
Date Issued	August 06, 2025	Status	Closed
Provider Name	<u>LA PETITE ACADEMY 7694</u>		
Provider ID	<u>018043043</u>		
Provider Address	<u>5115 S Cliff Ave, Sioux Falls, SD 57108, USA</u>		
Provider Contact	<u>Sam Ammick</u>		

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:

67:42:17:32

All walls, ceilings, floors, and equipment must be easily cleanable, kept clean, and in good repair. Heating and cooling systems must maintain a temperature between sixty-five degrees Fahrenheit and seventy-five degrees Fahrenheit. For a child care center and school-age program, all heating and cooling systems must be inspected annually, by a certified technician.

Food preparation areas, including tables and countertops, must be made of a smooth, nonporous material, kept clean and sanitized, be free of cracks, and be in good repair. Center and school-age programs, in which more than twenty children are cared for, must provide a ventilation hood over all cooking areas. The hood must be appropriate for the type of appliance and intended use, as required in § 61:15:01:01.

Summary of Non-Compliance Finding:

During a complaint investigation conducted by the Office of Licensing & Accreditation, it was found that mold was present in the following classrooms: Infant 1, Infant 2, Twos 1, Toddler 2, Preschool 1, and Preschool 2.

Corrections to be Made:

The children have been moved to different classrooms until the mold is completely removed. Repairs will be carried out according to the plan provided by the service technician.

Corrections Made:

The program provided evidence of the repairs completed in accordance with the plan provided by the service technician.


Anticipated Completion Date:
September 10, 2025

Date Completed:
September 03, 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.

Samantha Amick

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

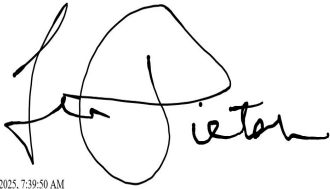
August 06, 2025

Date

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

Teri Pieters

Printed Name of DSS Staff



8/7/2025, 7:39:50 AM

Signature of DSS Staff:

August 07, 2025

Date