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Date Issued	May 19, 2026	Status	Closed
Provider Name	ALLEN, SAMANTHA		
Provider ID	016597806		
Provider Address	728 Old Cavalry Rd, Box Elder, SD 57719, USA		
Provider Contact	SAMANTHA ALLEN		

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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:**

One dog did not have current immunizations.

**Corrections to be Made:**

Dog must receive current immunizations and copies must be submitted to the Office of Licensing and Accreditation

**Corrections Made:**

The provider submitted copies on pet immunizations to the Office of Licensing and Accreditation.

**Anticipated Completion Date:**

May 29, 2026

**Date Completed:**

May 19, 2026

### Compliance Plan Action #2

**Administrative Rule:**

67:42:17:18

All providers must obtain annual training in the topic areas identified in 45 C.F.R. § 98.41, in effect on September 30, 2016, or as identified by the department. Training must be documented and relevant to the provider's position as determined by the department. Training may include on-site or online classes. Pediatric cardiopulmonary resuscitation renewal may not be included in annual training.

Each director and provider of center and school-age programs counted in staff-child ratios shall complete ten hours of annual training.

Each provider of family day care counted in staff-child ratios shall complete six hours of annual training.

Orientation training hours qualify as annual training hours for each provider in the year the training was completed.

Every five years, all providers shall complete additional, advanced training in each of the training areas listed in § 67:42:17:17.

**Summary of Non-Compliance Finding:**

The provider had five of the six required hours of annual training.

**Corrections to be Made:**

Provider must complete one hour of training and submit verification of completion to the Office of Licensing and Accreditation.

**Corrections Made:**

Provider submitted verification of one hour of training to the Office of Licensing and Accreditation.

**Anticipated Completion Date:**

May 29, 2026

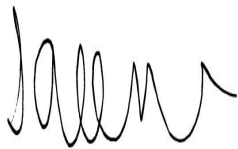
**Date Completed:**

May 12, 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.**

Samantha Allen

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

May 12, 2026

Date

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

Tina Ueckjer

Printed Name of DSS Staff



4/23/2026, 11:49:40 AM

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Signature of DSS Staff:

April 23, 2026

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Date