

Date Issued	March 13, 2025	Status	Closed
Provider Name	CARE AT AXTELL		
Provider ID	018043063		
Provider Address	201 N W Ave, Sioux Falls, SD 57104, USA		
Provider Contact	Maci Howard		

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:

67:42:17:26

A nap mat, blanket, or other sleep surface, other than the floor, for children over one year of age must be available for each child during nap time. A sleep surface must be maintained in good repair. A provider shall follow the safe sleep practices contained in Caring for Our Children: National Health and Safety Performance Standards, 4th Edition, for infants under the age of one.

Summary of Non-Compliance Finding:

During the inspection, a child under the age of one was observed to have a pacifier clip.

Corrections to be Made:

The provider will ensure that safe sleep practices as outlined in Caring for Our Children: National Health and Safety Performance Standards, 4th Edition, and ARSD 67:42:17:26 are adhered to for all infants under the age of one.

Corrections Made:

The provider submitted written documentation of safe sleep practices signed by all staff to ensure that safe sleep practices as outlined in Caring for Our Children: National Health and Safety Performance Standards, 4th Edition, and ARSD 67:42:17:26 are adhered to for all infants under the age of one.

Anticipated Completion Date:
March 13, 2025

Date Completed:
April 01, 2025

Compliance Plan Action #2

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:

At the time of inspection, children's records did not contain all required criteria as outlined in ARSD 67:42:17:42.

Corrections to be Made:

The provider will ensure all children's records meet the required criteria as outlined in ARSD 67:42:17:42.

Corrections Made:

The provider obtained current documentation of all children's records to ensure they meet the required criteria as outlined in ARSD 67:42:17:42.

Anticipated Completion Date:
April 03, 2025

Date Completed:
April 01, 2025

Compliance Plan Action #3

Administrative Rule:

67:42:17:15

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

- (1) The employee's name and date of birth;
- (2) The dates on which the employee began and ended employment;
- (3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
- (4) A statement that:
 - (4a) Defines child abuse and neglect;
 - (4b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
 - (4c) Is signed by the employee; and
- (5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

At the time of inspection, staff records did not contain all required criteria as outlined in ARSD 67:42:17:15.

Corrections to be Made:

The provider will ensure all required criteria as outlined in ARSD 67:42:17:15 is obtained for all staff members.

Corrections Made:

The provider submitted current documentation of all required criteria as outlined in ARSD 67:42:17:15 for each staff member.

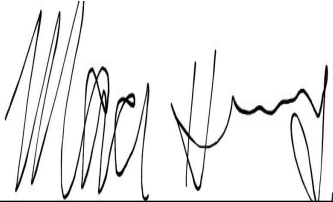
Anticipated Completion Date:

Date Completed:

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.

Maci Howard

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 13, 2025

Date

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

Morgan Jensen

Printed Name of DSS Staff



Signature of DSS Staff:

March 13, 2025

Date

3/13/2025, 2:29:52 PM