

# Program Inspection Compliance Plan

Provider's Name: **Harvey Dunn Elementary CLC** City: **Sioux Falls**

Provider Number: **018043148**

Inspector: **Brooke Flemmer** Date of Inspection: **09/05/2023**

Time of Inspection: **3:03 PM**

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

## A. Staff-Child Ratio and Supervision of Children

1. Is the staff to child ratio maintained at all times, including during indoor and outdoor play? 67:42:17:21  
Note : Ratio is 1 staff to every 5 children age birth up to 3 years; 1 staff to every 10 children ages 3 and 4 years; and 1 staff to every 15 children 5 years and over.

### Corrections To Be Made:

**At the time of the inspection, there was 40 children in a room with 2 providers.**

**Correction: An additional provider came into the classroom to meet the ratio of 1 staff to every 15 children.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**09/05/2023**

Actual  
Completion  
Date:

**09/05/2023**

Status: **Corrected Immediately**

2. For a program licensed to serve more than 20 children , is the ratio for the mixed age group maintained? 67:42:17:22 Note: In a mixed age group where there are three or more children under the age of three, a ratio of 5 children to 1 staff must be maintained. In all other mixed age group circumstances, the staff to child ratio is based on the age range of the majority of children in the group.

### Corrections To Be Made:

**In spaces where there were more than 20 children, providers were not able to identify which children each provider is responsible to supervise.**

**Correction: The program developed a method to ensure primary care was given in spaces where there are more than 20 children.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**09/12/2023**

Actual  
Completion  
Date:

**09/19/2023**

Status: **Corrected**

## 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:             |                         |
| <b>At the time of the inspection, there was not written consent obtained from each child's parent before administering medication that included the dates and times medication is to be administered.</b> | <b>Compliance Plan</b>     |                         |
| <b>Correction: Written consent was obtained from each child's parent before administering medication that included the dates and times medication is to be administered.</b>                              | Suggested Completion Date: | Actual Completion Date: |
|                                                                                                                                                                                                           | <b>09/12/2023</b>          | <b>09/20/2023</b>       |
|                                                                                                                                                                                                           | Status: <b>Corrected</b>   |                         |

## 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:                                                                                                                                                                                                                                  | Agency Action:             |                         |
| <b>At the time of the inspection, there was not a written prevention plan for the known food allergy that included steps to be taken to avoid the food.</b>                                                                                              | <b>Compliance Plan</b>     |                         |
| <b>Correction: A written plan was created that includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child with a known food allergy has an allergic reaction.</b> | Suggested Completion Date: | Actual Completion Date: |
|                                                                                                                                                                                                                                                          | <b>09/27/2023</b>          | <b>09/19/2023</b>       |
|                                                                                                                                                                                                                                                          | Status: <b>Corrected</b>   |                         |

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

Corrections To Be Made:

CA - Emergency Permission  
KA - Emergency Permission  
PA - Emergency Permission  
BB - Emergency Permission  
LB - Emergency Permission  
LB - Emergency Permission  
NB - Emergency Permission  
AH - Emergency Permission  
MH - Emergency Permission  
AL - Emergency Contact  
DL - Emergency Permission  
NL - Emergency Permission  
AM - Emergency Permission  
NN - Emergency Permission  
EP - Emergency Contact  
JS - Emergency Permission  
JT - Emergency Permission

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**09/27/2023**

Actual  
Completion  
Date:

**09/27/2023**

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:

**At the time of the inspection, not all providers and provider assistants were knowledgeable on the emergency preparedness and response plan.**

**Correction: All providers and provider assistants are knowledgeable on the emergency preparedness and response plan.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**09/27/2023**

Actual  
Completion  
Date:

**09/19/2023**

Status: **Corrected**

**Kyle Hoffman**

Provider Signature

**09/08/2023**

Date

**Brooke Flemmer**

Inspector Signature

**09/05/2023**

Date