

Date Issued February 11, 2026 Status Closed

Provider Name M&M DAY CARE

Provider ID 000097080

Provider Address 550 Mellette Ave SW, Huron, SD 57350, USA

Provider Contact Marianne Freng

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:

67:42:17:43

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:

At the time of the inspection, the program did not have proof of current liability insurance available.

Corrections to be Made:

The program will ensure a copy of current liability insurance is provided to the Office of Licensing & Accreditation and available at the time of the inspection.

Corrections Made:

Verification of current liability insurance as been received.

Anticipated Completion Date:
February 19, 2026

Date Completed:
February 06, 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.

Marianne Freng

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

February 10, 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



Signature of DSS Staff:

February 10, 2026

Date

2/10/2026, 9:50:33 AM