

Date Issued	March 13, 2025	Status	Closed
Provider Name	Westside Preschool & Daycare Inc.		
Provider ID	000097016		
Provider Address	3500 Canyon Lake Dr, Rapid City, SD 57702, USA		
Provider Contact	Paige Paulson		

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

### Compliance Plan Action #1

**Administrative Rule:**

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

- (1) The employee's name and date of birth;
- (2) The dates on which the employee began and ended employment;
- (3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
- (4) A statement that:
  - (4a) Defines child abuse and neglect;
  - (4b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
  - (4c) Is signed by the employee; and
- (5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

**Summary of Non-Compliance Finding:**

Three employee records are missing required information.

- HH - background check needs to be updated
- CP - background check needs to be updated
- AS - out of state background check must be completed

**Corrections to be Made:**

Staff records must be updated and verification must be sent to the Office of Licensing and Accreditation.

**Corrections Made:**

Staff records were updated and OLA received verification that items had been corrected.

**Anticipated Completion Date:**  
March 28, 2025

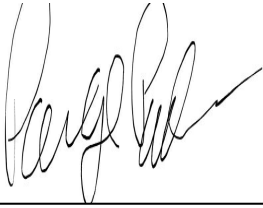
**Date Completed:**  
April 01, 2025

**Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.**

Paige Paulson

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

March 13, 2025

Date

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**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Tina Uecker

Printed Name of DSS Staff

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3/6/2025, 9:06:22 AM  
Signature of DSS Staff:

March 06, 2025

Date

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