

**COMPLIANCE PLAN**  
**OFFICE OF LICENSING & ACCREDITATION**



|                  |                                        |        |        |
|------------------|----------------------------------------|--------|--------|
| Date Issued      | April 16, 2025                         | Status | Closed |
| Provider Name    | BECKER'S BRIGHT BEGINNINGS             |        |        |
| Provider ID      | 010605938                              |        |        |
| Provider Address | 210 S Main St, Humboldt, SD 57035, USA |        |        |
| Provider Contact | Amy Becker                             |        |        |

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:**

67:42:17:32

All walls, ceilings, floors, and equipment must be easily cleanable, kept clean, and in good repair. Heating and cooling systems must maintain a temperature between sixty-five degrees Fahrenheit and seventy-five degrees Fahrenheit. For a child care center and school-age program, all heating and cooling systems must be inspected annually, by a certified technician.

Food preparation areas, including tables and countertops, must be made of a smooth, nonporous material, kept clean and sanitized, be free of cracks, and be in good repair. Center and school-age programs, in which more than twenty children are cared for, must provide a ventilation hood over all cooking areas. The hood must be appropriate for the type of appliance and intended use, as required in § 61:15:01:01.

**Summary of Non-Compliance Finding:**

During the inspection, a ceiling light fixture was observed to be missing a bulb.

**Corrections to be Made:**

The provider will ensure a new ceiling light bulb is placed.

**Corrections Made:**

The provider immediately installed a light bulb in the ceiling fixture at the time of inspection.

**Anticipated Completion Date:**

April 02, 2025

**Date Completed:**

April 02, 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.**

Amy Becker

Printed Name of Provider/Agency Contact



\_\_\_\_\_  
Signature of Provider/Agency Contact

\_\_\_\_\_  
April 10, 2025

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Morgan Jensen

\_\_\_\_\_  
Printed Name of DSS Staff



4/7/2025, 8:26:09 AM

\_\_\_\_\_  
Signature of DSS Staff:

\_\_\_\_\_  
April 07, 2025

\_\_\_\_\_  
Date