# COMPLIANCE PLAN OFFICE OF LICENSING & ACCREDITATION



Date Issued August 01, 2025 Status Closed

Provider Name CALVARY KIDS CLUB

Provider ID 019525350

Provider Address 2407 Broadway Ave, Yankton, SD 57078, USA

Provider Contact Marissa Thompson

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:**

67:42:17:15

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:**

Incomplete or updated information was needed for 11 provider files.

## **Corrections to be Made:**

Verification of completed information must be submitted.

## **Corrections Made:**

Verification of completed information was received.

**Anticipated Completion Date:** 

**Date Completed:** 

# **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:**

Updated information is needed for two child records.

## **Corrections to be Made:**

Required information must be obtained.

## **Corrections Made:**

Verification of completed information was received.

## **Anticipated Completion Date:**

August 13, 2025

**Date Completed:** 

September 15, 2025

# **Compliance Plan Action #3**

## **Administrative Rule:**

67:42:17:17

All providers shall, within ninety days after the date of employment, complete and obtain documentation of orientation training in the following areas:

- (1) Prevention and control of infectious diseases;
- (2) Prevention of sudden infant death syndrome and the use of safe sleep practices, if infant care is provided;
- (3) Administration of medication;
- (4) Prevention of and response to an emergency due to food allergies and other allergic reactions;
- (5) Building and physical premises safety;

- (6) Prevention of shaken baby syndrome and abusive head trauma, if infant care is provided;
- (7) Emergency preparedness and response planning for an emergency resulting from a natural disaster or man-caused event:
- (8) Handling and storage of hazardous materials and the appropriate disposal of biological contaminants;
- (9) Precautions in transporting a child, if the program provides transportation;
- (10) Recognition and reporting of child abuse and neglect;
- (11) Pediatric first aid;
- (12) Pediatric cardiopulmonary resuscitation; and
- (13) Child development.

Before a provider may care for children without supervision, the provider must complete orientation training in each of the areas listed in this section.

# **Summary of Non-Compliance Finding:**

Three providers did not have verification of orientation training completed within 90 days of hire.

## **Corrections to be Made:**

Remaining orientation training topics must be completed and submitted.

#### **Corrections Made:**

Verification of completed training was received.

## **Anticipated Completion Date:**

August 30, 2025

Date Completed:

September 25, 2025

#### **Compliance Plan Action #4**

#### **Administrative Rule:**

67:42:17:45

The following requirements apply to the transportation of a child:

- (1) A parent or guardian shall provide written permission for the transportation of their child;
- (2) The vehicle may not carry more people than its passenger capacity, as stated on the label affixed to the vehicle under 49 C.F.R. Parts 567 and 568, in effect on March 9, 2022;
- (3) The required staff-child ratio must be maintained when children are being transported;
- (4) The driver must be at least eighteen years of age and have a driver license to operate the vehicle being driven;
- (5) When a child is being transported in a vehicle other than a bus, the child must be restrained in a car seat, booster seat, or seat belt appropriate for the child's weight and age; and
- (6) Proof of liability insurance must be provided to the department, upon request, for any vehicle used for transporting children.

## **Summary of Non-Compliance Finding:**

Verification of current vehicle insurance was not available at the time of inspection.

## **Corrections to be Made:**

Corrections Made:		
Verification of current coverage was received.		
Anticipated Completion Date: August 06, 2025	<b>Date Completed:</b> August 06, 2025	
Your signature below certifies you have read corrections to be compliant with the identified		e findings and agree to make
Marisa Thompson		
Printed Name of Provider/Agency Contact		
MAN		August 01, 2025
Signature of Provider/Agency Contact		Date
The Department of Social Services, Office of plan.  Deb Bigge	Licensing and Accreditation has rev	iewed and accepted the above
Printed Name of DSS Staff		
Leb Bigge		July 31, 2025
Signature of DSS Staff:		Date

Verification of current insurance coverage is needed.