correction: Written consent was obtained from all children's parents for medication to be administered.</b>	<b>09/06/2024</b>	<b>09/06/2024</b>
	Status: <b>Corrected</b>	

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:	
<b>There was a medication on site that was no longer needed.</b>	<b>Compliance Plan</b>	
<b>The medication must be returned to the parent when no longer needed or expired.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Correction: All medication that was no longer needed was returned to the parents.</b>	<b>09/06/2024</b>	<b>09/06/2024</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

<p>Corrections To Be Made:</p> <p><b>There was a child in care with a known food allergy that did not have a written allergy plan.</b></p> <p><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></p> <p><b>Correction: A written prevention and response plan was obtained for all children in care with a known food allergy.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>09/06/2024</b></td> <td><b>09/06/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/06/2024</b>	<b>09/06/2024</b>
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<b>09/06/2024</b>	<b>09/06/2024</b>				

**Mary Tuggle**  
\_\_\_\_\_  
Provider Signature

**08/28/2024**  
\_\_\_\_\_  
Date

**Brooke Flemmer**  
\_\_\_\_\_  
Inspector Signature

**08/28/2024**  
\_\_\_\_\_  
Date