Program Inspection
Compliance Plan

Provider's Name:	**Cultivate Childcare Prep School**	City:	**Sioux Falls**	Provider Number:	**018043062**
Inspector:	**Chandra VanHout**	Date of Inspection:	**06/27/2024**	Time of Inspection:	**10:52 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:	
One medication form did not include the dates or parent signature. **Written consent must include the child's name, name of medication and the dates, times, and dosage of the medication.** **The program submitted the form with all required information.**	**Compliance Plan** Suggested Completion Date: **07/04/2024** Status: **Corrected**	Actual Completion Date: **07/18/2024**

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:	Agency Action:	
One medication form did not include documentation of all administrations including the dose, time, date given, and name of individual administering the medication. **Medication administered to each child must be documented.** **The porgram submitted the form with documentation of administration.**	**Compliance Plan** Suggested Completion Date: **07/04/2024** Status: **Corrected**	Actual Completion Date: **07/18/2024**

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

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

Corrections To Be Made:	Agency Action:	
AH - Immunization Records **TJ - Immunization Records** **NN - Immunization Records** **MP - Immunization Records**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	07/18/2024	**07/08/2024**
	Status: **Corrected**	

Lizzie Kost	**06/27/2024**	**Chandra VanHout**	**06/27/2024**
Provider Signature	Date	Inspector Signature	Date