

Date Issued December 19, 2025 Status Closed

Provider Name LITTLE STEPS IHANPI CIKCISTINA  
Provider ID 011102332  
Provider Address 456585 Veterans Memorial Dr, Sisseton, SD 57262, USA  
Provider Contact Renae Kampeska

**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:**

67:42:17:42

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:**

Ten child records were missing current immunization records.

**Corrections to be Made:**

The provider will submit current immunization records for the ten child records requiring the updated records.

**Corrections Made:**

Documentation of the current immunization records for the ten child records missing them is on file at the daycare.

**Anticipated Completion Date:**  
December 19, 2025

**Date Completed:**  
January 20, 2026

## Compliance Plan Action #2

### **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:**

- Two staff records need documentation of out of state background checks.
- One staff record is missing topic 8 of the orientation training.
- One staff record is missing documentation of current CPR certification.
- One staff record is missing documentation for Level II Health & Safety Training.

### **Corrections to be Made:**

- Provide documentation of the out of state background eligibility for two staff records.
- Provide documentation of Level 1 topic 8 orientation training certificate for the staff record.
- Provide documentation of CPR for the staff record.
- Provide documentation of Level II Health & Safety Training for the staff record.

### **Corrections Made:**

- Documentation of out of state eligibility is on file for the two staff records missing it.
- Documentation of Level 1 topic 8 orientation training certificate is on file for the staff record missing it.
- Documentation of Level II orientation training is on file for the staff record missing it.
- A corrective action plan has been implemented due to the one staff did not complete the required annual training by initial deadline.

**Anticipated Completion Date:**  
December 19, 2025

**Date Completed:**  
February 10, 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.**

Rena Kampska

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

December 19, 2025

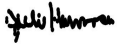
Date

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

Julie Hermansen

Printed Name of DSS Staff



11/20/2025, 1:49:36 PM

Signature of DSS Staff:

November 20, 2025

Date