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|------------------|---|--------|--------|
| Date Issued      | May 21, 2025                                    | Status | Closed |
| Provider Name    | LIVERMONT, ALYSIA                               |        |        |
| Provider ID      | 018042806                                       |        |        |
| Provider Address | 1012 N Richmond Cir, Sioux Falls, SD 57103, USA |        |        |
| Provider Contact | ALYSIA LIVERMONT                                |        |        |

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:**

At the time of inspection, an assistant's record containing all required criteria was not available.

**Corrections to be Made:**

The provider will ensure all required criteria for the assistant is obtained.

**Corrections Made:**

The provider submitted current documentation of all required criteria for the assistant on 5/19/2025.

**Anticipated Completion Date:**  
May 29, 2025

**Date Completed:**  
May 23, 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.

Alysia Livermont

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

May 21, 2025

Date

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

Morgan Jensen

Printed Name of DSS Staff

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Signature of DSS Staff:

May 08, 2025

Date

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5/8/2025, 3:24:25 PM