COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 17, 2026	Status	Closed

Provider Name	GIMME-A-BREAK,LLC.
Provider ID	018043178
Provider Address	2425 S Shirley Ave Unit 113, Sioux Falls, SD 57106, USA
Provider Contact	Amanda And Joe McGregor

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:

67:42:17:17

All providers shall, within ninety days after the date of employment, complete and obtain documentation of orientation training in the following areas:

(1) Prevention and control of infectious diseases;
(2) Prevention of sudden infant death syndrome and the use of safe sleep practices, if infant care is provided;
(3) Administration of medication;
(4) Prevention of and response to an emergency due to food allergies and other allergic reactions;
(5) Building and physical premises safety;
(6) Prevention of shaken baby syndrome and abusive head trauma, if infant care is provided;
(7) Emergency preparedness and response planning for an emergency resulting from a natural disaster or man-caused event;
(8) Handling and storage of hazardous materials and the appropriate disposal of biological contaminants;
(9) Precautions in transporting a child, if the program provides transportation;
(10) Recognition and reporting of child abuse and neglect;
(11) Pediatric first aid;
(12) Pediatric cardiopulmonary resuscitation; and
(13) Child development.

Before a provider may care for children without supervision, the provider must complete orientation training in each of the areas listed in this section.

Summary of Non-Compliance Finding:

An employee did not complete CPR certification within 90 days of hire.

Corrections to be Made:

The program will provide the CPR certificate of completion to the Office of Licensing and Accreditation.

Corrections Made:

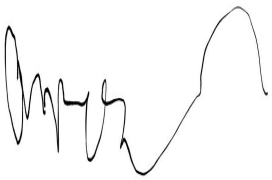
The program provided the CPR certificate of completion to the Office of Licensing and Accreditation.

Anticipated Completion Date:
March 27, 2026

Date Completed:
March 17, 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.

Amanda and Joe McGregor
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 13, 2026
Date

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

Teri Pieters
Printed Name of DSS Staff

Signature of DSS Staff:

March 13, 2026
Date