

Date Issued	October 24, 2025	Status	Closed
Provider Name	VAN WYK, SAMMI		
Provider ID	016598106		
Provider Address	1108 E Oakland St, Rapid City, SD 57701, USA		
Provider Contact	SAMMI VAN WYK		

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:**

67:42:17:40

A pet, while permitted in the presence of children receiving care, must be current with its vaccinations, and have clean and sanitary living areas, at all times.

A pet with a history of aggressive behavior, which poses a risk to the safety of children, must be confined and kept away from children.

**Summary of Non-Compliance Finding:**

Provider did not have current pet vaccinations available during inspection.

**Corrections to be Made:**

Provider will need to obtain current pet vaccinations and submit to the Office of Licensing & Accreditation.

**Corrections Made:**

Provider submitted current pet vaccinations to the Office of Licensing & Accreditation.

**Anticipated Completion Date:**

November 06, 2025

**Date Completed:**

November 05, 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:**

Provider's bleach solution was not strong enough to disinfected and sanitize.

**Corrections to be Made:**

Provider will need to make a bleach solution using bleach with at least a 5.25% chlorine and follow the guidelines for a bleach sanitizer approved by the Office of Licensing & Accreditation.

**Corrections Made:**

Provider made a bleach solution using bleach with at least a 5.25% chlorine and is following the guidelines for a bleach sanitizer approved by the Office of Licensing & Accreditation.

**Anticipated Completion Date:**  
November 06, 2025

**Date Completed:**  
November 05, 2025

**Compliance Plan Action #3**

**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:**

Provider was missing required child record information for one child.

**Corrections to be Made:**

Provider will need to obtain the missing child record information and submit to the Office of Licensing & Accreditation.

**Corrections Made:**

Provider obtained the missing child information and submitted to the Office of Licensing & Accreditation.

**Anticipated Completion Date:**  
November 06, 2025

**Date Completed:**  
November 05, 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.**

Sammi Van Wyk

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

October 24, 2025

Date

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

Andrea Neff

Printed Name of DSS Staff



Signature of DSS Staff:

October 23, 2025

Date

10/23/2025, 2:49:47 PM