Program Inspection
Compliance Plan

Provider's Name:	**Susan B Anthony Elementary CLC**	City:	**Sioux Falls**	Provider Number:	**018043152**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**09/06/2023**	Time of Inspection:	**3:09 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

4. Are individual room capacities maintained, which was determined during the floor plan review? In spaces where there are more than 20 children, can the providers identify which children each provider is responsible to supervise? 67:42:17:19 Note: When room capacity does not align with the ratio requirements, a maximum of three additional children may be included in the room capacity as long as the ratios are maintained.

Corrections To Be Made:	Agency Action:	
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.**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	09/12/2023	**09/26/2023**
	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:	
At the time of the inspection, there was not written consent obtained to administer a child's epi pen from the child's parent. Additionally, there was not written consent obtained before administering medication that included the dates and time of the medication to be administered. **Correction: Written consent was obtained to administer a child's epi pen from the child's parent. Additionally, written consent was obtained before administering medication that included the dates and time of the medication to be administered.**	**Compliance Plan** Suggested Completion Date: **09/12/2023** Status: **Corrected**	Actual Completion Date: **09/29/2023**

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:	
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. **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.**	**Compliance Plan** Suggested Completion Date: **09/27/2023** Status: **Corrected**	Actual Completion Date: **09/29/2023**

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

Corrections To Be Made:

EA - Emergency Permission
FB - Emergency Permission
JB - Emergency Permission
ED - Emergency Permission
HD - Emergency Permission
PD - Emergency Permission
NE - Emergency Permission
WF - Emergency Permission
CG - Emergency Permission
AH - Emergency Permission
CH - Emergency Permission
EH - Emergency Permission
IH - Emergency Permission
SH - Emergency Permission
TH - Emergency Permission
TJ - Emergency Permission
SK - Emergency Permission
BL - Emergency Permission
CL - Emergency Permission
EL - Emergency Permission
EM - Emergency Permission
EM - Emergency Permission
WM - Emergency Permission
LP - Emergency Permission
JW - Emergency Permission
SZ - Emergency Permission

Agency Action:

Compliance Plan

Suggested Completion Date: **09/27/2023**

Actual Completion Date: **09/29/2023**

Status: **Corrected**

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

Corrections To Be Made:

ST - Out Of State

Agency Action:

Compliance Plan

Suggested Completion Date: **09/27/2023**

Actual Completion Date: **09/20/2023**

Status: **Corrected**

Kyle Hoffman	**09/08/2023**	**Brooke Flemmer**	**09/06/2023**
Provider Signature	Date	Inspector Signature	Date