# Program Inspection
# Compliance Plan

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|---|---|---|---|---|---|
| Provider's Name: | **JFK Elementary CLC** | City: | **Sioux Falls** | Provider Number: | **018043138** |
| Inspector: | **Rita Trager** | Date of Inspection: | **07/10/2024** | Time of Inspection: | **9:30 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 form to adminster prescription medication is expired for one child.**<br><br>**The medication consent form to be updated.**<br><br>***Correction: updated form received.** | **Compliance Plan** | |
| | Suggested Completion Date: | Actual Completion Date: |
| | **07/15/2024** | **08/22/2024** |
| | 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: | |
|---|---|---|
| **Medication was not returned to parents when expired.**<br><br>**Expired medication to be returned to parents.**<br><br>***Correction: expired epi pen has been returned to parents.** | **Compliance Plan** | |
| | Suggested Completion Date: | Actual Completion Date: |
| | **07/15/2024** | **08/22/2024** |
| | Status: **Corrected** | |

## 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:

**Three children in care do not have written instructions regarding steps to be taken to avoid food allergens.**

**Written plans to be obtained for children requiring an allergy plan and submitted to Office of Licensing and Accreditation.**

***Correction: written plans have been received.**

Agency Action:

**Compliance Plan**

| Suggested Completion Date: | Actual Completion Date: |
|---|---|
| **07/15/2024** | **08/22/2024** |

Status: **Corrected**

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

Corrections To Be Made:

**MD - Emergency Contact**
**IO - Emergency Contact**

Agency Action:

**Compliance Plan**

| Suggested Completion Date: | Actual Completion Date: |
|---|---|
| **07/15/2024** | **08/22/2024** |

Status: **Corrected**

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

Corrections To Be Made:

**BD - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**
**JE - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**
**AE - Sex Offender Registry Check, FBI Check, DCI Check**
**EH - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**
**PM - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**
**TN - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**
**MP - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**

Agency Action:

**Compliance Plan**

| Suggested Completion Date: | Actual Completion Date: |
|---|---|
| **08/10/2024** | **09/04/2024** |

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: | |
|---|---|---|
| **All providers and assistants to be knowledgeable on the emergency preparedness and response plan and procedures. (EPP)**<br><br>**Site coordinator to review EPP and evacuation plan with all staff and date of review provided to Office of Licensing and Accreditation.**<br><br>***Correction: Date of review provided to OLA.** | **Compliance Plan**<br><br>Suggested Completion Date:<br>**07/15/2024**<br><br>Status: **Corrected** | Actual Completion Date:<br>**08/22/2024** |

| **Krista Keairra** | **06/25/2024** | **Rita Trager** | **06/25/2024** |
|---|---|---|---|
| Provider Signature | Date | Inspector Signature | Date |