

# Program Inspection Compliance Plan

Provider's Name: **B & G Club Empower Campus** City: **Sioux Falls**

Provider Number: **018043011**

Inspector: **Brooke Flemmer** Date of Inspection: **06/18/2024**

Time of Inspection: **11:16 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:	Agency Action:	
<b>There was not written consent obtained from a child's parents for a medication to be administered.</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: <b>06/25/2024</b>	Actual Completion Date: <b>06/25/2024</b>
<b>Correction: Written consent was obtained from a child's parents for a medication to be administered.</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 were medications at the program that were not returned to the parent when no longer needed.</b>	<b>Compliance Plan</b>	
<b>All medication must be returned to the parent when no longer needed or expired.</b>	Suggested Completion Date: <b>06/25/2024</b>	Actual Completion Date: <b>06/25/2024</b>
<b>Correction: All medications that were no longer needed were returned to the parents.</b>	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:	
<b>AA - Immunization Records</b>	<b>Compliance Plan</b>	
<b>LA - Immunization Records</b>	Suggested Completion Date:	Actual Completion Date:
<b>AB - Enrollment Date, Emergency Contact, Immunization Records</b>	<b>07/03/2024</b>	<b>06/27/2024</b>
<b>EC - Immunization Records</b>	Status: <b>Corrected</b>	
<b>SC - Enrollment Date, Immunization Records</b>		
<b>PD - Enrollment Date, Immunization Records</b>		
<b>EG - Immunization Records</b>		
<b>AJ - Enrollment Date</b>		
<b>OJ - Enrollment Date</b>		
<b>RK - Immunization Records</b>		
<b>RK - Enrollment Date</b>		
<b>SM - Immunization Records</b>		
<b>KR - Immunization Records</b>		
<b>RS - Emergency Contact</b>		

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

Corrections To Be Made:	Agency Action:	
<b>LB - Out Of State</b>	<b>Compliance Plan</b>	
<b>KB - Out Of State</b>	Suggested Completion Date:	Actual Completion Date:
<b>EC - Out Of State</b>	<b>07/03/2024</b>	<b>07/22/2024</b>
<b>DC - Out Of State</b>	Status: <b>Corrected</b>	
<b>AD - Five Year Screen</b>		
<b>MD - Out Of State</b>		
<b>RL - Out Of State</b>		
<b>JO - Out Of State</b>		
<b>VW - CPR</b>		

**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:

**At the time of the inspection, not all providers and provider assistants were knowledgeable on the emergency preparedness and response plan and procedures.**

**A provider shall communicate the emergency preparedness and response plan to each provider at the time the individual begins employment.**

**Correction: All provider and provider assistants were reviewed of the emergency preparedness and response plan and procedures.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**06/25/2024**

Status: **Corrected**

Actual  
Completion  
Date:

**06/25/2024**

**Rebecca Schipper**

Provider Signature

**06/18/2024**

Date

**Brooke Flemmer**

Inspector Signature

**06/18/2024**

Date