

Date Issued	June 06, 2025	Status	Closed
Provider Name	TROJAN LEARNING CENTER		
Provider ID	014512570		
Provider Address	407 N 1st St, Parkston, SD 57366, USA		
Provider Contact	Jada Jensen		

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:

67:42:17:21

A center or school-age program must maintain the following ratios:

- (1) Five children to one staff for children up to three years of age;
- (2) Ten children to one staff for children three through four years; and
- (3) Fifteen children to one staff for children five years and over.

Children of program employees must be included in determining the children to staff ratio.

Summary of Non-Compliance Finding:

The program was not meeting ratio requirements at the start of the inspection around 7:30 a.m. and during afternoon outdoor play.

Corrections to be Made:

The correct ratio must be maintained at all times. The program director was advised of the requirement to maintain the correct ratio at all times and will assure that all providers are aware of the ratio requirements.

Corrections Made:

Ratio requirements were reviewed with providers during a staff meeting on 06/13/25 and parents were advised to notify the program of schedule changes which would impact morning drop-off times.

Anticipated Completion Date:
June 11, 2025

Date Completed:
June 13, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:38

The following must be inaccessible to a child:

- (1) Firearms;

- (2) Pellet guns, BB guns, and cap guns;
- (3) Matches and lighters;
- (4) Tobacco products;
- (5) Choking and strangulation hazards;
- (6) Items capable of being pulled or tipped onto a child;
- (7) A platform measuring more than thirty inches above ground level, unless surrounded by a railing that is at least thirty-six inches tall with no more than five inches between openings; and
- (8) Other hazardous condition as identified by the department.

The department may direct a provider to remove or correct a hazardous condition or circumstance not covered in this chapter, if the department considers the conditions or circumstances to have the potential to cause injury or illness to the children in care.

Summary of Non-Compliance Finding:

Children were allowed in the food preparation area while breakfast was being prepared.

Corrections to be Made:

Children must not be allowed in the kitchen or other food preparation areas. Providers preparing food during the inspection were immediately notified of the requirement and the program director was advised to assure all providers are aware that children are not allowed in the food preparation areas.

Corrections Made:

Providers were advised that children are not allowed in the food preparation areas during a staff meeting on 06/13/25.

Anticipated Completion Date:
June 11, 2025

Date Completed:
June 13, 2025

Compliance Plan Action #3

Administrative Rule:

67:42:17:19

Maximum group sizes are determined by individual room capacity and all space used must be approved for care by the department.

The provider shall ensure the number of children in care at any given time does not exceed the capacity identified on the license. Children of program employees must be included in the group size.

The provider shall ensure children to staff ratios are maintained in all settings, including large indoor and outdoor space; in spaces where more than twenty children are allowed, providers shall identify which children each provider is responsible to supervise; and when room capacity does not align with the ratio requirements, a maximum of three additional children may be included in the room capacity as long as ratios are maintained.

Summary of Non-Compliance Finding:

The room capacities were not maintained for two rooms during the inspection.

Corrections to be Made:

Room capacities determined during the floorplan reviewed must be maintained at all times. Providers are to receive training on room capacities and the schedule should be modified as needed to assure the room capacities are not exceeded.

Corrections Made:

Providers were advised of the room capacities and requirement to maintain approved capacities during a staff meeting on 06/13/25.

Anticipated Completion Date:
June 11, 2025

Date Completed:
June 13, 2025

Compliance Plan Action #4

Administrative Rule:

67:42:17:30

Providers shall post a weekly menu that indicates meals and snacks to be served that week.

Summary of Non-Compliance Finding:

The weekly menu does not include the afternoon snack.

Corrections to be Made:

All meals and snacks served are to be posted.

Corrections Made:

Verification of a posted menu that includes meals and snacks was received.

Anticipated Completion Date:
June 11, 2025

Date Completed:
June 10, 2025

Compliance Plan Action #5

Administrative Rule:

67:42:17:29

A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Summary of Non-Compliance Finding:

A child with a known food allergy did not have an allergy plan on file.

Corrections to be Made:

An allergy plan must be completed.

Corrections Made:

Verification of a completed allergy plan was received.

Anticipated Completion Date:
June 11, 2025

Date Completed:
July 08, 2025

Compliance Plan Action #6

Administrative Rule:

67:42:17:22

A program that serves twenty or fewer children, and routinely operates a mixed age group, shall meet a ratio of ten children to one staff. Each provider may care for a maximum of four children under the age of two, with no more than two children under the age of one.

A center program that serves more than twenty children in a mixed age group, must:

- (1) Maintain a ratio of five children to one staff, if the group includes three or more children under the age of three; and
- (2) In all other circumstances, maintain the children to staff ratio that is based on the age range of the majority of children in the group.

Children of program employees must be included in determining the children to staff ratio.

Summary of Non-Compliance Finding:

The program was not meeting the required ratios for mixed age groupings at the start of the inspection.

Corrections to be Made:

The required ratios for mixed age groupings must be maintained at all times.

Corrections Made:

Providers were advised of mixed age grouping ratio requirements during a staff meeting on 06/13/25.

Anticipated Completion Date:

June 11, 2025

Date Completed:

June 13, 2025

Compliance Plan Action #7

Administrative Rule:

67:42:17:43

A provider shall have:

- (1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
- (2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;
- (3) A written procedure for communication and reunification with parents; and
- (4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment.

Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

Summary of Non-Compliance Finding:

One of each emergency drill was completed in 2024; no drills have been completed within the past 12 months. Providers are not trained on all parts of the emergency preparedness plan.

Corrections to be Made:

A fire, tornado/shelter-in-place, and a lockdown drill must be completed by 06/30/25. All providers must be trained on the emergency preparedness plan so that drills can be completed by 06/30/25.

Corrections Made:

Verification of completed drills and training was received.

Anticipated Completion Date:
June 30, 2025

Date Completed:
July 23, 2025

Compliance Plan Action #8

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 needed for 16 child files. Some child records were not reviewed/updated in the past year.

Corrections to be Made:

Required information must be obtained as needed. The child records must be reviewed and updated annually.

Corrections Made:

Verification of child file corrections was received.

Anticipated Completion Date:
June 27, 2025

Date Completed:
July 22, 2025

Compliance Plan Action #9

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:
 - (a) Defines child abuse and neglect;
 - (b) 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
 - (c) 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 needed for 3 provider records.

Corrections to be Made:

Required information must be obtained as needed.

Corrections Made:

Verification of completed information was received.

Anticipated Completion Date:
June 27, 2025

Date Completed:
July 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.

Jada Jensen

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 06, 2025

Date

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

Deb Bigge

Printed Name of DSS Staff



6/4/2025, 1:27:12 PM

Signature of DSS Staff:

June 04, 2025

Date