

# Program Inspection Compliance Plan

Provider's Name: **Good News Children's Center** City: **Sioux Falls**

Provider Number: **018038530**

Inspector: **Teri Pieters**

Date of Inspection: **08/09/2024**

Time of Inspection: **8:37 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

1. Is the staff to child ratio maintained at all times, including during indoor and outdoor play? 67:42:17:21  
Note : Ratio is 1 staff to every 5 children age birth up to 3 years; 1 staff to every 10 children ages 3 and 4 years; and 1 staff to every 15 children 5 years and over.

Corrections To Be Made:

**In the one-year-old classroom, a caregiver was left alone with seven children.**

**The staff-to-children ratio is 1:5 in the one-year-old classroom.**

**Correction: To ensure and maintain the correct ratio, the director has reviewed the process with all staff.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**08/16/2024**

Status: **Corrected**

Actual  
Completion  
Date:

**08/27/2024**

## 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:

**A provider was unaware of the program's medication administration policy. Upon reviewing the forms, it was noted that not all forms include the beginning and end dates for a medication to be administered.**

**The medication authorization form must include the child's name, name of the medication, and the dates, times, and dosage of the medication to be administered.**

**Correction: The medication authorization form was reviewed with all providers, a sample form was created for reference, and all providers signed a document indicating they understand the process.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**08/16/2024**

Actual  
Completion  
Date:

**08/27/2024**

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:

**Some medication was not returned to the parents after the medicine was no longer needed.**

**All medications must be returned to the parent when no longer needed or the medication has expired.**

**Correction: The director made sure to return all unused medications to the parents promptly. Additionally, the director discussed the policy with all parents and staff to ensure everyone is informed.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**08/16/2024**

Actual  
Completion  
Date:

**08/27/2024**

Status: **Corrected**

23. Do providers and assistants comply with their legal responsibility to immediately report any suspicion of child abuse and neglect to child protective services, law enforcement or the State ' s Attorney ' s office? 67:42:17:47

Corrections To Be Made:

**A provider was unaware of the signs of abuse nor the process for reporting suspected child abuse or neglect to CPS.**

**All providers and assistants must comply with their legal responsibility to immediately report any suspicion of child abuse and neglect to child protective services, law enforcement or the State's Attorney's office**

**Correction: The director reviewed the child abuse and neglect policy with the provider, ensuring the provider understood the reporting process clearly and the provider completed the mandatory reporting training. The director distributed the updated policy from DSS to ensure all staff were aware and reiterated the reporting process to all providers.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**08/20/2024**

Actual  
Completion  
Date:

**08/27/2024**

Status: **Corrected**

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

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

|                         |                            |                         |
|-------------------------|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action:             |                         |
| <b>TD - Training</b>    | <b>Compliance Plan</b>     |                         |
|                         | Suggested Completion Date: | Actual Completion Date: |
|                         | <b>08/27/2024</b>          | <b>08/27/2024</b>       |
|                         | Status: <b>Corrected</b>   |                         |

**E. Written Procedures**

51. Are all providers and provider assistants knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins? 67:42:17:43

|                                                                                                                                                                 |                            |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| Corrections To Be Made:                                                                                                                                         | Agency Action:             |                         |
| <b>A provider was unfamiliar with the program's emergency preparedness plan.</b>                                                                                | <b>Compliance Plan</b>     |                         |
| <b>All providers and provider assistants must be knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins.</b> | Suggested Completion Date: | Actual Completion Date: |
|                                                                                                                                                                 | <b>08/20/2024</b>          | <b>08/27/2024</b>       |
| <b>Correction: The director has reviewed the emergency preparedness plan and distributed copies to all providers.</b>                                           | Status: <b>Corrected</b>   |                         |

**Tammy Westgaard**  
\_\_\_\_\_  
Provider Signature

**08/09/2024**  
\_\_\_\_\_  
Date

**Teri Pieters**  
\_\_\_\_\_  
Inspector Signature

**08/09/2024**  
\_\_\_\_\_  
Date