

# Program Inspection Compliance Plan

Provider's Name: **St. Mary School**

City: **Sioux Falls**

Provider Number: **018042094**

Inspector: **Rita Trager**

Date of Inspection: **11/06/2023**

Time of Inspection: **4:49 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

34. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43

### Corrections To Be Made:

**Provider did not have documentation showing required evacuation drills conducted in the past calendar year.**

**One fire drill and one lock down drill to be completed and dates provided to Office of Licensing and Accreditation (OLA)**

**\*Correction: dates of drills were provided to OLA**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**11/30/2023**

Actual  
Completion  
Date:

**12/05/2023**

Status: **Corrected**

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

Corrections To Be Made:

EB - Enrollment Date  
TB - Enrollment Date  
CC - Enrollment Date  
EF - Enrollment Date  
OF - Enrollment Date  
QF - Enrollment Date  
BG - Enrollment Date  
AH - Enrollment Date  
AK - Enrollment Date, Emergency Permission  
CL - Enrollment Date  
EL - Enrollment Date  
KM - Enrollment Date  
OM - Enrollment Date  
CP - Enrollment Date  
MP - Enrollment Date  
MP - Enrollment Date  
JR - Enrollment Date  
LR - Enrollment Date  
PR - Enrollment Date  
SR - Enrollment Date

Agency Action:

**Compliance Plan**

| Suggested<br>Completion<br>Date: | Actual<br>Completion<br>Date: |
|----------------------------------|-------------------------------|
|----------------------------------|-------------------------------|

|            |            |
|------------|------------|
| 11/20/2023 | 12/20/2023 |
|------------|------------|

Status: **Corrected**

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

Corrections To Be Made:

JB - CPR, Training  
EC - CPR, Training  
SE - Sex Offender Registry Check  
BG - Central Registry Check, Sex Offender Registry Check, CPR, Training  
AH - Sex Offender Registry Check, CPR, Training  
JH - CPR, Training  
KJ - CPR, Training  
KS - Sex Offender Registry Check

Agency Action:

**Corrective Action Plan**

| Suggested<br>Completion<br>Date: | Actual<br>Completion<br>Date: |
|----------------------------------|-------------------------------|
|----------------------------------|-------------------------------|

|            |            |
|------------|------------|
| 02/22/2024 | 02/22/2024 |
|------------|------------|

Status: **Corrected**

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>There were 8 providers that did not have documentation of completed orientation training within 90 days after the date of employment.</b>   | <b>Corrective Action Plan</b> |                         |
| <b>Providers shall complete orientation training within 90 days after the date of employment.</b>                                              | Suggested Completion Date:    | Actual Completion Date: |
| <b>None of the providers have completed the required orientation training. A Corrective Action Plan has been implemented with the program.</b> | <b>02/15/2024</b>             | <b>02/22/2024</b>       |
|                                                                                                                                                | Status: <b>Corrected</b>      |                         |

### E. Written Procedures

50. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

|                                                                                                                                               |                            |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| Corrections To Be Made:                                                                                                                       | Agency Action:             |                         |
| <b>An updated emergency preparedness and response plan (EPP) covering all required areas was not available at the time of the inspection.</b> | <b>Compliance Plan</b>     |                         |
| <b>The program will develop a written emergency preparedness and response plan and review the plan with the providers.</b>                    | Suggested Completion Date: | Actual Completion Date: |
| <b>*Correction: a copy of the updated plan was observed and submitted to OLA</b>                                                              | <b>11/30/2023</b>          | <b>12/05/2024</b>       |
|                                                                                                                                               | Status: <b>Corrected</b>   |                         |

|                     |                   |                     |                   |
|---------------------|-------------------|---------------------|-------------------|
| <u>Jane Hoffman</u> | <u>11/07/2023</u> | <u>Rita Trager</u>  | <u>11/07/2023</u> |
| Provider Signature  | Date              | Inspector Signature | Date              |