Program Inspection
Compliance Plan

Provider's Name:	**Oscar Howe Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043139**
Inspector:	**Rita Trager**	Date of Inspection:	**09/23/2024**	Time of Inspection:	**2:10 PM**

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:

Three children need to have medication authorization forms completed appropriately and corrections submitted to Office of Licensing and Accreditation.

***Correction: forms have been updated and submitted to OLA**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/30/2024	**09/26/2024**

Status: **Corrected**

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

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

Corrections To Be Made:

One child's form does not have required parent signature.

Signed form to be submitted to OLA

***Correction: signed form submitted.**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/30/2024	**09/26/2024**

Status: **Corrected**

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

Corrections To Be Made:	Agency Action:	
EB - Sex Offender Registry Check **LB - Training** **LD - Central Registry Check** **DI - Central Registry Check, Sex Offender Registry Check** **NS - CPR, Training**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	10/18/2024	**10/15/2024**
	Status: **Corrected**	

Lauren Dralle	**09/24/2024**	**Rita Trager**	**09/18/2024**
Provider Signature	Date	Inspector Signature	Date