Program Inspection
Compliance Plan

Provider's Name:	**Snicklefritz Sycamore**	City:	**Sioux Falls**	Provider Number:	**018042559**
Inspector:	**Teri Pieters**	Date of Inspection:	**08/19/2024**	Time of Inspection:	**8:30 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:

Several written permissions for medication administration forms did not include the dates the medication is to be administered.

The medication authorization form must include the child's name, the medication's name, and the dates, times, and dosage of the medication to be administered.

Correction: The medication authorization form was reviewed with all providers, a sample form was created for reference, and all providers signed a document indicating they understood the medication administration procedure.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/15/2024	**09/05/2024**

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:

The time, date, and name of the individual administering the medication were documented on all medication authorization form.

The medication authorization form must include the child's name, the medication's name, and the dates, times, and dosage of the medication to be administered.

Correction: The director reviewed the medication authorization form with all providers. During the review, the director discussed how to record the times and dosages of the medicine on the form.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/15/2024	**09/05/2024**

Status: **Corrected**

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:	
Some medications were not returned to the parents after the medicine was no longer needed. **All medications must be returned to the parent when no longer needed or the medication has expired.** **Correction: The director promptly returned all unused medications to the parents and discussed the policy with all parents and staff to ensure everyone was informed**	**Compliance Plan** Suggested Completion Date: **09/15/2024** Status: **Corrected**	Actual Completion Date: **09/05/2024**

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

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

Corrections To Be Made:	Agency Action:	
SL - FBI Check **GR - FBI Check**	**Compliance Plan** Suggested Completion Date: **09/15/2024** Status: **Corrected**	Actual Completion Date: **09/05/2024**

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:

Not all providers were familiar with the program's emergency preparedness plan.

All providers and provider assistants must be knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins.

Correction:The director has reviewed the emergency preparedness plan and has distributed copies to all providers.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/15/2024	**09/05/2024**

Status: **Corrected**

Miranda Rogers	**08/19/2024**	**Teri Pieters**	**08/19/2024**
Provider Signature	Date	Inspector Signature	Date