COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 18, 2025	Status	Closed

Provider Name	HARVEY DUNN CLC
Provider ID	018043148
Provider Address	2400 S Bahnson Ave, Sioux Falls, SD 57103, USA
Provider Contact	Kyle Hoffman

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

Compliance Plan Action #1

Administrative Rule:

67:42:17:27

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. The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired. The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

Summary of Non-Compliance Finding:

There was two medication authorization forms that were expired and needed to be updated. Additionally, there was one expired medication that was not returned to the parents.

Corrections to be Made:

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. Medications must be returned to the parent when no longer needed or expired.

Corrections Made:

Medication authorization forms were updated. The expired medication was returned to parents.

Anticipated Completion Date:	Date Completed:
March 28, 2025	March 12, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:29

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.

Summary of Non-Compliance Finding:

There was one food allergy written care plan that needed to be updated.

Corrections to be Made:

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.

Corrections Made:

The food allergy written care plan was updated to include all required information.

Anticipated Completion Date:	Date Completed:
March 28, 2025	March 12, 2025

Compliance Plan Action #3

Administrative Rule:

67:42:17:42

A provider shall maintain a record for each child that includes:

(1) The child's name and date of birth;
(2) The parent or guardian's name and telephone number;
(3) An emergency contact name and telephone number;
(4) Parental permission for emergency medical treatment;
(5) The names of individuals authorized to pick up the child;
(6) Health information, including any allergies or special needs;
(7) A current immunization record or, for a school-age program, the name of the child's school;
(8) Parental permission for medication;
(9) The child's attendance records;
(10) The date of the child's enrollment; and
(11) The date on which the child's enrollment ends.

The provider shall annually review and update each record required under this section, and make the child's record available to the department, upon request.

Summary of Non-Compliance Finding:

There was one child record that was missing an emergency contact name and telephone number.

Corrections to be Made:

All child records shall be maintained with the required information outlined in ARSD 67:42:17:42.

Corrections Made:

All child records were updated to included the required information outlined in ARSD 67:42:17:42.

Anticipated Completion Date:	Date Completed:
March 28, 2025	March 12, 2025

Compliance Plan Action #4

Administrative Rule:

67:42:17:43

A provider shall have:

(1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;

(2) 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;

(3) A written procedure for communication and reunification with parents; and

(4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment. Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

Summary of Non-Compliance Finding:

Not all providers were aware of the written plan for emergency
evacuation for fire, tornado and lock down procedures.

Corrections to be Made:

New providers should be familiar with all emergency preparedness plan as soon as they begin work at the program.

Corrections Made:

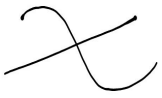
All emergency preparedness plans were reviewed with all providers.

Anticipated Completion Date:
March 28, 2025

Date Completed:
March 12, 2025

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Kyle Hoffman
Printed Name of Provider/Agency Contact



3/18/2025, 11:06:50 AM
Signature of Provider/Agency Contact

March 18, 2025
Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Brooke Flemmer
Printed Name of DSS Staff

3/12/2025, 7:14:02 AM

March 12, 2025

Signature of DSS Staff: Date