COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued Status Closed

Provider Name	MEARS, BARBARA
Provider ID	011515352
Provider Address	1705 N Jessica Ave, Sioux Falls, SD 57103, USA
Provider Contact	BARBARA MEARS

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:

67:42:17:42

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:

At the time of inspection, current immunization documentation was not available for several children in care.

Corrections to be Made:

The provider will ensure that current immunization documentation is obtained and maintained on file for all children in care.

Corrections Made:

The provider submitted documentation showing the current immunizations for the children.

Anticipated Completion Date:
September 16, 2025

Date Completed:
September 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.

Barb Mears
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

August 28, 2025
Date

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

Morgan Giraldo
Printed Name of DSS Staff

9/2/2025, 10:46:20 AM
Signature of DSS Staff:

September 02, 2025
Date