

Date Issued	March 28, 2025	Status	Closed
Provider Name	MITCHELL CHRISTIAN EARLY LEARNING		
Provider ID	014511763		
Provider Address	805 W 18th Ave, Mitchell, SD 57301, USA		
Provider Contact	Sarah Lieber		

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:**

67:42:17:06

A provider shall, within twenty-four hours, report to the department.

- (1) A change of address;
- (2) Any major change in the operation or ownership of the program;
- (3) A change in the household size or composition;
- (4) Damage to or a change in the condition of the facility or home;
- (5) An investigation of the provider or a program employee, by the Division of Child Protection Services or law enforcement, concerning any allegation of:
  - (5a) Child abuse or neglect; or
  - (5b) Any action that may prohibit the provider or employee from meeting background check eligibility requirements;
- (6) Any injury to a child that requires medical attention or dental care; and
- (7) The death of a child, if related to a serious injury that occurred on the premises of the child care program.

**Summary of Non-Compliance Finding:**

The program was not reporting all required incidents within 24 hours to the Office of Licensing & Accreditation (OLA).

**Corrections to be Made:**

The program needs to report serious injuries that require medical attention within 24 hours to OLA.

**Corrections Made:**

The program was advised of the requirement and agreed to assure compliance going forward.

**Anticipated Completion Date:**

April 28, 2025

**Date Completed:**

April 28, 2025

### Compliance Plan Action #2

**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:**

Information was incomplete for five staff files.

**Corrections to be Made:**

Missing information must be completed with a month.

**Corrections Made:**

Verification of missing information was received.

**Anticipated Completion Date:**

April 27, 2025

**Date Completed:**

May 16, 2025

**Compliance Plan Action #3**

**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:**

Verification of completed orientation training completed within 90 days of hire was not available for four staff.

**Corrections to be Made:**

Missing orientation training topics must be completed within a month.

**Corrections Made:**

Verification of completed training was received.

**Anticipated Completion Date:**

April 27, 2025

**Date Completed:**

May 16, 2025

**Compliance Plan Action #4**

**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:**

Information was incomplete for eight child records.

**Corrections to be Made:**

Missing information must be obtained within a month.

**Corrections Made:**

Verification of completed information was received.

**Anticipated Completion Date:**

April 27, 2025

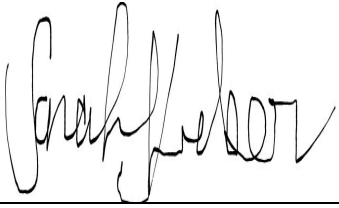
**Date Completed:**

April 28, 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.**

Sarah Lieber

Printed Name of Provider/Agency Contact



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

\_\_\_\_\_  
March 28, 2025

Date

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

\_\_\_\_\_  
Deb Bigge

Printed Name of DSS Staff



3/28/2025, 10:05:14 AM

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Signature of DSS Staff:

\_\_\_\_\_  
March 28, 2025

Date