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|------------------|------------------------------------------------|--------|--------|
| Date Issued      | November 04, 2025                              | Status | Closed |
| Provider Name    | HOLY CROSS PRESCHOOL/EXTENDED CARE             |        |        |
| Provider ID      | 018042555                                      |        |        |
| Provider Address | 1300 S Sertoma Ave, Sioux Falls, SD 57106, USA |        |        |
| Provider Contact | Tricia Murphy                                  |        |        |

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:**

67:42:17:33

A provider shall meet the following requirements regarding bathrooms:

- (1) Bathroom facilities must be easily accessible by children and providers;
- (2) Hot water for faucets normally used by children in care may not exceed one hundred twenty degrees Fahrenheit;
- (3) Toilets and hand sinks must be kept clean and in good repair; and
- (4) For child care centers and school-age programs:
  - (a) All bathrooms must have natural or mechanical ventilation;
  - (b) Separate bathrooms must be available for males and females;
  - (c) Ratios for toilet and hand sinks must align with the minimum standards for plumbing and plumbing systems published by the plumbing commission.

Except in a family day care, hand sinks must be in the same room, or an unobstructed room adjacent to the diaper changing area. A handwashing sink used after diapering and toileting may not be used for food preparation.

**Summary of Non-Compliance Finding:**

The water temperature at a hand sink used by children measured above 120 degrees.

**Corrections to be Made:**

Hot water for faucets normally used by children in care may not exceed one hundred twenty degrees Fahrenheit.

**Corrections Made:**

The water temperature at the hand sinks used by children was turned down to measure at or below 120 degrees.

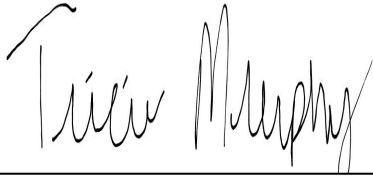
**Anticipated Completion Date:**  
November 14, 2025

**Date Completed:**  
November 04, 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.**

Tricia Murphy

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

November 04, 2025

Date

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

Brooke Flemmer

Printed Name of DSS Staff



11/3/2025, 8:43:43 AM

Signature of DSS Staff:

November 03, 2025

Date