

# Program Inspection Compliance Plan

Provider's Name: **Graham Academy Preschool**

City: **Sioux Falls**

Provider Number: **018043047**

Inspector: **Teri Pieters**

Date of Inspection: **10/26/2023**

Time of Inspection: **12:06 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

33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

### Corrections To Be Made:

**The provider did not have written care plan for children with known food allergies.**

**The provider must have a written care plan for each child with a food allergy.**

**The provider has provided a written care plan for each child who has a food allergy.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**11/13/2023**

Actual  
Completion  
Date:

**11/13/2032**

Status: **Corrected**

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

### Corrections To Be Made:

**EA - Immunization Records  
RA - Immunization Records  
IA - Immunization Records  
FB - Immunization Records  
IC - Immunization Records  
WC - Immunization Records  
AH - Immunization Records  
YH - Immunization Records  
DH - Information Sheet  
CL - Immunization Records**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**11/13/2023**

Actual  
Completion  
Date:

**11/13/2023**

Status: **Corrected**

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

|                                                                                                   |                            |                         |
|---------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| Corrections To Be Made:                                                                           | Agency Action:             |                         |
| <b>HD - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</b>                         | <b>Compliance Plan</b>     |                         |
| <b>MG - CPR</b>                                                                                   | Suggested Completion Date: | Actual Completion Date: |
| <b>KH - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</b> | <b>11/20/2023</b>          | <b>11/16/2023</b>       |
| <b>JJ - Central Registry Check, C A/N Report Statement, Orientation Complete</b>                  |                            |                         |
| <b>OM - CPR</b>                                                                                   |                            |                         |
|                                                                                                   | Status: <b>Corrected</b>   |                         |

**Madelyn Grogan**  
\_\_\_\_\_  
Provider Signature

**11/28/2023**  
\_\_\_\_\_  
Date

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

**11/28/2023**  
\_\_\_\_\_  
Date