

Date Issued	April 11, 2025	Status	Closed
Provider Name	DUNNICK, CAMILLE		
Provider ID	013003872		
Provider Address	1016 N Prairie Ave, Sioux Falls, SD 57104, USA		
Provider Contact	CAMILLE DUNNICK		

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:**

67:42:17:42

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

- (1) The child's name and date of birth;
- (2) The parent or guardian's name and telephone number;
- (3) An emergency contact name and telephone number;
- (4) Parental permission for emergency medical treatment;
- (5) The names of individuals authorized to pick up the child;
- (6) Health information, including any allergies or special needs;
- (7) A current immunization record or, for a school-age program, the name of the child's school;
- (8) Parental permission for medication;
- (9) The child's attendance records;
- (10) The date of the child's enrollment; and
- (11) The date on which the child's enrollment ends.

The provider shall annually review and update each record required under this section, and make the child's record available to the department, upon request.

**Summary of Non-Compliance Finding:**

Some children in care do not have the required information in their files.

**Corrections to be Made:**

Four children did not have current immunization records. Two children need permission for emergency medical care. Six children need names of person authorized to pick children up added to their application. Documentation of updates to be provided to the Office of Licensing and Accreditation

**Corrections Made:**

Copies of immunization records and updated forms were received on 04-09-2025.

**Anticipated Completion Date:**

April 21, 2025

**Date Completed:**

April 10, 2025

### Compliance Plan Action #2

**Administrative Rule:**

67:42:17:43

A provider shall have:

- (1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
- (2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;
- (3) A written procedure for communication and reunification with parents; and
- (4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment. Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

**Summary of Non-Compliance Finding:**

A provider shall practice lock down procedures at least twice each calendar year. Provider only completed one lock down drill.

**Corrections to be Made:**

Provider to complete a lock down drill and documentation to be provided to Office of Licensing and Accreditation.

**Corrections Made:**

A lockdown drill was completed on 04-01-2025

**Anticipated Completion Date:**

April 21, 2025

**Date Completed:**

April 10, 2025

**Compliance Plan Action #3**

**Administrative Rule:**

67:42:17:37

Center and school-age programs operating outside of a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:05 and 61:15:06. School-age programs operating in a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:01, 61:15:02, and 61:15:07.

A family day care home must have the following fire safety measures in place:

- (1) A working smoke detector must be located on each level of the home;
- (2) A fully charged, portable fire extinguisher, with a minimum 2A rating, as identified on the extinguisher label, must be kept in or within fifteen feet of the kitchen or food preparation area;
- (3) A carbon monoxide detector must be installed, according to the manufacturer's instructions, if a fuel burning appliance is present in the home;
- (4) Each level of the home must have at least two remote exits that shall remain clear of obstructions. One of these exits must be a standard-sized door, and the other may be either a standard-sized door or an unobstructed, operable window, having at least five square feet of openable space, with a minimum width of twenty inches and a minimum height of twenty-four inches; and
- (5) Whenever a portable space heater, a wood burning stove, or a fireplace is in use, the heater, stove, or fireplace must be inaccessible to children.

**Summary of Non-Compliance Finding:**

A working smoke detector must be located on each level of the home. There is no smoke detector on the lower level of

the home.

**Corrections to be Made:**

A working smoke detector to be installed on the lower level of the home. Documentation of installation to be provided to the Office of Licensing and Accreditation

**Corrections Made:**

04-01-2025 An operating smoke detector has been installed on the lower level of the home.

**Anticipated Completion Date:**  
April 21, 2025

**Date Completed:**  
April 01, 2025

**Compliance Plan Action #4**

**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:**

The provider did not have documentation of current CPR certification.

**Corrections to be Made:**

Documentation of current hands-on certification of CPR to be provided to the Office of Licensing and Accreditation.

**Corrections Made:**

04-01-2025 Provider sent updated CPR documentation.

**Anticipated Completion Date:**  
April 21, 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.**

Camille Dunnick

---

Printed Name of Provider/Agency Contact



4/10/2025, 11:34:56 AM

---

Signature of Provider/Agency Contact

March 21, 2025

---

Date

---

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

Rita Trager

---

Printed Name of DSS Staff



3/21/2025, 11:08:11 AM

---

Signature of DSS Staff:

March 21, 2025

---

Date