# COMPLIANCE PLAN OFFICE OF LICENSING & ACCREDITATION



| Date Issued      | April 01, 2025                         | Status | Closed |
|------------------|--|--------|--------|
| Provider Name    | FAITH LUTHERAN DAY CARE CENTER         |        |        |
| Provider ID      | 015505944                              |        |        |
| Provider Address | 714 N Grand Ave, Pierre, SD 57501, USA |        |        |
| Provider Contact | Mandy Vogel                            |        |        |
|                  |  |        |        |

### 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:

## 67:42:17:42

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 were six child records missing information.

## Corrections to be Made:

The missing information will be obtained for the children's records.

### **Corrections Made:**

Verification of the missing child record information has been received by the Office of Licensing & Accreditation.

#### Anticipated Completion Date: April 08, 2025

Date Completed: May 19, 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.

Signature of Provider/Agency Contact

April 01, 2025

Date

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

Sarah Deakins Printed Name of DSS Staff

3/26/2025, 1:53:28 PM

Signature of DSS Staff:

March 26, 2025

Date