COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	June 29, 2026	Status	Closed

Provider Name	THE CRAYON BOX II
Provider ID	014511967
Provider Address	311 E Brown Ave, Salem, SD 57058, USA
Provider Contact	Rhonda Mead

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:

67:42:17:37

Center and school-age programs operating outside of a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:05 and 61:15:06. School-age programs operating in a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:01, 61:15:02, and 61:15:07.

A family day care home must have the following fire safety measures in place:

(1) A working smoke detector must be located on each level of the home;
(2) A fully charged, portable fire extinguisher, with a minimum 2A rating, as identified on the extinguisher label, must be kept in or within fifteen feet of the kitchen or food preparation area;
(3) A carbon monoxide detector must be installed, according to the manufacturer's instructions, if a fuel burning appliance is present in the home;
(4) Each level of the home must have at least two remote exits that shall remain clear of obstructions. One of these exits must be a standard-sized door, and the other may be either a standard-sized door or an unobstructed, operable window, having at least five square feet of openable space, with a minimum width of twenty inches and a minimum height of twenty-four inches; and
(5) Whenever a portable space heater, a wood burning stove, or a fireplace is in use, the heater, stove, or fireplace must be inaccessible to children.

Summary of Non-Compliance Finding:

The fire extinguisher was not inspected within the past year.

Corrections to be Made:

An inspection of the fire extinguisher is to be completed.

Corrections Made:

It was verified that an inspection of the extinguisher was completed.

Anticipated Completion Date: **Date Completed:**

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.

Rhonda Mead
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

June 29, 2026
Date

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

Deb Bigge
Printed Name of DSS Staff

Signature of DSS Staff:

June 24, 2026
Date