

Date Issued	January 14, 2026	Status	Closed
Provider Name	Savannah Klein		
Provider ID	1326730143		
Provider Address	325 N Plum St, Vermillion, SD 57069, USA		
Provider Contact	Savannah Klein		

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:

67:42:17:25

All equipment, utensils, kitchenware, dining tables, and food contact surfaces of equipment must be washed, rinsed, and sanitized after each meal. Toys capable of being placed in a child's mouth must be cleaned and sanitized daily, using a solution approved by the department.

All providers, program employees, and children shall wash their hands with soap, before preparing food or beverages, eating, handling food, or feeding a child, and after changing a diaper, using the toilet, helping a child use a toilet, or coming into contact with bodily fluid.

Summary of Non-Compliance Finding:

At the time of the inspection, provider was not using approved sanitizing solution for the mouthable toys.

Corrections to be Made:

The appropriate sanitizing solution to be used for the mouthable toys. Documentation to be provided to the Office of Licensing and Accreditation.

Corrections Made:

The provider has purchased the appropriate sanitizing solution and submitted documentation to the Office of Licensing and Accreditation.

Provider will use the approved solution beginning immediately and moving forward.

Anticipated Completion Date:
February 13, 2026

Date Completed:
January 14, 2026

Compliance Plan Action #2

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 the inspection, one child did not have a written care plan for a food allergy.

Corrections to be Made:

A written care plan is to be developed and a copy of the plan provided to the Office of Licensing and Accreditation.

Corrections Made:

A copy of the written plan was received on 01-16-2026.

Anticipated Completion Date:

February 13, 2026

Date Completed:

January 15, 2026

Compliance Plan Action #3

Administrative Rule:

67:42:17:37

Center and school-age programs operating outside of a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:05 and 61:15:06. School-age programs operating in a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:01, 61:15:02, and 61:15:07.

A family day care home must have the following fire safety measures in place:

- (1) A working smoke detector must be located on each level of the home;
- (2) A fully charged, portable fire extinguisher, with a minimum 2A rating, as identified on the extinguisher label, must be kept in or within fifteen feet of the kitchen or food preparation area;
- (3) A carbon monoxide detector must be installed, according to the manufacturer’s instructions, if a fuel burning appliance is present in the home;
- (4) Each level of the home must have at least two remote exits that shall remain clear of obstructions. One of these exits must be a standard-sized door, and the other may be either a standard-sized door or an unobstructed, operable window, having at least five square feet of openable space, with a minimum width of twenty inches and a minimum height of twenty-four inches; and
- (5) Whenever a portable space heater, a wood burning stove, or a fireplace is in use, the heater, stove, or fireplace must be inaccessible to children.

Summary of Non-Compliance Finding:

At the time of the inspection, the egress window in the basement area of the home does not easily open. The provider did not have a 2A fire extinguisher in the food prep area and in addition, the smoke detector on the main level of the home was not operational.

Corrections to be Made:

Egress window to be operational and easily opened.

A 2A fire extinguisher to be available in the food prep area.

The smoke detector on the main level of the home to be operational.

Documentation of corrections to be provided to the Office of Licensing and Accreditation.

Corrections Made:

On 01-14-2026 a 2A fire extinguisher was placed in the food prep area. New batteries have been installed in the smoke detector on the upper level of the home.

On 01-16-2026 the provider submitted a video documenting that the egress window has been repaired and is easily opened and closed.

Anticipated Completion Date:
February 13, 2026

Date Completed:
January 16, 2026

Compliance Plan Action #4

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:

At the time of the inspection, one child needs permission for emergency medical care.
Four children need a date of enrollment for their file.

Corrections to be Made:

Written permission for emergency medical care to be obtained for the child.

Enrollment dates to be provided for the four children.

Documentation of updates to be provided to the Office of Licensing and Accreditation.

Corrections Made:

Documentation of enrollment dates received on 01-13-2026.

Documentation of written permission for emergency medical care received on 01-15-2026.

Anticipated Completion Date:
February 13, 2026

Date Completed:
January 15, 2026

Compliance Plan Action #5

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:

At the time of the inspection, the diaper changing area is not being sanitized with an approved sanitizer.

Corrections to be Made:

Diaper changing area to be sanitized with a solution that is approved by the Office of Licensing and Accreditation. Documentation to be provided to the Office of Licensing and Accreditation,.

Corrections Made:

The provider has purchased the appropriate sanitizer and documentation of purchase has been forward to the Office of Licensing and Accreditation.

The provider will begin using the approved sanitizer beginning immediately and moving forward.

Anticipated Completion Date:

February 13, 2026

Date Completed:

January 14, 2026

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.

Savannah Klein

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

January 14, 2026

Date

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

Rita Trager

Printed Name of DSS Staff



1/13/2026, 1:57:33 PM

Signature of DSS Staff:

January 13, 2026

Date
