
Date Issued	September 23, 2025	Status	Closed
Provider Name	<u>Sheena Meyers</u>		
Provider ID	<u>016597740</u>		
Provider Address	<u>4429 Seeaire St, Rapid City, SD 57702, USA</u>		
Provider Contact	<u>Sheena Meyers</u>		

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:

Provider did not have immunization records for children in care.

Corrections to be Made:

Immunization records must be present and up-to-date. Provider must submit immunization records to the Office of Licensing and Accreditation.

Corrections Made:

Immunization records were present and up to date.
Licensing worker verified this at a home visit on 10-1-2025.

Anticipated Completion Date:
October 03, 2025

Date Completed:
October 01, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:44

All toxic or hazardous substances must be:

- (1) Inaccessible to children;
- (2) Used according to manufacturer's instructions;
- (3) Stored in the original or other labeled container; and
- (4) Disposed of according to manufacturer recommendations.

Bio-contaminants must be handled and disposed of properly.

Soiled diapers must be changed promptly, in a designated area, on a non-porous surface. The diaper changing area must be clean and disinfected with a sanitizing solution approved by the department. Soiled diapers must be kept in a leakproof, nonabsorbent container that is covered with a tight-fitting lid.

Summary of Non-Compliance Finding:

Provider was changing diapers on a towel.

Corrections to be Made:

Soiled diapers must be changed promptly, in a designated area, on a non-porous surface. The diaper changing area must be clean and disinfected with a sanitizing solution approved by the department. Soiled diapers must be kept in a leakproof, nonabsorbent container that is covered with a tight-fitting lid.

Corrections Made:

The provider had a non-absorbent diaper changing pad. She located it and will use it for diaper changing. This non-compliance was corrected immediately.

Anticipated Completion Date:
October 03, 2025

Date Completed:
September 16, 2025

Compliance Plan Action #3

Administrative Rule:

67:42:17:40

A pet, while permitted in the presence of children receiving care, must be current with its vaccinations, and have clean and sanitary living areas, at all times.

A pet with a history of aggressive behavior, which poses a risk to the safety of children, must be confined and kept away from children.

Summary of Non-Compliance Finding:

Provider did not have a copy of pet immunizations.

Corrections to be Made:

Pet immunizations must be on file and copies must be sent to the Office of Licensing and Accreditation.

Corrections Made:

Pet immunizations were updated and verification was emailed to the Office of Licensing and Accreditation.

Anticipated Completion Date:

October 03, 2025

Date Completed:

October 02, 2025

Compliance Plan Action #4

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:

The Provider's Emergency Preparedness Plan was incomplete.

Corrections to be Made:

An Emergency Preparedness Plan must be developed and verification must be submitted to the Office of Licensing and Accreditation.

Corrections Made:

An emergency preparedness plan was created and is on file at the daycare. Licensing worker verified this at a home visit on 10-1-2025.

Anticipated Completion Date:

October 03, 2025

Date Completed:

October 01, 2025

Compliance Plan Action #5

Administrative Rule:

67:42:17:39

For family day care providers, unused electrical outlets must have an outlet plug cover, have a tamper-resistant cover, or be made inaccessible to a child.

For center and school-age programs, unused electrical outlets must have a self-closing outlet cover or tamper-resistant cover.

Summary of Non-Compliance Finding:

Electrical outlets in the home were missing covers.

Corrections to be Made:

All outlets must have an outlet plug cover. Pictures must be submitted to the Office of Licensing and Accreditation once outlet covers have been installed.

Corrections Made:

All outlets were covered. Licensing worker verified this at a home visit on 10-1-2025.

Anticipated Completion Date:

October 03, 2025

Date Completed:

October 01, 2025

Compliance Plan Action #6

Administrative Rule:

67:42:17:29

A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Summary of Non-Compliance Finding:

Provider did not have an allergy plan for 2 children that had allergies.

Corrections to be Made:

Allergy plans must be developed and verification must be submitted to the Office of Licensing and Accreditation.

Corrections Made:

Allergy plans were developed for the children with allergies and are on file at the daycare.

Licensing worker verified this at a home visit on 10-1-2025.

Anticipated Completion Date:

October 03, 2025

Date Completed:

October 01, 2025

Compliance Plan Action #7

Administrative Rule:

67:42:17:37

Center and school-age programs operating outside of a school building shall follow applicable construction and fire

safety requirements, as outlined in chapters 61:15:05 and 61:15:06. School-age programs operating in a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:01, 61:15:02, and 61:15:07.

A family day care home must have the following fire safety measures in place:

- (1) A working smoke detector must be located on each level of the home;
- (2) A fully charged, portable fire extinguisher, with a minimum 2A rating, as identified on the extinguisher label, must be kept in or within fifteen feet of the kitchen or food preparation area;
- (3) A carbon monoxide detector must be installed, according to the manufacturer's instructions, if a fuel burning appliance is present in the home;
- (4) Each level of the home must have at least two remote exits that shall remain clear of obstructions. One of these exits must be a standard-sized door, and the other may be either a standard-sized door or an unobstructed, operable window, having at least five square feet of openable space, with a minimum width of twenty inches and a minimum height of twenty-four inches; and
- (5) Whenever a portable space heater, a wood burning stove, or a fireplace is in use, the heater, stove, or fireplace must be inaccessible to children.

Summary of Non-Compliance Finding:

Smoke detectors were not present in the home.

Corrections to be Made:

Smoke detectors must be replaced and operational. Verification must be submitted to the Office of Licensing and Accreditation.

Corrections Made:

Licensing worker verified smoke detectors had been replaced at a home visit on 10-1-2025

Anticipated Completion Date:

October 03, 2025

Date Completed:

October 01, 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.

Sheena Meyers

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

September 23, 2025

Date

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

Tina Uecker

Printed Name of DSS Staff



9/23/2025, 1:05:55 PM

Signature of DSS Staff:

September 23, 2025

Date
