COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	August 05, 2025	Status	Closed

Provider Name	SPENCER, HOLLY
Provider ID	016597821
Provider Address	300 N Fairgrounds St, Faith, SD 57626, USA
Provider Contact	HOLLY SPENCER

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:

67:42:17:45

The following requirements apply to the transportation of a child:

(1) A parent or guardian shall provide written permission for the transportation of their child;
(2) The vehicle may not carry more people than its passenger capacity, as stated on the label affixed to the vehicle under 49 C.F.R. Parts 567 and 568, in effect on March 9, 2022;
(3) The required staff-child ratio must be maintained when children are being transported;
(4) The driver must be at least eighteen years of age and have a driver license to operate the vehicle being driven;
(5) When a child is being transported in a vehicle other than a bus, the child must be restrained in a car seat, booster seat, or seat belt appropriate for the child's weight and age; and
(6) Proof of liability insurance must be provided to the department, upon request, for any vehicle used for transporting children.

Summary of Non-Compliance Finding:

Provider did not have vehicle liability insurance available during the inspection.

Corrections to be Made:

Provider will need to submit current vehicle liability insurance to the Office of Licensing & Accreditation.

Corrections Made:

Provider submitted current vehicle liability insurance to the Office of Licensing & Accreditation.

Anticipated Completion Date:	Date Completed:
August 05, 2025	August 08, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:24

Before a child may be admitted to a registered or licensed day care provider, the provider must require the child's parent or guardian to submit a statement, signed by a licensed physician, physician's assistant, certified nurse

practitioner, or community health nurse, or an immunization record from the South Dakota Immunization Information System, showing that the child meets the minimum immunization requirements according to 45 C.F.R. § 98.41(a)(1)(i)(A), in effect on September 30, 2016.

The provider shall ensure that immunizations of all children are current.

For children who begin the series late or are more than one month behind in immunizations, the documentation must show progress toward achieving immunization requirements, as determined by a licensed physician, or other licensed practitioner. A grace period may be approved by the department for a child experiencing homelessness or a child in foster care.

A child is exempt from meeting the minimum age-specific immunization levels if:

(1) The child's parent or guardian has certification from a licensed physician, or other licensed practitioner, stating that the physical condition of the child is such that an immunization would endanger the child's life or health; or
(2) The child's parent or guardian has signed a written statement that the child is an adherent to a religious doctrine whose teachings are opposed to such immunizations.

If a child becomes ill while at a day care, the provider must separate the child from other children and notify the child's parents. If any child in the program contracts a communicable disease, the provider must notify the Department of Health. The program provider shall follow the Department of Health's recommendations for addressing a situation involving a communicable disease.

To prevent the spread of an infestation or infectious disease, a program shall provide an individual storage unit or container for each child's personal articles.

Summary of Non-Compliance Finding:

One child record was missing immunization records.

Corrections to be Made:

Provider will need to obtain the current immunization records and submit to the Office of Licensing & Accreditation.

Corrections Made:

Provider submitted the current immunization records to the Office of Licensing & Accreditation.

Anticipated Completion Date:
August 05, 2025

Date Completed:
August 05, 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.

HOLLY SPENCER

Printed Name of Provider/Agency Contact

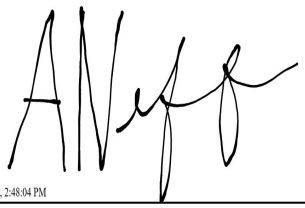
August 05, 2025

Signature of Provider/Agency Contact | Date

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

Andrea Neff

Printed Name of DSS Staff



July 15, 2025

Signature of DSS Staff: | Date