COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	September 12, 2025	Status	Closed
Provider Name	LITTLE TYKES UNIVERSITY - BISON		
Provider ID	018043051		
Provider Address	3210 E Bison Trail, Sioux Falls, SD 57108, USA		
Provider Contact	Corri D. Poore		

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:

67:42:17:26

A nap mat, blanket, or other sleep surface, other than the floor, for children over one year of age must be available for each child during nap time.

A sleep surface must be maintained in good repair.

A provider shall follow the safe sleep practices contained in **Caring for Our Children: National Health and Safety Performance Standards, 4th Edition**, for infants under the age of one.

Summary of Non-Compliance Finding:

During inspection, an infant was observed to be sleeping in a bouncer seat.

At the time of inspection, an infant was observed to be wearing a bib while sleeping.

Two staff members were not knowledgeable on safe sleep practices.

Corrections to be Made:

The provider will ensure all infants are moved to a safe sleep environment immediately.

The provider will ensure that all safe sleep practices outlined in Caring for Our Children are adhered to.

The provider will ensure all employees are knowledgeable about safe sleep practices for children under one year of age.

Corrections Made:

The provider moved the sleeping infant to a safe sleep environment immediately upon request.

The provider immediately removed the bib from the sleeping infant upon request.

The staff members involved received additional training on safe sleep practices.

Anticipated Completion Date:
July 15, 2025

Date Completed:
July 23, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:47

A child care provider shall immediately report any suspected abuse or neglect of a child to child protective services, law enforcement, or the States Attorney's office, and cooperate fully in the investigation of any incident.

Summary of Non-Compliance Finding:

During the inspection, a staff member was not knowledgeable about their role of immediately reporting any suspicions of child abuse or neglect.

Corrections to be Made:

The provider will ensure all staff are trained and knowledgeable about mandatory reporting of suspected child abuse and neglect.

Corrections Made:

The program conducted training for all staff on the mandatory reporting of suspected child abuse and neglect during a staff meeting on 06/27/2025.

Anticipated Completion Date:
September 12, 2025

Date Completed:
June 27, 2025

Compliance Plan Action #3

Administrative Rule:

67:42:17:29

A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Summary of Non-Compliance Finding:

At the time of inspection, a written allergy care plan was not available for a child with a known food allergy.

Corrections to be Made:

The provider will ensure that a written allergy care plan for the child with a known food allergy is obtained.

Corrections Made:

The provider submitted a written allergy care plan for the child with a known food allergy.

Anticipated Completion Date:
September 12, 2025

Date Completed:
September 19, 2025

Compliance Plan Action #4

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 the inspection, current documentation of two annual evacuation, shelter-in-place, and lockdown procedures were not available.

Corrections to be Made:
The provider will ensure that current documentation of two annual evacuation, shelter-in-place, and lockdown procedures is obtained.

Corrections Made:
The provider submitted documentation of the emergency drills and moving forward, the provider will ensure that emergency drill documentation is maintained and readily available on site.

Anticipated Completion Date:	**Date Completed:**
September 12, 2025	September 12, 2025

Compliance Plan Action #5

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:

Children's records were provided after the inspection, all files were missing permission for emergency medical treatment, two children were missing immunizations, and two children were missing health and family information.

Corrections to be Made:

The provider will ensure that all required information is obtained for each child's file. Moving forward, the provider will also ensure that child records are kept onsite and available for review during the annual inspection.

Corrections Made:

Verification for all children's records was submitted.

Anticipated Completion Date:	**Date Completed:**
September 12, 2025	September 19, 2025

Compliance Plan Action #6

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:

Staff files were provided after the inspection, and several staff were missing information such as orientation, background

check results, ongoing annual training, signed child abuse and neglect statements, etc.

Corrections to be Made:

The provider will ensure that all required information is obtained for each employee's file. Moving forward, the provider will also ensure that employee records are kept onsite and available for review during the annual inspection.

Corrections Made:

As verification of compliance was not submitted to the Office of Licensing & Accreditation by the designated completion date, a corrective action plan has been implemented.

Anticipated Completion Date:	**Date Completed:**
September 12, 2025	September 19, 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.

Corri D. Poore
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

September 12, 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

9/15/2025, 10:49:38 AM
Signature of DSS Staff:

September 15, 2025
Date