COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	May 06, 2025	Status	Closed

Provider Name	KAUFFMAN, SHAWNDRA
Provider ID	018042254
Provider Address	7611 S Rose Crest Ct, Sioux Falls, SD 57108, USA
Provider Contact	SHAWNDRA KAUFFMAN

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:

67:42:17:27

Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication. The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired. The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

Summary of Non-Compliance Finding:

During the inspection, a child's medication did not have the most current documentation as outlined in ARSD 67:42:17:27.

Corrections to be Made:

The provider will ensure a current medication authorization form is submitted to OLA.

Corrections Made:

The provider submitted current documentation of the child's medication authorization to OLA.

Anticipated Completion Date:	Date Completed:
May 26, 2025	May 12, 2025

Compliance Plan Action #2

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:

During the inspection, not all children's records contained the required criteria as outlined in ARSD 67:42:17:42.

Corrections to be Made:

The provider will ensure that all required criteria as outlined in ARSD 67:42:17:42 are obtained for each child.

Corrections Made:

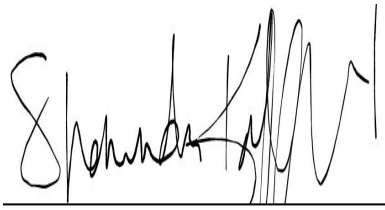
The provider submitted verification of all required criteria for children's records as outlined in ARSD 67:42:17:42.

Anticipated Completion Date:
May 26, 2025

Date Completed:
May 09, 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.

shawndra kauffman
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

May 06, 2025
Date

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

Morgan Jensen
Printed Name of DSS Staff

May 05, 2025

Signature of DSS Staff: Date