

Date Issued	March 25, 2025	Status	Closed
Provider Name	FIXSEN, KELLI		
Provider ID	011515555		
Provider Address	1246 Silverthorne Cir, Brookings, SD 57006, USA		
Provider Contact	KELLI FIXSEN		

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:

At time of inspection, 2 child files were missing information.

Corrections to be Made:

A provider shall maintain a record for each child that contains required information which 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 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.

Corrections Made:

Verification received that child files now contain all required information.

Anticipated Completion Date:
March 25, 2025

Date Completed:
March 25, 2025

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.

Kelli Fixsen

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 25, 2025

Date

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

Ambuer Jaacks

Printed Name of DSS Staff



3/19/2025, 3:30:12 PM

Signature of DSS Staff:

March 19, 2025

Date