

# Program Inspection Compliance Plan

Provider's Name: **St. Katherine Drexel School**

City: **Sioux Falls**

Provider Number: **018042355**

Inspector: **Rita Trager**

Date of Inspection: **11/02/2023**

Time of Inspection: **2:17 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

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

### Corrections To Be Made:

AA - Enrollment Date  
EA - Enrollment Date  
JA - Enrollment Date  
EB - Enrollment Date  
EB - Enrollment Date  
AC - Enrollment Date  
CC - Enrollment Date  
GC - Enrollment Date  
CD - Enrollment Date  
TD - Enrollment Date  
NF - Enrollment Date  
HH - Enrollment Date  
RH - Enrollment Date  
HK - Enrollment Date  
OK - Enrollment Date  
CM - Enrollment Date  
AS - Enrollment Date  
CT - Enrollment Date  
ST - Enrollment Date  
LW - Enrollment Date

### Agency Action:

#### Compliance Plan

| Suggested<br>Completion<br>Date: | Actual<br>Completion<br>Date: |
|----------------------------------|-------------------------------|
| <b>11/16/2023</b>                | <b>11/06/2023</b>             |

Status: **Corrected**

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

Corrections To Be Made:

LA - Sex Offender Registry Check, FBI Check, NCIC Check, CPR, Training  
SC - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check  
JD - Training  
AF - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI  
Check, NCIC Check, Out Of State, C A/N Report Statement  
RG - Level II Complete, Training  
ML - Out Of State  
AM - Orientation Complete, CPR, Training

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**11/17/2023**

Actual  
Completion  
Date:

**12/05/2023**

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:

**One staff needs documentation of completion of Level I orientation.**

**\*Correction: The orientation training certificates have been provided to the Office of Licensing and Accreditation.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**11/16/2023**

Actual  
Completion  
Date:

**11/30/2023**

Status: **Corrected**

## 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:

**Emergency preparedness plan to be updated and documentation submitted to Office of Licensing and Accreditation.**

**\*Correction: the updated emergency preparedness plan received.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**11/16/2023**

Actual  
Completion  
Date:

**11/06/2023**

Status: **Corrected**

**Amanda Friedline**  
\_\_\_\_\_  
Provider Signature

**11/03/2023**  
\_\_\_\_\_  
Date

**Rita Trager**  
\_\_\_\_\_  
Inspector Signature

**11/03/2023**  
\_\_\_\_\_  
Date