

Program Inspection Compliance Plan

Provider's Name: **Apple Tree West**

City: **Sioux Falls**

Provider Number: **018043200**

Inspector: **Brooke Flemmer**

Date of Inspection: **02/20/2024**

Time of Inspection: **9:52 AM**

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:

Providers were not able to identify which children each provider is responsible to supervise in spaces where there were more than 20 children.

In spaces where more than twenty children are allowed, providers shall identify which children each provider is responsible to supervise.

Correction: Providers provide primary care to children in spaces where there were more than 20 children.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

03/04/2024

Status: **Corrected**

Actual
Completion
Date:

02/22/2024

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:	
Written consent was not updated and obtained from a child's parent for a medication to be administered.	Compliance Plan	
Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.	Suggested Completion Date:	Actual Completion Date:
	03/04/2024	02/22/2024
Correction: Written consent will be obtained from a child's parent for all medication to be administered by the program.	Status: Corrected	

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:	
Not all medications were returned to the parent when no longer needed.	Compliance Plan	
Medication must be returned to the parent when no longer needed or expired.	Suggested Completion Date:	Actual Completion Date:
	03/04/2024	02/22/2024
Correction: All medications that were no longer needed were returned to parents.	Status: Corrected	

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider

C. Qualifications

33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

Corrections To Be Made:	Agency Action:	
For children in care with known food allergies, the provider did not have a written plan that included steps to be taken to avoid the food.	Compliance Plan	
A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.	Suggested Completion Date:	Actual Completion Date:
	03/04/2024	02/22/2024
Correction: The provider obtained a written plan for all children in care with a known food allergy that included all the required information.	Status: Corrected	

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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> GB - Immunization Records LB - Emergency Permission HG - Immunization Records DH - Immunization Records LH - Emergency Permission PH - Immunization Records HJ - Immunization Records LJ - Immunization Records OL - Emergency Contact 	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>03/04/2024</td> <td>03/01/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/04/2024	03/01/2024
Suggested Completion Date:	Actual Completion Date:				
03/04/2024	03/01/2024				

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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> MA - Five Year Screen AC - Out Of State ED - Level II Complete AJ - Out Of State CJ - C A/N Report Statement JK - Five Year Screen AK - Out Of State MW - DCI Check 	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>03/04/2024</td> <td>02/27/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/04/2024	02/27/2024
Suggested Completion Date:	Actual Completion Date:				
03/04/2024	02/27/2024				

E. Written Procedures

50. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

<p>Corrections To Be Made:</p> <p>The program's written emergency preparedness and response plan did not include accommodations of infants & toddlers, children with disabilities and children with chronic medical conditions.</p> <p>A provider shall have a written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions.</p> <p>Correction: The program updated their written emergency preparedness and response plan to include all areas required.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>03/04/2024</td> <td>02/26/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/04/2024	02/26/2024
Suggested Completion Date:	Actual Completion Date:				
03/04/2024	02/26/2024				

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:	Agency Action:	
At the time of the inspection, not all providers and provider assistants were knowledgeable on the emergency preparedness and response plan and procedures.	Compliance Plan	
A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment.	Suggested Completion Date:	Actual Completion Date:
Correction: The emergency preparedness and response plan and procedures were reviewed with all providers and provider assistants.	03/04/2024	02/22/2024
	Status: Corrected	

Amy Hauff

Provider Signature

02/20/2024

Date

Brooke Flemmer

Inspector Signature

02/20/2024

Date