

Program Inspection Compliance Plan

Provider's Name: **Care at Axtell**

City: **Sioux Falls**

Provider Number: **018043063**

Inspector: **Chandra VanHout**

Date of Inspection: **11/08/2023**

Time of Inspection: **9:54 AM**

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

<p>Corrections To Be Made:</p> <p>One child in care with a known food allergy did not have a written plan.</p> <p>Children in care with known food allergies shall have a detailed treatment plan.</p> <p>The program obtained a written treatment plan.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;">11/22/2023</td> <td style="text-align: right;">11/21/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/22/2023	11/21/2023
Suggested Completion Date:	Actual Completion Date:				
11/22/2023	11/21/2023				

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

<p>Corrections To Be Made:</p> <p>JA - Immunization Records</p> <p>LB - Immunization Records</p> <p>NF - Immunization Records</p> <p>KG - Immunization Records</p> <p>HK - Emergency Contact, Immunization Records</p> <p>SR - Immunization Records</p> <p>CT - Immunization Records</p> <p>HT - Emergency Permission</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;">12/08/2023</td> <td style="text-align: right;">12/29/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/08/2023	12/29/2023
Suggested Completion Date:	Actual Completion Date:				
12/08/2023	12/29/2023				

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

Corrections To Be Made:

JB - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State
NE - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State
KK - Level II Complete
KM - Out Of State

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

12/08/2023

12/27/2023

Status: **Corrected**

Maci Howard

Provider Signature

11/08/2023

Date

Chandra VanHout

Inspector Signature

11/08/2023

Date