

# Program Inspection Compliance Plan

Provider's Name: **Anne Sullivan Elementary CLC** City: **Sioux Falls**

Provider Number: **018043153**

Inspector: **Brooke Flemmer** Date of Inspection: **06/03/2024**

Time of Inspection: **11:38 AM**

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

## B. Provider Practices

18. Are medications provided by the parent kept in their original container with the original label? For prescription medications, does the label include the child's name, instructions including the amount and frequency, expiration date, and physician or licensed practitioner's name? 67:42:17:27

Corrections To Be Made:	Agency Action:
<b>A child's medication was not kept in its original container with the original label.</b>	<b>Compliance Plan</b>
<b>The medication must be provided by the parent and kept in the original container, with the original label.</b>	Suggested Completion Date:
<b>Correction: Children's medication are all kept in its original container with original label.</b>	<b>06/19/2024</b>
	Actual Completion Date:
	<b>06/25/2024</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

<p>Corrections To Be Made:</p> <p> <b>JA - Emergency Permission</b>  <b>JA - Emergency Permission</b>  <b>AB - Emergency Permission</b>  <b>BB - Emergency Permission</b>  <b>AD - Emergency Permission</b>  <b>AD - Emergency Permission</b>  <b>ID - Emergency Permission</b>  <b>EF - Emergency Permission</b>  <b>OF - Emergency Permission</b>  <b>AG - Emergency Permission</b>  <b>HH - Emergency Permission</b>  <b>JH - Emergency Permission</b>  <b>JH - Emergency Permission</b>  <b>MH - Emergency Permission</b>  <b>RH - Emergency Permission</b>  <b>KL - Emergency Permission</b>  <b>JM - Emergency Permission</b>  <b>MM - Emergency Permission</b>  <b>GO - Emergency Permission</b>  <b>CP - Emergency Permission</b>  <b>LP - Emergency Permission</b> </p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>06/21/2024</b></td> <td><b>07/09/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/21/2024</b>	<b>07/09/2024</b>
Suggested Completion Date:	Actual Completion Date:				
<b>06/21/2024</b>	<b>07/09/2024</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

<p>Corrections To Be Made:</p> <p><b>At the time of the inspection, not all providers and provider assistants were knowledgeable on the emergency preparedness and response plan and procedures.</b></p> <p><b>A provider shall communicate the emergency preparedness and response plan to each provider at the time the individual begins employment.</b></p> <p><b>Correction: The program reviewed all emergency preparedness and response plan and procedure with all providers and providers' assistants.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>06/21/2024</b></td> <td><b>06/25/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/21/2024</b>	<b>06/25/2024</b>
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<b>06/21/2024</b>	<b>06/25/2024</b>				

**Bella Cobb**  
 \_\_\_\_\_  
 Provider Signature

**06/03/2024**  
 \_\_\_\_\_  
 Date

**Brooke Flemmer**  
 \_\_\_\_\_  
 Inspector Signature

**06/03/2024**  
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 Date