Program Inspection
Compliance Plan

Provider's Name:	**Rosa Parks Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043151**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**09/06/2023**	Time of Inspection:	**4:39 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

A. Staff-Child Ratio and Supervision of Children

4. Are individual room capacities maintained, which was determined during the floor plan review? In spaces where there are more than 20 children, can the providers identify which children each provider is responsible to supervise? 67:42:17:19 Note: When room capacity does not align with the ratio requirements, a maximum of three additional children may be included in the room capacity as long as the ratios are maintained.

Corrections To Be Made:	Agency Action:	
In spaces where there were more than 20 children, providers were not able to identify which children each provider is responsible to supervise. **Correction: The program developed a method to ensure primary care was given in spaces where there are more than 20 children.**	**Compliance Plan** Suggested Completion Date: **09/27/2023** Status: **Corrected**	Actual Completion Date: **09/19/2023**

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:	
At the time of the inspection, there was not written consent obtained to administer a child's epi pen from the child's parent. Additionally, there was not written consent obtained before administering medication that included the dates and times the medication needs to be administered. **Correction: The program obtained written consent to administer a child's epi pen from the child's parent that included the dates and times the medication needs to be administered.**	**Compliance Plan** Suggested Completion Date: **09/07/2023** Status: **Corrected**	Actual Completion Date: **09/20/2023**

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:	
TJ - Out Of State	**Compliance Plan** Suggested Completion Date: **09/27/2023** Status: **Corrected**	Actual Completion Date: **09/26/2023**

Kyle Hoffman	**09/08/2023**	**Brooke Flemmer**	**09/06/2023**
Provider Signature	Date	Inspector Signature	Date