COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 10, 2026	Status	Closed

Provider Name	LIL' HANDS LIL' FEET, INC.
Provider ID	018042824
Provider Address	601 S Cleveland Ave, Sioux Falls, SD 57103, USA
Provider Contact	Brenda White

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:

67:42:17:15

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:

There was one provider employee record that did not have their 5 year background check complete or their level 2 training completed.

Corrections to be Made:

Provider employee records should include all required information outlined in ARSD 67:42:17:15.

Corrections Made:

The provider completed their level 2 training and 5 year background check.

Anticipated Completion Date:
April 01, 2026

Date Completed:
March 10, 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:

The program did not have a written care plan for a child in care with a known food allergy.

Corrections to be Made:

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.

Corrections Made:

The program obtained a written care plan for a child in care with a known food allergy.

Anticipated Completion Date:
March 20, 2026

Date Completed:
March 10, 2026

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:

One child record did not have current immunization records on file.

Corrections to be Made:

All children records need to include the required information outlined in 67:42:17:42.

Corrections Made:

The child's record was updated to include current immunization records.

Anticipated Completion Date:	**Date Completed:**
April 01, 2026	March 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.

Brenda M White

Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

March 03, 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

3/3/2026, 1:02:54 PM

Signature of DSS Staff:

March 03, 2026

Date