Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: Apple Tree West City: Sioux Falls Provider Number: 010605674

Inspector: Denise Ferguson Date of Inspection: 11/18/2019 Time of Inspection: 9:30 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:

Medication form in infant room needs date, times to be given and parent signature. Ensure all medication forms have parent consent to administer medications with specific dates.

*Medication will not be given without proper written parental consent.

Agency Action:

Compliance Plan

Suggested Completion Date:

Actual Completion Date:

11/18/2019

12/10/2019

Status: Corrected

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:	
	LG - Timely Orientation, CP	R ĸ, Sex Offender Registry Check,		Compliance Plan	
	SH - Central Registry Check Record Check		/ Check, Criminal	Suggested Completion Date:	Actual Completion Date:
				12/18/2019	12/19/2019
				Status: Correcte	ed
	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:	
	JS - Immunization Records			Compliance Plan	
	SW - Immunization Records			Suggested Completion Date:	Actual Completion Date:
				12/18/2019	12/18/2019
				Status: Corrected	
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Amy Hauff Provider Signature		Date	Denise Ferguso Inspector Signatu		Date
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