

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Gimme a Break**

City: **Sioux Falls**

Provider Number: **018041901**

Inspector: **Rita Trager**

Date of Inspection: **08/19/2020**

Time of Inspection: **8:32 AM**

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

## B. Program Practices

17. When administering medications, does the staff document dose, time and date medication is administered and sign off on that administration? 67:42:10:15

<p>Corrections To Be Made:</p> <p><b>Permission to administer medication form to be used</b>  <b>*Form has been provided to center director. She has agreed to use the form starting immediately and moving forward.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>09/19/2020</b></td> <td style="text-align: center;"><b>09/22/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/19/2020</b>	<b>09/22/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/19/2020</b>	<b>09/22/2020</b>				

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

<p>Corrections To Be Made:</p> <p><b>Medication form with dates to be used.</b>  <b>*Form has been provided to center director. She has agreed to use the form starting immediately and moving forward.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>09/29/2020</b></td> <td style="text-align: center;"><b>09/22/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/29/2020</b>	<b>09/22/2020</b>
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<b>09/29/2020</b>	<b>09/22/2020</b>				

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

<p>Corrections To Be Made:</p> <p><b>Medication form to be kept for six months. *Discussed with provider. Program will retain medication forms for six months.</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>09/19/2020</b></td> <td><b>09/22/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/19/2020</b>	<b>09/22/2020</b>
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<b>09/19/2020</b>	<b>09/22/2020</b>				

**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.

<p>Corrections To Be Made:</p> <p><b>AA - Timely Orientation, CPR, Training KB - Timely Orientation, CPR, Training JF - Timely Orientation, CPR, Training JH - Timely Orientation, Training EH - Central Registry Check, Sex Offender Registry Check, Criminal Record Check SH - Three References LJ - Training</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>09/19/2020</b></td> <td><b>10/08/2020</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/19/2020</b>	<b>10/08/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/19/2020</b>	<b>10/08/2020</b>				

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:	
<b>CB - Immunization Records</b> <b>BB - Immunization Records</b> <b>EB - Emergency Contact, Immunization Records</b> <b>SB - Immunization Records</b> <b>AH - Immunization Records</b> <b>KL - Immunization Records</b> <b>JM - Immunization Records</b> <b>CN - Emergency Contact, Immunization Records</b> <b>RN - Immunization Records</b> <b>AS - Immunization Records</b> <b>ET - Emergency Permission</b> <b>LT - Emergency Contact</b> <b>AT - Emergency Contact</b> <b>IT - Immunization Records</b>	<b>Compliance Plan</b>  Suggested Completion Date: <b>09/19/2020</b> Actual Completion Date: <b>09/22/2020</b>  Status: <b>Corrected</b>	

**I. Written Procedures**

44. Does the program have 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; accommodation of infants & toddlers; children with disabilities & children with chronic medical conditions? 67:42:10:10

Corrections To Be Made:	Agency Action:	
<b>Update EPP to add near evacuation site.</b> <b>*Updated EPP observed at the site on 09/22/2020</b>	<b>Compliance Plan</b>  Suggested Completion Date: <b>09/19/2020</b> Actual Completion Date: <b>09/22/2020</b>  Status: <b>Corrected</b>	

**Elexa Hanson**  
\_\_\_\_\_  
Provider Signature

**08/19/2020**  
\_\_\_\_\_  
Date

**Rita Trager**  
\_\_\_\_\_  
Inspector Signature

**08/19/2020**  
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Date