COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	October 22, 2026	Status	In Process

Provider Name	Kourtney Kronaizl
Provider ID	014512629
Provider Address	314 S Hakl St, Tabor, SD 57063, USA
Provider Contact	Kourtney Kronaizl

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:

67:42:17:27

Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.

The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired.

The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

Summary of Non-Compliance Finding:

There were medications at the program for which there was not a current consent form on file.

Corrections to be Made:

Medications are to be returned to families when the consent form has expired.

Corrections Made:

Anticipated Completion Date:	Date Completed:
October 02, 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:

Verification must be submitted to OLA documenting that the immunization record requirements have been met for one child's file.

Corrections to be Made:

The needed information is to be obtained.

Corrections Made:

Anticipated Completion Date: October 22, 2026

Date Completed:

Compliance Plan Action #3

Administrative Rule:

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

(1) The employee's name and date of birth;
(2) The dates on which the employee began and ended employment;
(3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
(4) A statement that:

(a) Defines child abuse and neglect;
(b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
(c) Is signed by the employee; and

(5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves

the program.

Summary of Non-Compliance Finding:

Verification of five hours of training for the 2025 training year is needed.

Corrections to be Made:

Verification of needed information is to be submitted.

Corrections Made:

Anticipated Completion Date:
November 02, 2026

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.

Kourtney Kronaizl
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

October 22, 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



10/8/2026, 11:54:59 AM

Signature of DSS Staff:

October 08, 2026
Date