Program Inspection
Compliance Plan

Provider's Name:	**Sioux Falls Lutheran Eagle Care**	City:	**Sioux Falls**	Provider Number:	**011515428**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**01/26/2024**	Time of Inspection:	**9:37 AM**

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

B. Provider Practices

15. Is written consent obtained from each child ' s parent before administering all prescription and non-prescription medication? Does the consent include the child ' s name, name of medication and the dates, times, and dosage of the medication to be administered? 67:42:17:27

Corrections To Be Made:	Agency Action:	
There was not written consent obtained from a child's parents for a medication to be administered. **Before any medication is administered to a child, written permission from the parent or guardian must be obtained and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.** **Correction: Written consent was obtained from a child's parents for a medication to be administered.**	**Compliance Plan** Suggested Completion Date: **01/31/2024** Status: **Corrected**	Actual Completion Date: **01/26/2024**

19. Are medications returned to the parent when no longer needed or the medication has expired? 67:42:17:27

Corrections To Be Made:	Agency Action:	
There were medications at the program that were not returned to the parent when no longer needed. **All medication must be returned to the parent when no longer needed or expired.** **Correction: All medication that was no longer needed was returned to the parents.**	**Compliance Plan** Suggested Completion Date: **01/31/2024** Status: **Corrected**	Actual Completion Date: **01/26/2024**

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

Corrections To Be Made:	Agency Action:	
A child in care with a known food allergy did not have a written plan including the required information. **A child in care with a known food allergy shall have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan.** **Correction: A written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan was obtained for all children in care with a known food allergy.**	**Compliance Plan** Suggested Completion Date: **02/02/2024** Status: **Corrected**	Actual Completion Date: **01/26/2024**

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
DC - Immunization Records **HF - Immunization Records** **JF - Immunization Records** **HH - Immunization Records** **SJ - Immunization Records** **BL - Immunization Records** **CS - Immunization Records**	**Compliance Plan** Suggested Completion Date: **02/09/2024** Status: **Corrected**	Actual Completion Date: **02/05/2024**

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

KB - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State
AB - DCI Check
AC - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
GD - C A/N Report Statement
LE - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
KG - FBI Check
LH - FBI Check, Out Of State
JH - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
MJ - DCI Check
JN - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
KR - Out Of State
SS - FBI Check, CPR

Agency Action:

Compliance Plan

Suggested Completion Date: **02/09/2024**

Actual Completion Date: **02/08/2024**

Status: **Corrected**

Brenda Bernard	**01/26/2024**	**Brooke Flemmer**	**01/26/2024**
Provider Signature	Date	Inspector Signature	Date