

Date Issued	January 28, 2026	Status	Closed
Provider Name	Emily Johnson		
Provider ID	880715332		
Provider Address	326 S Jackson Ave, Pierre, SD 57501, USA		
Provider Contact	Emily 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:**

67:42:17:40

A pet, while permitted in the presence of children receiving care, must be current with its vaccinations, and have clean and sanitary living areas, at all times.

A pet with a history of aggressive behavior, which poses a risk to the safety of children, must be confined and kept away from children.

**Summary of Non-Compliance Finding:**

At the time of the inspection, the provider was missing one vaccination. Vet appointment is scheduled for January 28, 2026.

**Corrections to be Made:**

Providers will ensure pets have current vaccination records at the time of the inspection.

**Corrections Made:**

Verification has been received.

**Anticipated Completion Date:**

February 04, 2026

**Date Completed:**

January 28, 2026

### Compliance Plan Action #2

**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:**

Current immunization records were missing for two children.

**Corrections to be Made:**

The provider will ensure all children in care have current immunization records.

**Corrections Made:**

Verification of current immunization records has been received.

**Anticipated Completion Date:**  
January 28, 2026

**Date Completed:**  
January 28, 2026

**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.**

Emily Johnson

Printed Name of Provider/Agency Contact

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\_\_\_\_\_  
Signature of Provider/Agency Contact

\_\_\_\_\_  
January 28, 2026  
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

A handwritten signature in black ink, consisting of a large, stylized letter 'D' with a vertical line through it and a horizontal line at the bottom.

1/28/2026, 10:30:54 AM

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Signature of DSS Staff:

January 28, 2026

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Date