

# Program Inspection Compliance Plan

Provider's Name: **Faith Lutheran Day Care Center** City: **Pierre**

Provider Number: **015505944**

Inspector: **Sarah Deakins**

Date of Inspection: **08/07/2024**

Time of Inspection: **9:36 AM**

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

## A. Staff-Child Ratio and Supervision of Children

4. Are individual room capacities maintained, which was determined during the floor plan review? In spaces where there are more than 20 children, can the providers identify which children each provider is responsible to supervise? 67:42:17:19 Note: When room capacity does not align with the ratio requirements, a maximum of three additional children may be included in the room capacity as long as the ratios are maintained.

### Corrections To Be Made:

**Updated floor plan review has been submitted as the program is using rooms for different ages.**

**Individual room capacity must be maintained, which was determined during the floor plan review process.**

**The program is maintaining room capacity and using only the rooms which have been approved for use.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**08/28/2024**

Actual  
Completion  
Date:

**08/28/2024**

Status: **Corrected**

## Posting Information/ Emergency Preparedness/ Record Keeping/ Provider

### C. Qualifications

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

|                                  |                            |                         |
|----------------------------------|----------------------------|-------------------------|
| Corrections To Be Made:          | Agency Action:             |                         |
| <b>SL - Immunization Records</b> | <b>Compliance Plan</b>     |                         |
| <b>JS - Immunization Records</b> | Suggested Completion Date: | Actual Completion Date: |
|                                  | <b>08/28/2024</b>          | <b>08/09/2024</b>       |
|                                  | Status: <b>Corrected</b>   |                         |

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

|                          |                            |                         |
|--------------------------|----------------------------|-------------------------|
| Corrections To Be Made:  | Agency Action:             |                         |
| <b>AL - DCI Check</b>    | <b>Compliance Plan</b>     |                         |
| <b>BT - Out Of State</b> | Suggested Completion Date: | Actual Completion Date: |
|                          | <b>08/28/2024</b>          | <b>08/13/2024</b>       |
|                          | Status: <b>Corrected</b>   |                         |

45. Is the individual responsible for planning and implementing the program at least 18 years of age and is the required education or work experience maintained? 67:42:17:09

|   |                            |                         |
|---|----------------------------|-------------------------|
| Corrections To Be Made:   | Agency Action:             |                         |
| <b>Verification of work experience is required for the individual responsible for planning and implementing the program.</b>                | <b>Compliance Plan</b>     |                         |
| <b>The individual responsible for planning and implementing the program must meet age, and education or work experience qualifications.</b> | Suggested Completion Date: | Actual Completion Date: |
| <b>Verification of required work experience for the program planner has been received.</b>  | <b>08/28/2024</b>          | <b>08/14/2024</b>       |
|   | Status: <b>Corrected</b>   |                         |

## F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:

**At the time of the inspection, the program did not have documentation of current liability insurance.**

**A proof of current liability insurance needs to be available upon inspection.**

**Verification of current liability insurance has been received.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**08/24/2024**

Actual  
Completion  
Date:

**10/01/2024**

Status: **Corrected**

**Kim Jensen**

Provider Signature

**08/07/2024**

Date

**Sarah Deakins**

Inspector Signature

**08/07/2024**

Date