
Date Issued _____ Status Closed

Provider Name KID'S CROSSING DAYCARE CENTER

Provider ID 018042391

Provider Address 6101 S Mogen Ave Unit 5, Sioux Falls, SD 57108, USA

Provider Contact Jennifer Bauchspiess

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:

67:42:17:16

The files and records of a provider are confidential. A child’s records, photographs, and information about a child or the child’s family may not be shared or publicly posted, unless the parent signs a consent form. Nothing in this section prevents licensing specialists, child protective services, or law enforcement from accessing the files and records of a provider or family information.

Summary of Non-Compliance Finding:

During a complaint investigation conducted by the Office of Licensing & Accreditation, it was determined that a provider posted a photo of an enrolled child on a social media platform without obtaining parental permission.

Corrections to be Made:

The director will review the confidentiality regulation and the center’s confidentiality policy with the provider. The provider will also watch the “Confidentiality” training video provided by the Office of Licensing and Accreditation. Once these steps are completed, documentation of completion must be submitted to the Office of Licensing and Accreditation.

Corrections Made:

The director reviewed the confidentiality regulation and the program’s policy with the provider. The provider submitted a written statement confirming that the regulation and policy were reviewed. Additionally, the director will review the confidentiality policy with all staff during their upcoming staff meeting.

Anticipated Completion Date:
August 15, 2025

Date Completed:
August 04, 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.

Keisha Kenner

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

August 04, 2025

Date

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

Rita Trager

Printed Name of DSS Staff



8/4/2025, 8:53:03 AM

Signature of DSS Staff:

August 04, 2025

Date