COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	October 14, 2026	Status	Closed

Provider Name	Hailee L. Johnson
Provider ID	1996779645
Provider Address	8 Ohio Ave, Platte, SD 57369, USA
Provider Contact	Hailee L. Johnson

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:

67:42:17:42

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:

Information was needed for three child files including parental permission for emergency medical treatment for three children and updated immunizations needed for one child.

Corrections to be Made:

Required information is to be obtained for the files.

Corrections Made:

Verification of completed information was received.

Anticipated Completion Date:	Date Completed:
November 13, 2026	October 23, 2026

Compliance Plan Action #2

Administrative Rule:

67:42:17:30

Providers shall post a weekly menu that indicates meals and snacks to be served that week.

Summary of Non-Compliance Finding:

A weekly menu including meals and snacks to be served was not posted.

Corrections to be Made:

The weekly menu is to be posted in the home in a location visible to parents or can also be sent electronically to parents.

Corrections Made:

Verification of a posted menu was received.

Anticipated Completion Date:	**Date Completed:**
October 20, 2026	October 26, 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.

Hailee Johnson

Printed Name of Provider/Agency Contact

Hailee Johnson

Signature of Provider/Agency Contact

October 14, 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

Deb Bigge

10/14/2026, 10:10:31 AM

Signature of DSS Staff:

October 14, 2026

Date