Program Inspection
Compliance Plan

Provider's Name:	**EmBe Harrisburg Endeavor OST**	City:	**Sioux Falls**	Provider Number:	**018042663**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**08/28/2024**	Time of Inspection:	**3:02 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:	
There was not written consent obtained from a child's parents for a medication to be administered. **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.** **Correction: Written consent was obtained from all children's parent for medication to be administered.**	**Compliance Plan** Suggested Completion Date: **09/06/2024** Status: **Corrected**	Actual Completion Date: **09/11/2024**

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

There were children in care with a known food allergy that did not have a written prevention and response plan.

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.

Correction: The program obtained a written care plan for all children in care with a known food allergy.

Agency Action:

Compliance Plan

Suggested Completion Date: **09/06/2024**

Actual Completion Date: **09/11/2024**

Status: **Corrected**

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

Corrections To Be Made:

VR - Emergency Permission

Agency Action:

Compliance Plan

Suggested Completion Date: **09/18/2024**

Actual Completion Date: **09/09/2024**

Status: **Corrected**

Derrick Spader	**08/28/2024**	**Brooke Flemmer**	**08/28/2024**
Provider Signature	Date	Inspector Signature	Date