

Date Issued	June 12, 2025	Status	Closed
Provider Name	<u>ZELL, MALLORY</u>		
Provider ID	<u>018043126</u>		
Provider Address	<u>48609 254th St, Garretson, SD 57030, USA</u>		
Provider Contact	<u>MALLORY ZELL</u>		

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:
  - (4a) Defines child abuse and neglect;
  - (4b) 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
  - (4c) 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:**

Not all employee records had all the required information outlined in ARSD 67:42:17:15.

**Corrections to be Made:**

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

**Corrections Made:**

All employee records were updated to include the required information outlined in ARSD 67:42:17:15. Verification was provided to the Office of Licensing & Accreditation on 6/11/2025.

**Anticipated Completion Date:**

June 20, 2025

**Date Completed:**

June 12, 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.**

Mallory Zell

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

June 12, 2025

Date

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

Brooke Flemmer

Printed Name of DSS Staff

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Signature of DSS Staff:

June 11, 2025

Date

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6/11/2025, 11:03:07 AM