

Date Issued	April 01, 2025	Status	Closed
Provider Name	SUNNYSIDE DAYCARE		
Provider ID	011517588		
Provider Address	1408 N Harrison Ave, Pierre, SD 57501, USA		
Provider Contact	Katie Big Eagle		

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:

67:42:17:17

All providers shall, within ninety days after the date of employment, complete and obtain documentation of orientation training in the following areas:

- (1) Prevention and control of infectious diseases;
- (2) Prevention of sudden infant death syndrome and the use of safe sleep practices, if infant care is provided;
- (3) Administration of medication;
- (4) Prevention of and response to an emergency due to food allergies and other allergic reactions;
- (5) Building and physical premises safety;
- (6) Prevention of shaken baby syndrome and abusive head trauma, if infant care is provided;
- (7) Emergency preparedness and response planning for an emergency resulting from a natural disaster or man-caused event;
- (8) Handling and storage of hazardous materials and the appropriate disposal of biological contaminants;
- (9) Precautions in transporting a child, if the program provides transportation;
- (10) Recognition and reporting of child abuse and neglect;
- (11) Pediatric first aid;
- (12) Pediatric cardiopulmonary resuscitation; and
- (13) Child development.

Before a provider may care for children without supervision, the provider must complete orientation training in each of the areas listed in this section.

Summary of Non-Compliance Finding:

One staff member did not completed Orientation training within 90 days of employment.

Corrections to be Made:

Orientation training will be completed by the one staff member.

Corrections Made:

Orientation training verification has been received.

Anticipated Completion Date:
April 01, 2025

Date Completed:
April 07, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:46

A provider shall complete pediatric first aid training every five years and maintain documentation of the training. A provider must be certified in pediatric cardiopulmonary resuscitation. The certification must include a hands-on skills test. A provider shall work under supervision until the provider has completed the training required by this section. The supervisor shall have completed their pediatric first aid training and be certified in pediatric cardiopulmonary resuscitation.

Summary of Non-Compliance Finding:

There are four staff members who need CPR certification.

Corrections to be Made:

The staff members are scheduled for CPR certification on 3/20/25.

Corrections Made:

Verification has been received.

Anticipated Completion Date:

April 01, 2025

Date Completed:

April 07, 2025

Compliance Plan Action #3**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:

There are three children that need updated vaccinations.

Corrections to be Made:

The three children will receive updated vaccinations.

Corrections Made:

Verification has been received.

Anticipated Completion Date:

Date Completed:

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.

Daphne Thompson

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

April 01, 2025

Date

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

Sarah Deakins

Printed Name of DSS Staff



3/26/2025, 1:40:27 PM

Signature of DSS Staff:

March 19, 2025

Date