

Date Issued	October 31, 2025	Status	Closed
Provider Name	JOHNSON, JULIE		
Provider ID	019002951		
Provider Address	1209 Franklin St, Burke, SD 57523, USA		
Provider Contact	JULIE JOHNSON		

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 the inspection, there were two child record files missing information.

**Corrections to be Made:**

Obtain missing child record information.

**Corrections Made:**

The children have been scheduled to receive updated immunizations with their physician. The current immunization records will be given to the provider following the upcoming appointment.

**Anticipated Completion Date:**  
October 31, 2025

**Date Completed:**  
October 31, 2025

**Compliance Plan Action #2**

**Administrative Rule:**

67:42:17:46

A provider shall complete pediatric first aid training every five years and maintain documentation of the training. A provider must be certified in pediatric cardiopulmonary resuscitation. The certification must include a hands-on skills test.

A provider shall work under supervision until the provider has completed the training required by this section. The supervisor shall have completed their pediatric first aid training and be certified in pediatric cardiopulmonary resuscitation.

**Summary of Non-Compliance Finding:**

At the time of the inspection, the provider's CPR has expired.

**Corrections to be Made:**

Provider is scheduled for their CPR recertification on 10/30/25. A copy of the CPR certification will be submitted to the Office of Licensing & Accreditation following the completion of the course.

**Corrections Made:**

Verification has been received.

**Anticipated Completion Date:**

October 31, 2025

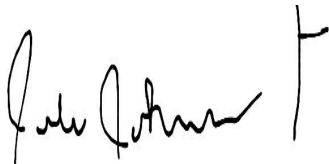
**Date Completed:**

October 31, 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.**

Julie Johnson

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

October 31, 2025

Date

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

Sarah Deakins

Printed Name of DSS Staff



10/31/2025, 10:43:17 AM

Signature of DSS Staff:

October 31, 2025

Date