Program Inspection
Compliance Plan

Provider's Name:	**Hayward Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043137**
Inspector:	**Rita Trager**	Date of Inspection:	**07/10/2024**	Time of Inspection:	**8:19 AM**

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

B. Provider Practices

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 was not obtained from a child's parent to adminster a prescription medication. The consent is to include the child's name, name of medication and the dates, times and dosage of the medication to be adminsitered. **Medication authorization to be obtained and submitted to the Office of Licensing and Accreditation (OLA)** ***Correction: Medication authorization was obtained and a copy was provided to OLA**	**Compliance Plan** Suggested Completion Date: **07/15/2024** Status: **Corrected**	Actual Completion Date: **06/27/2024**

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider 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:	Agency Action:	
Two children in care do not have written plans including 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. **Written allergy plans need to be submitted for two chidren to Office of Licensing and Accreditation (OLA).** ***Correction: Copies of the written allergy plans were sbumitted to OLA.**	**Compliance Plan** Suggested Completion Date: **07/15/2024** Status: **Corrected**	Actual Completion Date: **06/27/2024**

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

Corrections To Be Made:	Agency Action:	
BF - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Orientation Complete, Training **TS - Central Registry Check** **SW - Training**	**Compliance Plan** Suggested Completion Date: **08/10/2024** Status: **Corrected**	Actual Completion Date: **08/07/2024**

Kindyehafty Etherington	**06/25/2024**	**Rita Trager**	**06/25/2024**
Provider Signature	Date	Inspector Signature	Date