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Date Issued	February 05, 2026	Status	Closed
Provider Name	Once Upon a Time		
Provider ID	1418844438		
Provider Address	100 E Cedar St, Brandon, SD 57005, USA		
Provider Contact	Devin Koskan		

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**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:**

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A center or school-age program must maintain the following ratios:

- (1) Five children to one staff for children up to three years of age;
- (2) Ten children to one staff for children three through four years; and
- (3) Fifteen children to one staff for children five years and over.

Children of program employees must be included in determining the children to staff ratio.

**Summary of Non-Compliance Finding:**

During a complaint investigation, it was determined that one staff member was supervising 18 children, ages three to five, in the preschool classroom while the cook was engaged in food preparation and service. Based on the number of children present in this age group, two providers were required.

Additionally, an insufficient number of providers remained on the premises during nap time to ensure required staff-to-child ratios could be maintained in each classroom, if needed, in the event children awoke unexpectedly or an emergency occurred.

**Corrections to be Made:**

The program owners will develop and implement a written plan that outlines a strategic approach for monitoring daily operations to ensure ongoing compliance with required staff-to-child ratios. This plan will include specific procedures for maintaining proper ratios during nap time. A copy of the plan will be submitted to the Office of Licensing & Accreditation (OLA) for review.

**Corrections Made:**

Program administration submitted a plan to OLA to ensure repeated noncompliance does not occur. Additionally, a corrective action plan is currently implemented with the program to address staff-child ratio and the Office of Licensing and Accreditation will continue monitoring.

**Anticipated Completion Date:**

**Date Completed:**

**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.**

Devin Koskan

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

February 05, 2026

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



Signature of DSS Staff:

February 03, 2026

Date

2/3/2026, 12:49:22 PM