

Date Issued August 25, 2025 Status Closed

Provider Name COMPASSION CHILD CARE

Provider ID 018042588

Provider Address 1921 E 8th St, Sioux Falls, SD 57103, USA

Provider Contact Toni Hettich

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:

At the time of inspection, two children with two medications each did not have accompanying medication authorization forms available.

During inspection, a child's medication had expired and had not been returned to the parents.

Corrections to be Made:

The provider will ensure all children's medications have a medication authorization form.

The provider will ensure all expired medications are returned to the parents.

Corrections Made:

The provider submitted current medication authorization forms for both children's medications.

The provider sent the expired medication home with the parents.

Anticipated Completion Date:

Date Completed:

Compliance Plan Action #2

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:
 - (a) Defines child abuse and neglect;
 - (b) 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
 - (c) 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, two staff were missing CPR, one employee was missing a background check, and two employees needed to complete annual training hours.

Corrections to be Made:

The provider will ensure the required information for all employees is obtained.

Corrections Made:

The provider obtained and submitted verification of all required information for the employees.

Anticipated Completion Date:

September 12, 2025

Date Completed:

September 22, 2025

Compliance Plan Action #3

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:

At the time of inspection, a child with a known food allergy did not have a written allergy care plan available.

Corrections to be Made:

The provider will ensure a written allergy care plan is obtained for the child.

Corrections Made:

The provider submitted a written allergy care plan for the child with a known food allergy.

Anticipated Completion Date:

September 12, 2025

Date Completed:

August 27, 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.

Toni Hettich

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

August 25, 2025

Date

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

Morgan Giraldo

Printed Name of DSS Staff



Signature of DSS Staff:

August 22, 2025

Date