

# Program Inspection Compliance Plan

Provider's Name: **La Petite Academy 7694**

City: **Sioux Falls**

Provider Number: **018043043**

Inspector: **Teri Pieters**

Date of Inspection: **03/18/2024**

Time of Inspection: **8:48 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><b>A provider for the two-year-old classroom restricted a child's movement by holding the child's wrist.</b></p> <p><b>The children in care are never punished by restriction of movement.</b></p> <p><b>The director modeled appropriate behavior and explained that a provider should not restrict a child's movement as a form of discipline.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>03/18/2024</b></td> <td style="text-align: center;"><b>03/18/2024</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/18/2024</b>	<b>03/18/2024</b>
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<b>03/18/2024</b>	<b>03/18/2024</b>				

14. For children under one year of age, is the sleep area free of soft objects and bedding including loose blankets, pillows, stuffed animals, bumper pads, sleep positioning devices, bibs, etc.? 67:42:17:26

<p>Corrections To Be Made:</p> <p><b>In the infant two room, a nine-month-old was sleeping on a mat on the floor with a blanket.</b></p> <p><b>For children under one year of age, the sleep environment must be free of soft objects and bedding including loose blankets, pillows, stuffed animals, bumper pads, sleep positioning devices, bibs, etc.</b></p> <p><b>The provider immediately removed the blanket, moved the infant to the crib and placed them on their back to sleep.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>03/18/2024</b></td> <td style="text-align: center;"><b>03/18/2024</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/18/2024</b>	<b>03/18/2024</b>
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<b>03/18/2024</b>	<b>03/18/2024</b>				

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:
<b>The medical authorization forms for two children did not include the end date.</b>	<b>Compliance Plan</b>
<b>The written medical authorization form needs to include the child's name, name of medication and the dates, times, and dosage of the medication to be administered.</b>	Suggested Completion Date: <b>03/29/2024</b>
<b>The provider revised all the medical forms to include the end date.</b>	Actual Completion Date: <b>03/21/2024</b>
	Status: <b>Corrected</b>

**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>PB - Out Of State, CPR</b>	<b>Compliance Plan</b>
<b>EB - CPR</b>	Suggested Completion Date: <b>04/15/2024</b>
<b>RD - Out Of State</b>	Actual Completion Date: <b>03/22/2024</b>
<b>EG - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State</b>	
<b>PG - Out Of State</b>	Status: <b>Corrected</b>
<b>CH - Out Of State</b>	
<b>NJ - Training</b>	
<b>JS - Out Of State</b>	
<b>KS - Out Of State</b>	

Alisha James  
Provider Signature

03/18/2024  
Date

Teri Pieters  
Inspector Signature

03/18/2024  
Date