

Date Issued	November 19, 2025	Status	Closed
Provider Name	<u>Linda Wager</u>		
Provider ID	<u>014510579</u>		
Provider Address	<u>2545 Prairie Eagle Cir, Huron, SD 57350, USA</u>		
Provider Contact	<u>LINDA WAGER</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:**

67:42:17:46

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 and assistant have expired pediatric CPR certification.

**Corrections to be Made:**

The provider and assistant will maintain current pediatric CPR certification.

**Corrections Made:**

Verification has been received.

**Anticipated Completion Date:**  
November 11, 2025

**Date Completed:**  
November 18, 2025

### Compliance Plan Action #2

**Administrative Rule:**

67:42:17:43

A provider shall have:

- (1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
- (2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;

- (3) A written procedure for communication and reunification with parents; and
- (4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment.

Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

**Summary of Non-Compliance Finding:**

The provider moved into a new home and has not completed an updated emergency preparedness and response plan.

**Corrections to be Made:**

The provider will complete a written emergency preparedness and response plan that reflects the new home location.

**Corrections Made:**

The providers' emergency preparedness and response plan for her new location has been received.

**Anticipated Completion Date:**  
November 19, 2025

**Date Completed:**  
October 31, 2025

**Compliance Plan Action #3**

**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, one child is in need of updated immunization record.

**Corrections to be Made:**

The provider will ensure all child records are current.

**Corrections Made:**

Verification has been received.

**Anticipated Completion Date:**  
November 11, 2025

**Date Completed:**  
November 07, 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.**

Linda Wager

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



Signature of DSS Staff:

October 22, 2025

Date

10/22/2025, 2:57:27 PM