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|------------------|--|--------|--------|
| Date Issued      | October 20, 2025                               | Status | Closed |
| Provider Name    | <u>KNUTSON, SARAH</u>                          |        |        |
| Provider ID      | <u>016532453</u>                               |        |        |
| Provider Address | <u>507 South St, Rapid City, SD 57701, USA</u> |        |        |
| Provider Contact | <u>SARAH KNUTSON</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:**

67:42:17:37

Center and school-age programs operating outside of a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:05 and 61:15:06. School-age programs operating in a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:01, 61:15:02, and 61:15:07.

A family day care home must have the following fire safety measures in place:

- (1) A working smoke detector must be located on each level of the home;
- (2) A fully charged, portable fire extinguisher, with a minimum 2A rating, as identified on the extinguisher label, must be kept in or within fifteen feet of the kitchen or food preparation area;
- (3) A carbon monoxide detector must be installed, according to the manufacturer's instructions, if a fuel burning appliance is present in the home;
- (4) Each level of the home must have at least two remote exits that shall remain clear of obstructions. One of these exits must be a standard-sized door, and the other may be either a standard-sized door or an unobstructed, operable window, having at least five square feet of openable space, with a minimum width of twenty inches and a minimum height of twenty-four inches; and
- (5) Whenever a portable space heater, a wood burning stove, or a fireplace is in use, the heater, stove, or fireplace must be inaccessible to children.

**Summary of Non-Compliance Finding:**

The program had a carbon monoxide detector however it was not operational.

**Corrections to be Made:**

A carbon monoxide detector must be installed and operational. Verification must be submitted to the Office of Licensing and Accreditation once completed.

**Corrections Made:**

Provider sent in pictures of the carbon monoxide detector with replacement batteries.

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

**Date Completed:**  
September 26, 2025

## Compliance Plan Action #2

### **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:**

Program was not using a bleach solution to sanitize diaper changing pad.

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

A bleach solution must be used to clean the diaper changing pad. Program must submit a statement to the Office of Licensing and Accreditation stating understanding of compliance.

### **Corrections Made:**

The program sent in a picture of the bleach water solution. Provider understands that bleach must be used to sanitize the diaper changing station.

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

**Date Completed:**  
September 26, 2025

## Compliance Plan Action #3

### **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:**

Provider did not have verification of 6 hours of annual training.

Provider did not have verification of hands-on CPR certification.

**Corrections to be Made:**

Provider must submit verification of 2 additional hours of training to the Office of Licensing and Accreditation.

A hands-on CPR verification must be obtained and verification must be submitted to the Office of Licensing and Accreditation.

**Corrections Made:**

Provider completed CPR and uploaded a copy of her current certification.

Provider completed 2 additional hours of training and submitted verification to the Office of Licensing and Accreditation.


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

**Date Completed:**  
October 20, 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.**

Sarah knutson

Printed Name of Provider/Agency Contact

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

September 24, 2025  
\_\_\_\_\_  
Date

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

Tina Uecker

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Printed Name of DSS Staff

A handwritten signature in black ink, consisting of several fluid, connected strokes.

10/20/2025, 11:52:37 AM

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Signature of DSS Staff:

October 20, 2025

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Date