

Date Issued	September 22, 2025	Status	Closed
Provider Name	IHNEN, SUE		
Provider ID	018042366		
Provider Address	1209 E 28th St, Sioux Falls, SD 57105, USA		
Provider Contact	SUE IHNEN		

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:

67:42:17:18

All providers must obtain annual training in the topic areas identified in 45 C.F.R. § 98.41, in effect on September 30, 2016, or as identified by the department. Training must be documented and relevant to the provider's position as determined by the department. Training may include on-site or online classes. Pediatric cardiopulmonary resuscitation renewal may not be included in annual training.

Each director and provider of center and school-age programs counted in staff-child ratios shall complete ten hours of annual training.

Each provider of family day care counted in staff-child ratios shall complete six hours of annual training.

Orientation training hours qualify as annual training hours for each provider in the year the training was completed.

Every five years, all providers shall complete additional, advanced training in each of the training areas listed in § 67:42:17:17.

Summary of Non-Compliance Finding:

At the time of the inspection, the provider did not have documentation of training completed in 2024.

Corrections to be Made:

Documentation of completed training hours to be provided to the Office of Licensing and Accreditation.

Corrections Made:

On 09-22-25 Documentation of training hours was received by the Office of Licensing and Accreditation.

Anticipated Completion Date:

September 30, 2025

Date Completed:

September 22, 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:

At the time of the inspection, three children were missing current immunization records.

Corrections to be Made:

Documentation of current immunization records to be provided to the Office of Licensing and Accreditation.

Corrections Made:

09-26-25 Documentation of all shots received by this date.

Anticipated Completion Date:
September 30, 2025

Date Completed:
September 26, 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.

Susan Ihnen

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

September 22, 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



9/10/2025, 1:15:09 PM

Signature of DSS Staff:

September 10, 2025

Date
