

Date Issued	August 06, 2025	Status	Closed
Provider Name	THE CRAYON BOX II		
Provider ID	014511967		
Provider Address	311 E Brown Ave, Salem, SD 57058, USA		
Provider Contact	Rhonda Mead		

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:

Updated information was needed for one child file.

Corrections to be Made:

Information needed must be obtained.

Corrections Made:

Verification of updated information was received.

Anticipated Completion Date:
August 14, 2025

Date Completed:
August 13, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:17

All providers shall, within ninety days after the date of employment, complete and obtain documentation of orientation training in the following areas:

- (1) Prevention and control of infectious diseases;
- (2) Prevention of sudden infant death syndrome and the use of safe sleep practices, if infant care is provided;
- (3) Administration of medication;
- (4) Prevention of and response to an emergency due to food allergies and other allergic reactions;
- (5) Building and physical premises safety;
- (6) Prevention of shaken baby syndrome and abusive head trauma, if infant care is provided;
- (7) Emergency preparedness and response planning for an emergency resulting from a natural disaster or man-caused event;
- (8) Handling and storage of hazardous materials and the appropriate disposal of biological contaminants;
- (9) Precautions in transporting a child, if the program provides transportation;
- (10) Recognition and reporting of child abuse and neglect;
- (11) Pediatric first aid;
- (12) Pediatric cardiopulmonary resuscitation; and
- (13) Child development.

Before a provider may care for children without supervision, the provider must complete orientation training in each of the areas listed in this section.

Summary of Non-Compliance Finding:

A provider did not complete orientation training within 90 days of hire. The training has since been completed.

Corrections to be Made:

Orientation training must be completed within 90 days of hire.

Corrections Made:

The program director was reminded of the requirement to have all orientation training completed within 90 days of hire and before unsupervised contact with children.

Anticipated Completion Date:

August 14, 2025

Date Completed:

July 31, 2025

Compliance Plan Action #3

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

Information was incomplete for two provider files.

Corrections to be Made:

Required information must be obtained.

Corrections Made:

Verification of completed information was received.

Anticipated Completion Date:

August 31, 2025

Date Completed:

August 27, 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.

Rhonda Mead

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

August 06, 2025

Date

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

Deb Bigge

Printed Name of DSS Staff



8/1/2025, 12:01:15 PM

Signature of DSS Staff:

August 01, 2025

Date
