

# Program Inspection Compliance Plan

Provider's Name: **Sacred Heart School Daycare**

City: **Yankton**

Provider Number: **014512607**

Inspector: **Deb Bigge**

Date of Inspection: **07/09/2024**

Time of Inspection: **12:09 PM**

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

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

32. Does the provider have a weekly menu posted, which includes meals and snacks to be served each week? 67:42:17:30

### Corrections To Be Made:

**The weekly menu does not include snacks to be served each week.**

**A weekly menu that includes snacks and meals needs to be posted.**

**Verification was received that the menu was posted.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**07/16/2024**

Actual  
Completion  
Date:

**08/29/2024**

Status: **Corrected**

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:

**An allergy plan was not available for a child with a known food allergy.**

**An allergy plan is to be on file for all known food allergies.**

**Verification was received of the completed allergy plan.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**07/16/2024**

Actual  
Completion  
Date:

**07/23/2024**

Status: **Corrected**

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

Corrections To Be Made:	Agency Action:	
<b>AF - Immunization Records</b>	<b>Compliance Plan</b>	
<b>LF - Immunization Records</b>	Suggested Completion Date:	Actual Completion Date:
<b>JH - Immunization Records</b>		
<b>JH - Immunization Records</b>		
<b>JH - Immunization Records</b>		
<b>BH - Immunization Records</b>	<b>07/23/2024</b>	<b>08/09/2024</b>
<b>MH - Immunization Records</b>		
<b>AP - Immunization Records</b>		
<b>GW - Emergency Permission</b>	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>SB - Orientation Complete, CPR</b>	<b>Compliance Plan</b>	
<b>KF - Five Year Screen, Orientation Complete, CPR, Training</b>	Suggested Completion Date:	Actual Completion Date:
<b>LH - C A/N Report Statement, Orientation Complete, Training</b>		
<b>KH - C A/N Report Statement</b>		
<b>LK - Orientation Complete, CPR, Training</b>		
<b>EK - Orientation Complete, Training</b>	<b>07/23/2024</b>	<b>09/05/2024</b>
<b>KK - C A/N Report Statement, Orientation Complete, CPR, Training</b>		
<b>JK - C A/N Report Statement</b>		
<b>OL - C A/N Report Statement</b>	Status: <b>Corrected</b>	
<b>MW - CPR, Training</b>		

42. Have providers and assistants completed orientation training within 90 days after the date of employment and before caring for children unsupervised? 67:42:17:17

Corrections To Be Made:	Agency Action:	
<b>Several staff did not complete orientation training within 90 days of hire.</b>	<b>Compliance Plan</b>	
<b>All orientation training topics must be completed with 90 days of hire.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Verification of completed training was received.</b>		
	<b>08/09/2024</b>	<b>09/05/2024</b>
	Status: <b>Corrected</b>	

## D. Transportation

46. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

Corrections To Be Made:

**Written permission is not on file to transport children.**

**Parental permission is needed to transport children.**

**Verification of permission to transport was received.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**07/23/2024**

Actual  
Completion  
Date:

**07/31/2024**

Status: **Corrected**

**Brooke Madson**

Provider Signature

**07/09/2024**

Date

**Deb Bigge**

Inspector Signature

**07/09/2024**

Date