

|                  |  |        |        |
|------------------|--|--------|--------|
| Date Issued      | September 09, 2025                         | Status | Closed |
| Provider Name    | Little Learners Childcare                  |        |        |
| Provider ID      | 1607970653                                 |        |        |
| Provider Address | 1105 Beach Ave, Dell Rapids, SD 57022, USA |        |        |
| Provider Contact | Amy Meyer                                  |        |        |

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:**

67:42:17:43

A provider shall have:

- (1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
- (2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;
- (3) A written procedure for communication and reunification with parents; and
- (4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment.

Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

**Summary of Non-Compliance Finding:**

During inspection, an emergency preparedness and response plan had not been developed.

**Corrections to be Made:**

The provider will ensure that an emergency preparedness and response plan is maintained.

**Corrections Made:**

The provider submitted documentation showing the emergency preparedness and response plan was obtained.

**Anticipated Completion Date:**  
September 26, 2025

**Date Completed:**  
September 26, 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 inspection, several children did not have current immunizations, one child did not have parental permission of emergency medical care, and two children did not have child information forms available.

### **Corrections to be Made:**

The provider will ensure that all required documentation is maintained for each child in care.

### **Corrections Made:**

The provider submitted all required documentation for each child.

**Anticipated Completion Date:**

September 26, 2025

**Date Completed:**

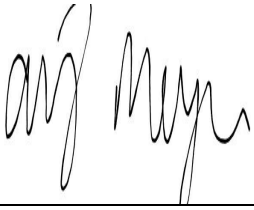
September 26, 2025

**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.**

Amy Meyer

---

Printed Name of Provider/Agency Contact



\_\_\_\_\_  
Signature of Provider/Agency Contact

September 09, 2025

\_\_\_\_\_  
Date

---

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

Morgan Giraldo

\_\_\_\_\_  
Printed Name of DSS Staff



9/5/2025, 3:00:27 PM

\_\_\_\_\_  
Signature of DSS Staff:

September 05, 2025

\_\_\_\_\_  
Date