

Date Issued	May 15, 2025	Status	Closed
Provider Name	STEPPING STONES CHILD CARE		
Provider ID	010274633		
Provider Address	310 S Arthur St, Pierre, SD 57501, USA		
Provider Contact	Mary Pease		

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:**

67:42:17:13

All child care providers, program employees age fourteen and older, and family day care household members age eighteen and older, shall meet federal background check requirements. An individual may not provide care, or work in a child care setting, if the individual's background check reveals:

- (1) A crime that indicates harmful behavior towards children;
- (2) A crime of violence, as defined in SDCL 22-1-2, or in a similar statute from another state;
- (3) A sex crime pursuant to SDCL chapters 22-22 or 22-24A, SDCL 22-22A-3, or similar statutes from another state;
- (4) A felony conviction for domestic abuse, physical assault, battery, kidnapping, or arson;
- (5) Any other felony conviction, within the preceding five years; or
- (6) A substantiated report of child abuse or neglect.

A family day care provider may not provide care in the provider's home, if any household member's background check reveals any item listed in this section. A background check is required at least once every five years.

**Summary of Non-Compliance Finding:**

Four employees under the age of 18 need a complete background check.

**Corrections to be Made:**

The four employees will submit a new background check within a week.

**Corrections Made:**

Verification of completed background checks has been received by OLA.

**Anticipated Completion Date:**  
May 22, 2025

**Date Completed:**  
May 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:**

There was one child record that needed updated immunizations. And one child record that needed missing parental permission for emergency medical treatment.

**Corrections to be Made:**

Verification of current immunizations for one child and verification of parental permission for emergency medical treatment for another child will be submitted to OLA.

**Corrections Made:**

Verification of the required information has been submitted to OLA.

**Anticipated Completion Date:**

May 28, 2025

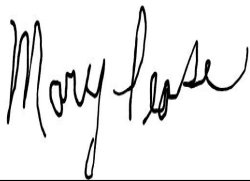
**Date Completed:**

June 12, 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.**

Mary Pease

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

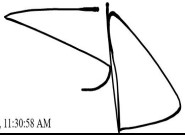
May 15, 2025

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



5/15/2025, 11:30:58 AM

Signature of DSS Staff:

May 15, 2025

Date