Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name:	Snicklefritz Prep Sou	th City:	Harrisburg	Provider Number:	018042503
Inspector:	Rita Trager	Date of Inspection:	10/26/2018	Time of Inspection:	7:52 AM

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

B. Program Practices

18. Does the facility obtain written parental consent to administer medications that includes specific dates the medication is to be administered (view info. to verify)? 67:42:10:15

Corrections To Be Made:	Agency Action:		
Permission to administer medication to be signed.	Compliance Plan	Compliance Plan	
Signed form received.	Suggested Completion Date:	Actual Completion Date:	
	11/15/2018	11/27/2018	
	Status: Corrected	I	

19. Is parental written consent for medication administration and staff documentation of administration kept for six months (view info. to verify)? 67:42:10:15

Corrections To Be Made:	Agency Action:		
Signed form to be kept for six months. Facility will keep signed forms for six months moving forward.	Compliance Plan		
	Suggested Completion Date:	Actual Completion Date:	
	11/15/2018	11/27/2018	
	Status: Correcte	d	

G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

Corrections To Be Made:	Agency Action:	
EB - CPR, Training CB - CPR, Training TB - Criminal Record Check NE - CPR, Training GG - CPR, Training GH - Criminal Record Check, Timely Orientation, CPR, Training LK - CPR, Training MK - CPR, Training MM - CPR, Training EM - Criminal Record Check JP - Criminal Record Check GR - Criminal Record Check KV - Criminal Record Check	Compliance Plan Suggested Completion Date: 11/24/2018 Status: Correcte	Actual Completion Date: 11/27/2018

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

Corrections To Be Made:	Agency Action:
EA - Immunization Records	Compliance Plan
RB - Immunization Records HH - Immunization Records	SuggestedActualCompletionCompletionDate:Date:
	11/24/2018 11/27/2018
	Status: Corrected

Chauntel Brandt	10/26/2018	Rita Trager	10/26/2018
Provider Signature	Date	Inspector Signature	Date