

Date Issued	April 04, 2025	Status	Closed
Provider Name	ST ELIZABETH SETON CHILD CARE		
Provider ID	016523547		
Provider Address	2101 City Springs Rd Suite 100, Rapid City, SD 57702, USA		
Provider Contact	Jana Thies		

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:**

Two employee records were missing the required information.

**Corrections to be Made:**

Program will need to obtain the missing information for the employee records and submit to the Office of Licensing & Accreditation.

**Corrections Made:**

Program submitted to the Office of Licensing & Accreditation the missing employee record information.

**Anticipated Completion Date:**

March 20, 2025

**Date Completed:**

March 20, 2025

### Compliance Plan Action #2

**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:**

Two child records were missing emergency contact name and telephone number, and names of individuals authorized to pick up the child.

**Corrections to be Made:**

Program will need to obtain the emergency contact name and telephone number, and the names of individuals authorized to pick up the child for the two child records that are missing this required information. Program will need to submit verification to the Office of Licensing & Accreditation.

**Corrections Made:**

Program submitted to the Office of Licensing & Accreditation the missing information for the two child records.

**Anticipated Completion Date:**

March 20, 2025

**Date Completed:**

March 11, 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.**

Jana Thies

Printed Name of Provider/Agency Contact

\_\_\_\_\_  
Signature of Provider/Agency Contact

April 04, 2025

\_\_\_\_\_  
Date

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

Andrea Neff

Printed Name of DSS Staff

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3/6/2025, 9:54:48 AM

Signature of DSS Staff:

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March 06, 2025

Date

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