COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	September 12, 2025	Status	Closed
Provider Name	SCHUELKE, MARLENE		
Provider ID	011102569		
Provider Address	302 3rd St, Willow Lake, SD 57278, USA		
Provider Contact	MARLENE SCHUELKE		

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:

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

(1) The employee's name and date of birth;

(2) The dates on which the employee began and ended employment;

(3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;

(4) A statement that:

(a) Defines child abuse and neglect;

(b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and

(c) Is signed by the employee; and

(5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

Two staff assistants were missing documentation of six hours training for 2024 and Level I Orientation.
One staff assisant was missing needs documentation of current CPR.

Corrections to be Made:

Two staff need documenation of six hours training for 2024 and Level I orientation.
One staff needs documentation of current CPR.

Corrections Made:

The staff record that needed documentation of training and Level 1 orientations has corrected the issues.
The staff that needed training and CPR is no longer an assistant at the daycare.

Anticipated Completion Date:
September 26, 2025

Date Completed:
September 23, 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.

Marlene Schuelke
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

September 12, 2025
Date

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

Julie Hermansen
Printed Name of DSS Staff

9/11/2025, 2:27:26 PM
Signature of DSS Staff:

September 11, 2025
Date