COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	August 04, 2026	Status	Closed

Provider Name	Crystal Aldana
Provider ID	011517602
Provider Address	418 NW 2nd St, Madison, SD 57042, USA
Provider Contact	CRYSTAL ALDANA

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:

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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:

During a complaint investigation conducted by the Office of Licensing & Accreditation, it was found that provider was not documenting and maintaining children's daily attendance.

Corrections to be Made:

A provider shall maintain a record for each child that includes child's attendance records.

Corrections Made:

The provider developed a daily attendance form that will be used to accurately document children's attendance each day.

The Office of Licensing & Accreditation will conduct a follow-up visit to verify that the attendance tracking process has been implemented and is being consistently followed.

Anticipated Completion Date:
August 04, 2026

Date Completed:
July 15, 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.

Crystal Aldana
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

August 03, 2026
Date

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

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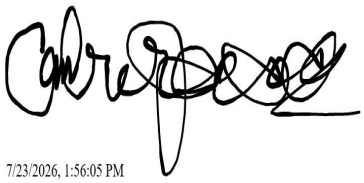
Printed Name of DSS Staff



Signature of DSS Staff:

July 23, 2026
Date