COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	September 12, 2025	Status	Closed

Provider Name	WIECZOREK, DENISE
Provider ID	018032160
Provider Address	5508 S Chuck Dr, Sioux Falls, SD 57108, USA
Provider Contact	DENISE WIECZOREK

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:

At the time of inspection, one child's record did not contain the child's name on the permission for emergency medical treatment form.

Corrections to be Made:

The provider will ensure that the child's name is added to the permission for emergency medical treatment form.

Corrections Made:

The provider added the child's name to the permission for emergency medical treatment form during the inspection.

Anticipated Completion Date:
September 10, 2025

Date Completed:
September 10, 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.

Denise Wieczorek
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

September 12, 2025
Date

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

Morgan Giraldo
Printed Name of DSS Staff

9/10/2025, 11:25:58 AM
Signature of DSS Staff:

September 10, 2025
Date