South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
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Corrective Action Plan

Date Issued September 19, 2025 Status In Process

Provider Name	LITTLE TYKES UNIVERSITY-FIREHOUSE42
Provider Type	Child Care
License #	1772453530
Provider Address	315 S Whitewood Cir, Sioux Falls, SD 57107, USA
Provider Contact	Corri D. Poore , Hillary Turner

The following administrative rules have been found to be out of compliance. A corrective action plan is required to bring the provider into compliance. Continued non-compliance could lead to revocation of your license.

Corrective Action Plan #1

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:

During the inspection conducted on June 23, 2025, it was found that one employee record did not contain verification of required annual training completed in 2024. To date, verification of completed hours of annual training has not been received for the employee.

Corrective Action:

The employee will complete training that will apply toward the required ten hours for the 2024 training year. These hours will not be applied toward the 2025 annual training requirement

Supporting Evidence:

To verify compliance with the 2024 annual training requirements, copies of training certificates will be submitted by October 10th, 2025.

How Maintained:

Provider files will be reviewed upon hire and annually to ensure all required documentation, including annual training, is on file.

Position Responsible:	Expected Completion Date:	Date Completed:
Corri Poore	October 10, 2025	October 30, 2025

Corrective Action Plan #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:

During the inspection conducted on June 23, 2025, it was found that one child's record did not contain verification of current immunizations. To date, verification of current immunizations for the child has not been received.

Corrective Action:

The provider will obtain the child's current immunization record, which will be maintained in the child's record.

Supporting Evidence:

The provider will submit verification of the child's current immunization record to the Office of Licensing & Accreditation by October 10, 2025.

How Maintained:

Child records will be reviewed annually to ensure all required documentation, including current immunization records, are on file.

Position Responsible:	Expected Completion Date:	Date Completed:
Corri Poore	October 10, 2025	September 22, 2025

SIGNATURES

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

Provider Name

Signature of Provider

September 29, 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

9/22/2025, 1:38:20 PM

Signature of DSS Staff:

September 22, 2025

Date

COMPLETION DETAILS

COMPLETION DATE:

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Printed Name of DSS Staff

Signature of DSS Staff:

Date