Program Inspection
Compliance Plan

Provider's Name:	**PEACE C.A.R.E**	City:	**Sioux Falls**	Provider Number:	**018037458**
Inspector:	**Morgan Jensen**	Date of Inspection:	**11/22/2024**	Time of Inspection:	**8:00 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:

The provider did not obtain written parental consent for medication administration for specific dates.

The provider will obtain written parental consent for the administering of medication on specific dates.

The provider obtained written parental consent to administer medication with specific dates.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/06/2024	**11/25/2024**

Status: **Corrected**

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

Corrections To Be Made:

At the time of the inspection, unused medications were on site.

The provider will ensure all medications no longer needed are sent home with parents.

The provider sent all medications no longer needed home with parents.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/06/2024	**11/25/2024**

Status: **Corrected**

Tara Foley	**11/22/2024**	**Morgan Jensen**	**11/22/2024**
Provider Signature	Date	Inspector Signature	Date