COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 20, 2025	Status	Closed

Provider Name	MANDA'S MUNCHKINS
Provider ID	018042795
Provider Address	124 E Main St, Elk Point, SD 57025, USA
Provider Contact	Amanda Abraham

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:

Four children's records do not have all required information.

Corrections to be Made:

Two children need updated immunization records and two children need names of individuals authorized to pick up children added to their file. Provider to submit updated information to the Office of Licensing and Accreditation by 04/17/25.

Corrections Made:

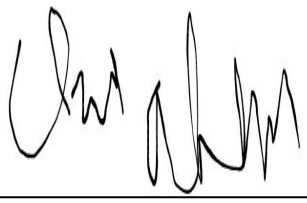
03-20-25 Updated immunization information received for two children and updated contact sheets, including individuals authorized to pick up children received.

Anticipated Completion Date:
April 17, 2025

Date Completed:
March 20, 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.

amanda abraham
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 20, 2025
Date

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

Rita Trager
Printed Name of DSS Staff

3/19/2025, 3:14:46 PM
Signature of DSS Staff:

March 19, 2025
Date