

Program Inspection Compliance Plan

Provider's Name: **Discovery Learning Center South**

City: **Sioux Falls**

Provider Number: **018042657**

Inspector: **Brooke Flemmer**

Date of Inspection: **01/19/2024**

Time of Inspection: **9:47 AM**

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

B. Provider Practices

11. Are children ever punished by any type of physical discipline; verbal abuse; humiliating punishment; restriction of movement; isolating the child in an area where they cannot be seen or supervised; withholding or forcing of meals, snacks, naps, or outdoor time; punishment for a lapse in toilet training; demanding excessive rest or physical exercise; use of substances such as soap, pepper, or hot sauce; or delegating discipline to other children in care? 67:42:17:41 Note: A provider may not utilize prohibited discipline techniques with their own child in care while working at the program.

<p>Corrections To Be Made:</p> <p>A provider used inappropriate discipline with a child in care.</p> <p>All providers must use discipline methods as outlined in ARSD 67:42:17:41.</p> <p>Correction: The program addressed the discipline requirements with all providers. The program staff have a clear understanding of appropriate discipline methods as outlined in ARSD 67:42:17:41.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">01/19/2024</td> <td style="text-align: center;">01/19/2024</td> </tr> </table> <p>Status: Corrected Immediately</p>	Suggested Completion Date:	Actual Completion Date:	01/19/2024	01/19/2024
Suggested Completion Date:	Actual Completion Date:				
01/19/2024	01/19/2024				

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:	Agency Action:	
Written consent to administer a medication was not obtained from each child's parent.	Compliance Plan	
Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.	Suggested Completion Date:	Actual Completion Date:
	01/22/2024	01/24/2024
Correction: Written consent to administer a medication was obtained from each child's parent.	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:	Agency Action:	
There were medications at the program that were not returned to the parent when no longer needed.	Compliance Plan	
All medication must be returned to the parent when no longer needed or expired.	Suggested Completion Date:	Actual Completion Date:
	01/26/2024	01/23/2024
Correction: All medication that was no longer needed was returned to the parents.	Status: Corrected	

22. Does the provider report to the Department of Health when a child in care contracts a communicable disease and follow their recommendations? 67:42:17:24

Corrections To Be Made:	Agency Action:	
The program did not report to the Department of Health when a child in the program contracted a communicable disease.	Compliance Plan	
If any child in the program contracts a communicable disease, the provider must notify the Department of Health. The program provider shall follow the Department of Health's recommendations for addressing a situation involving a communicable disease.	Suggested Completion Date:	Actual Completion Date:
	01/19/2024	01/19/2024
Correction: The program will report to the Department of Health when a child in the program contracts a communicable disease and will follow their recommendations for addressing the situation.	Status: Corrected Immediately	

**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:	Agency Action:	
CB - Emergency Contact, Emergency Permission, Immunization Records	Compliance Plan	
CB - Emergency Permission, Immunization Records	Suggested Completion Date:	Actual Completion Date:
DB - Emergency Permission	02/06/2024	02/09/2024
OC - Emergency Contact, Emergency Permission, Immunization Records	Status: Corrected	
JD - Emergency Permission		
JD - Emergency Permission, Immunization Records		
LF - Emergency Permission		
LG - Immunization Records		
GH - Immunization Records		
MH - Immunization Records		
HK - Immunization Records		
EN - Immunization Records		
KN - Emergency Contact, Immunization Records		
WS - Immunization Records		
HT - Enrollment Date		

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

Corrections To Be Made:	Agency Action:	
BB - Orientation Complete	Compliance Plan	
JB - Orientation Complete, CPR	Suggested Completion Date:	Actual Completion Date:
AC - Level II Complete	02/06/2024	02/20/2024
AC - CPR, Training	Status: Corrected	
KC - CPR		
JK - Out Of State		
JS - C A/N Report Statement, Level II Complete, CPR		

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:	
Not all providers and assistants completed orientation training within 90 days after their date of employment.	Compliance Plan	
All providers shall, within ninety days after the date of employment, complete and obtain documentation of orientation training.	Suggested Completion Date:	Actual Completion Date:
Correction: All providers completed and obtained documentation of orientation training.	02/01/2024	01/24/2024
	Status: Corrected	

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:	
At the time of the inspection, not all providers and provider assistants were knowledgeable on the emergency preparedness and response plan and procedures.	Compliance Plan	
A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment.	Suggested Completion Date:	Actual Completion Date:
Correction: The program's emergency preparedness and response plan was reviewed with all providers.	01/26/2024	01/24/2024
	Status: Corrected	

Lissa Hoxsie

Provider Signature

01/23/2024

Date

Brooke Flemmer

Inspector Signature

01/19/2024

Date