COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	December 11, 2025	Status	Closed

Provider Name	ST. KATHARINE DREXEL SCHOOL
Provider ID	018042355
Provider Address	1800 S Katie Ave Ste 2, Sioux Falls, SD 57106, USA
Provider Contact	Stacy Charron

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:

67:42:17:29

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 the inspection, three children did not have written food allergy plans.

Corrections to be Made:

Written food allergy plans to be obtained from the parents and copies provided to the Office of Licensing and Accreditation.

Corrections Made:

Copies of written allergy plans have been received.

Anticipated Completion Date:	Date Completed:
December 19, 2025	January 15, 2026

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 the inspection, six children did not have the names of individuals authorized to pick up the child.

Corrections to be Made:

Names of individuals authorized to pick up the child to be added to the children's records. Documentation of updates to be provided to the Office of Licensing and Accreditation.

Corrections Made:

Updated forms received on 12-12-2025.

Anticipated Completion Date:	**Date Completed:**
December 19, 2025	December 12, 2025

Compliance Plan Action #3

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 the inspection, three children did not have written permission from the parents to administer medication.

In addition at the time of the inspection there was a medication present at the site that is not labeled for a specific child.

Corrections to be Made:

Written permission to administer medication to be obtained and copies provided to the Office of Licensing and Accreditation. Unlabeled medication to be disposed of.

Corrections Made:

01-15-2026-the unlabeled medication has been disposed of.

01-16-2026-written permission to administer medication received.

Anticipated Completion Date:	**Date Completed:**
December 19, 2025	January 16, 2026

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.

Jill Earll

Printed Name of Provider/Agency Contact

12/2/2025, 5:12:34 PM

Signature of Provider/Agency Contact

December 02, 2025

Date

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

Rita Trager

Printed Name of DSS Staff

12/2/2025, 5:12:03 PM

Signature of DSS Staff:

December 02, 2025

Date