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Date Issued	September 26, 2025	Status	Closed
Provider Name	<u>SIOUXLAND Y PRESCHOOL AND ASC</u>		
Provider ID	<u>018042973</u>		
Provider Address	<u>1150 Northshore Dr, North Sioux City, SD 57049, USA</u>		
Provider Contact	<u>Abigail Schultz</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:**

67:42:17:44

All toxic or hazardous substances must be:

- (1) Inaccessible to children;
- (2) Used according to manufacturer's instructions;
- (3) Stored in the original or other labeled container; and
- (4) Disposed of according to manufacturer recommendations.

Bio-contaminants must be handled and disposed of properly.

Soiled diapers must be changed promptly, in a designated area, on a non-porous surface. The diaper changing area must be clean and disinfected with a sanitizing solution approved by the department. Soiled diapers must be kept in a leakproof, nonabsorbent container that is covered with a tight-fitting lid.

**Summary of Non-Compliance Finding:**

At the time of the inspection, bottles of bleach and disinfectant were found on the bottom shelf of the unlocked closet next to the doorway in the room with 4-5 year olds.

**Corrections to be Made:**

Cleaning supplies to be made inaccessible to the children. Documentation to be provided to the Office of Licensing and Accreditation.

**Corrections Made:**

A child proof lock was observed on the cabinet during a monitoring visit on 09-30-2025.

**Anticipated Completion Date:**  
October 03, 2025

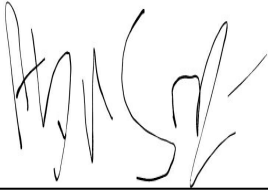
**Date Completed:**  
September 30, 2025

**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.**

Abigail Schultz

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

September 26, 2025

Date

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

Printed Name of DSS Staff

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Signature of DSS Staff:

Date

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