COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 28, 2025	Status	Closed

Provider Name	NILSEN, MINDY
Provider ID	018042420
Provider Address	3237 S Newcastle Ct, Sioux Falls, SD 57110, USA
Provider Contact	MINDY NILSEN

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:

67:42:17:43

A provider shall have:

(1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;

(2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;

(3) A written procedure for communication and reunification with parents; and

(4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment. Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

Summary of Non-Compliance Finding:

During the inspection, the provider was found to be missing documentation for two lockdown drills in 2024.

Corrections to be Made:

The provider will conduct two lockdown drills and document the dates on which the procedures are practiced.

Corrections Made:

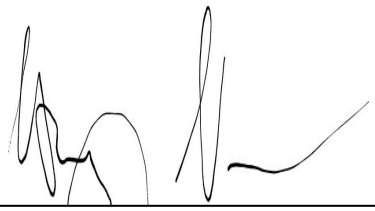
The provider located their documentation on the lockdown drills conducted in 2024, indicating that two successful drills have been completed.

Anticipated Completion Date:	Date Completed:
April 25, 2025	March 28, 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.

Mindy Nilsen

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 28, 2025
Date

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

Teri Pieters
Printed Name of DSS Staff

4/2/2025, 8:30:25 AM
Signature of DSS Staff:

April 02, 2025
Date