



Corrective Action Plan

Status In Process

Provider Name	Sunni Day's Learning Center
Provider Type	Child Care
License #	1909869795
Provider Address	246 Elm St, Eagle Butte, SD 57625, USA
Provider Contact	Tina Rousseau

Corrective Action Plan #1

A provider shall have:

- (1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
- (2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;
- (3) A written procedure for communication and reunification with parents; and
- (4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment.

Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

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A Program Inspection was conducted by the Office of Licensing and Accreditation (OLA) on March 4, 2026. To date, verification of the required annual emergency preparedness and response drills completed during 2025 has not been received by OLA. Programs are required to conduct two evacuation drills, two shelter-in-place drills, and two lockdown drills annually. Despite multiple attempts by OLA to obtain the required documentation, verification of the required drills has not been provided. As a result, OLA has been unable to verify the program's compliance with emergency preparedness and response planning requirements.

Corrective Action:

- Complete two evacuation drills, two shelter-in-place drills, and two lockdown drills **no later than August 3, 2026**.
- Following completion of each emergency preparedness drill required by August 3, 2026, and each required drill conducted during the subsequent six-month monitoring period, the provider must notify OLA by email, text message, or telephone **within 24 hours** of completing the drill. The notification must include the type of drill conducted and the date and time the drill was completed.
- Maintain a written emergency preparedness drill log documenting all required drills. The log shall be current and available for review by OLA upon request.

Supporting Evidence:

The provider must submit to OLA:

- Documentation verifying completion of two evacuation drills, two shelter-in-place drills, and two lockdown drills by **August 3, 2026**. Documentation must include the type of drill conducted and the date each drill was completed.
- A written emergency preparedness drill log documenting each required drill. The drill log must be maintained onsite and made available for review during future inspections and upon request by OLA.

How Maintained:

The provider will:

- Conduct all required emergency preparedness drills annually in accordance with licensing requirements. This includes two evacuation drills, two shelter-in place drills, and two lockdown drills within the calendar year.
- Maintain an up-to-date emergency preparedness drill log documenting each required drill at the time it is conducted.
- Continue maintaining documentation onsite for review during inspections.

Position Responsible:
Tina Rousseau, owner/director

Expected Completion Date:
August 03, 2026

Date Completed:

Corrective Action Plan #2

Administrative Rule:

67:42:17:07

The owner and director are responsible for the day-to-day operation of the program, including the supervision of staff and compliance with all licensing standards.

Summary of Non-Compliance Finding:

The owner and director are responsible for the day-to-day operation of the program, including ensuring compliance with licensing requirements. Following the Program Inspection conducted on March 4, 2026, OLA made multiple attempts to obtain documentation necessary to verify compliance through telephone calls, text messages, emails, and a certified letter mailed on May 21, 2026. The certified letter was not claimed, and the provider did not respond or submit the requested documentation by the specified deadline. The provider's lack of response prevented OLA from verifying compliance with licensing requirements.

Corrective Action:

- Develop and implement a written procedure by **August 3, 2026**, identifying the individual(s) responsible for monitoring and responding to communications from OLA, including telephone calls, emails, mailed correspondence, and Provider Portal notifications.
- Designate an alternate responsible individual who is authorized to respond to OLA communications when the owner or director is unavailable.
- Respond to all future requests from OLA for information or documentation by the deadline established by OLA or, if no deadline is specified, within five business days.
- Review current contact information on file with OLA and notify OLA within 24 hours of any future changes to the program's mailing address, email address, or telephone number.

Supporting Evidence:

The provider will submit:

- A written communication procedure identifying the individual(s) responsible for responding to OLA communications.
- The name and contact information of the designated alternate responsible individual.
- Written verification that the program's contact information on file with OLA has been reviewed and is current.
- Documentation requested by OLA demonstrating timely responses to licensing requests during the corrective action monitoring period, if requested.

How Maintained:

The provider will:

- Monitor all communication methods regularly during business operations to ensure licensing correspondence is received and addressed promptly.
- Maintain current contact information with OLA at all times.
- Ensure requests from OLA are responded to within required timeframes.
- Periodically review licensing requirements to ensure ongoing compliance with all applicable administrative rules.

Failure to comply with the corrective action plan may result in further licensing action.

Position Responsible:

Tina Rousseau, owner/director

Expected Completion Date:

December 31, 2026

Date Completed:

SIGNATURES

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.

Tina Rousseau

Provider Name



Signature of Provider

July 29, 2026

Date

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

Julie Hermansen

Printed Name of DSS Staff



6/29/2026, 2:54:49 PM

Signature of DSS Staff:

June 29, 2026

Date

COMPLETION DETAILS

COMPLETION DATE:

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Printed Name of DSS Staff

Signature of DSS Staff:

Date

Signature of DSS Staff:

Date