
Date Issued	June 17, 2025	Status	Closed
Provider Name	<u>MAKHOSICA PTEHINCALA OKHOLAKICHIYE</u>		
Provider ID	<u>016597798</u>		
Provider Address	<u>14 BIA 33, Porcupine, SD 57772, USA</u>		
Provider Contact	<u>Sarah Clifford</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:

67:42:17:42

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:

Program has four child records that are missing required information.

Corrections to be Made:

Program will need to collect the missing items and submit to the Office of Licensing & Accreditation. Program is currently closed for summer and will obtain current records when back in session August 2025.

Corrections Made:

Program submitted the required missing items for three child records to the Office of Licensing & Accreditation. The fourth child is no longer enrolled in the program.

Anticipated Completion Date:

Date Completed:

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.

Sarah Clifford

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 17, 2025

Date

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

Andrea Neff

Printed Name of DSS Staff



6/2/2025, 3:46:24 PM

Signature of DSS Staff:

June 02, 2025

Date