COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 11, 2025	Status	Closed

Provider Name	Horizon Point Child Development Center
Provider ID	016597760
Provider Address	7001 Mt Rushmore Rd, Rapid City, SD 57702, USA
Provider Contact	Shawn Edwinson

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:

67:42:17:13

All child care providers, program employees age fourteen and older, and family day care household members age eighteen and older, shall meet federal background check requirements. An individual may not provide care, or work in a child care setting, if the individual's background check reveals:

(1) A crime that indicates harmful behavior towards children;
(2) A crime of violence, as defined in SDCL 22-1-2, or in a similar statute from another state;
(3) A sex crime pursuant to SDCL chapters 22-22 or 22-24A, SDCL 22-22A-3, or similar statutes from another state;
(4) A felony conviction for domestic abuse, physical assault, battery, kidnapping, or arson;
(5) Any other felony conviction, within the preceding five years; or
(6) A substantiated report of child abuse or neglect.

A family day care provider may not provide care in the provider's home, if any household member's background check reveals any item listed in this section. A background check is required at least once every five years.

Summary of Non-Compliance Finding:

An out of state background check had not been completed for 3 employees. Out of state background checks must be completed if the employee has lived out of state in the last 5 years.

Corrections to be Made:

The out of state background check forms must be completed and submitted for screening.

Corrections Made:

Out of State background checks were initiated and submitted for screening. This was verified by OLA.

Anticipated Completion Date:	Date Completed:
March 26, 2025	March 26, 2025

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.

Shawn Edwinson

Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

March 11, 2025
Date

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

Printed Name of DSS Staff

Signature of DSS Staff:

Date