Program Inspection
Compliance Plan

Provider's Name:	**EmBe Harrisburg Horizon OST**	City:	**Sioux Falls**	Provider Number:	**018042825**
Inspector:	**Chandra VanHout**	Date of Inspection:	**10/12/2023**	Time of Inspection:	**4:55 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:

There was not written consent to administer medication for one child in care.

Written consent shall be obtained from each child's parent before administering all medication.

The program submitted written consent.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/13/2023	**10/18/2023**

Status: **Corrected**

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:

NC - DCI Check, CPR
ME - Out Of State
AM - Orientation Complete
RW - Orientation Complete, CPR
AW - Orientation Complete

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/12/2023	**11/30/2023**

Status: **Corrected**

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:	
Some providers had not completed orientation training within 90 days after the date of employment. **Providers must complete orientation training within 90 days after the date of employment.** **The regulation was reviewed with the program.**	**Compliance Plan** Suggested Completion Date: **11/12/2023** Status: **Corrected**	Actual Completion Date: **11/30/2023**

Allison Mastel	**10/12/2023**	**Chandra VanHout**	**10/12/2023**
Provider Signature	Date	Inspector Signature	Date