

# Program Inspection Compliance Plan

Provider's Name: **Childrens Castle**

City: **Pierre**

Provider Number: **015507510**

Inspector: **Sarah Deakins**

Date of Inspection: **03/28/2024**

Time of Inspection: **11:06 AM**

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

## B. Provider Practices

25. Are child and family information, records, and photos kept confidential and not released to unauthorized individuals? Is written parental consent obtained before publicly sharing information, including photos? 67:42:17:16

### Corrections To Be Made:

**Several child record files are missing the signed photo release.**

**All child record files will contain a signed photo release.**

**Verification of signed photo releases have been received.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**04/18/2024**

Actual  
Completion  
Date:

**04/09/2024**

Status: **Corrected**

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

## C. 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:	
<b>One child record notes a dairy allergy but does not have an allergy plan.</b>	<b>Compliance Plan</b>	
<b>Any child in care with a known food allergy must have a written allergy plan on file.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Verification of a written allergy plan has been received.</b>	<b>04/18/2024</b>	<b>05/15/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>IB - Immunization Records</b>	<b>Compliance Plan</b>	
<b>AB - Emergency Contact, Immunization Records</b>	Suggested Completion Date:	Actual Completion Date:
<b>KL - Emergency Contact, Immunization Records</b>	<b>04/18/2024</b>	<b>04/19/2024</b>
<b>KL - Emergency Contact</b>	Status: <b>Corrected</b>	
<b>GM - Immunization Records</b>		
<b>KR - Immunization Records</b>		
<b>PS - Immunization Records</b>		
<b>AS - Immunization Records</b>		
<b>SS - Immunization Records</b>		
<b>AT - Emergency Contact</b>		
<b>AT - Immunization Records</b>		
<b>SW - Emergency Contact</b>		

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

Corrections To Be Made:	Agency Action:	
<b>PB - Training</b>	<b>Compliance Plan</b>	
<b>SJ - Address &amp; Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, C A/N Report Statement, Orientation Complete, CPR, Training</b>	Suggested Completion Date:	Actual Completion Date:
<b>TJ - Training</b>	<b>04/18/2024</b>	<b>05/28/2024</b>
<b>BK - Training</b>	Status: <b>Corrected</b>	
<b>DL - Orientation Complete, CPR</b>		
<b>DM - Level II Complete, Training</b>		
<b>KS - C A/N Report Statement, Orientation Complete, Training</b>		
<b>TT - Level II Complete, Training</b>		
<b>AT - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, Orientation Complete, 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 members have not completed the orientation training within 90 days after the date of employment and before caring for children unsupervised.</b>	<b>Compliance Plan</b>	
<b>All employees must complete level I orientation training within 90 days of starting and before caring for children unsupervised.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Verification all new employees level I orientation training has been completed.</b>	<b>04/18/2024</b>	<b>05/17/2024</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:	Agency Action:	
<b>There was no proof of liability insurance available at the time of inspection.</b>	<b>Compliance Plan</b>	
<b>The program will have a copy of their current liability insurance available at the time of inspection.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The program has sent verification of current liability insurance.</b>	<b>04/18/2024</b>	<b>04/09/2024</b>
	Status: <b>Corrected</b>	

53. If transportation is provided, does the program have proof of liability insurance for the vehicle(s) used to transport children? 67:42:17:45

Corrections To Be Made:	Agency Action:	
<b>At the time of the inspection there was no proof of liability insurance for the vehicles used to transport children.</b>	<b>Compliance Plan</b>	
<b>The program will have a copy of liability insurance available for all vehicles used to transport children available at the time of the inspection.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Verification of liability insurance for all vehicles used to transport children has been received.</b>	<b>04/18/2024</b>	<b>04/09/2024</b>
	Status: <b>Corrected</b>	

**Bethany Kirke**  
\_\_\_\_\_  
Provider Signature

**03/28/2024**  
\_\_\_\_\_  
Date

**Sarah Deakins**  
\_\_\_\_\_  
Inspector Signature

**03/28/2024**  
\_\_\_\_\_  
Date