COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	July 01, 2026	Status	Closed
Provider Name	MAKHOSICA PTEHINCALA OKHOLAKICHIYE		
Provider ID	016597798		
Provider Address	14 BIA 33, Porcupine, SD 57772, USA		
Provider Contact	Sarah Clifford		

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:

67:42:17:24

Before a child may be admitted to a registered or licensed day care provider, the provider must require the child's parent or guardian to submit a statement, signed by a licensed physician, physician's assistant, certified nurse practitioner, or community health nurse, or an immunization record from the South Dakota Immunization Information System, showing that the child meets the minimum immunization requirements according to 45 C.F.R. § 98.41(a)(1)(i)(A), in effect on September 30, 2016.

The provider shall ensure that immunizations of all children are current.

For children who begin the series late or are more than one month behind in immunizations, the documentation must show progress toward achieving immunization requirements, as determined by a licensed physician, or other licensed practitioner. A grace period may be approved by the department for a child experiencing homelessness or a child in foster care.

A child is exempt from meeting the minimum age-specific immunization levels if:

(1) The child's parent or guardian has certification from a licensed physician, or other licensed practitioner, stating that the physical condition of the child is such that an immunization would endanger the child's life or health; or
(2) The child's parent or guardian has signed a written statement that the child is an adherent to a religious doctrine whose teachings are opposed to such immunizations.

If a child becomes ill while at a day care, the provider must separate the child from other children and notify the child's parents. If any child in the program contracts a communicable disease, the provider must notify the Department of Health. The program provider shall follow the Department of Health's recommendations for addressing a situation involving a communicable disease.

To prevent the spread of an infestation or infectious disease, a program shall provide an individual storage unit or container for each child's personal articles.

Summary of Non-Compliance Finding:

Three child records are missing current immunizations.

Corrections to be Made:

Program will submit current immunizations for all three child records to the Office of Licensing & Accreditation.

Corrections Made:

Program submitted current immunizations for all three child records to the Office of Licensing & Accreditation.

Anticipated Completion Date:	Date Completed:
June 11, 2026	May 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:

Three child records are missing parental permission for emergency medical treatment.

Corrections to be Made:

Program will submit parental permission for emergency medical treatment for the three missing records to the Office of Licensing & Accreditation.

Corrections Made:

Verification of parental permission for emergency medical treatment was received for two children's records. The program will ensure receipt of the remaining parental permission for emergency medical treatment when the child returns to the program in August.

Anticipated Completion Date:	Date Completed:

July 01, 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.

Sarah Clifford
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

May 28, 2026
Date

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

Andrea Neff
Printed Name of DSS Staff

Signature of DSS Staff:

May 28, 2026
Date