

|                  |                                              |        |        |
|------------------|----------------------------------------------|--------|--------|
| Date Issued      | October 29, 2025                             | Status | Closed |
| Provider Name    | KIDSTOP                                      |        |        |
| Provider ID      | 018042497                                    |        |        |
| Provider Address | 401 S Spring Ave, Sioux Falls, SD 57104, USA |        |        |
| Provider Contact | Kathy Martens                                |        |        |

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:**

67:42:17:42

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:**

During inspection, the names of three children were missing from the emergency medical care permission, and four children did not have an authorized person(s) to pick-up.

**Corrections to be Made:**

The provider will ensure that all required information for the children is obtained.

**Corrections Made:**

Verification of compliance was submitted.

**Anticipated Completion Date:**  
November 05, 2025

**Date Completed:**  
October 27, 2025

## Compliance Plan Action #2

### **Administrative Rule:**

67:42:17:46

A provider shall complete pediatric first aid training every five years and maintain documentation of the training. A provider must be certified in pediatric cardiopulmonary resuscitation. The certification must include a hands-on skills test.

A provider shall work under supervision until the provider has completed the training required by this section. The supervisor shall have completed their pediatric first aid training and be certified in pediatric cardiopulmonary resuscitation.

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

At the time of inspection, one provider did not have current CPR certification on file.

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

The provider will ensure that documentation of the employee's CPR certification is obtained.

### **Corrections Made:**

The provider submitted verification of the employee's CPR.

**Anticipated Completion Date:**

November 05, 2025

**Date Completed:**

October 22, 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.**

Kathy Martens

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

October 27, 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

*Myra Gault*

10/16/2025, 1:26:20 PM

Signature of DSS Staff:

October 16, 2025

Date