

Date Issued	October 01, 2025	Status	Closed
Provider Name	CHAVARRIA, ROSA LINDA		
Provider ID	018043024		
Provider Address	1401 E 71st St N, Sioux Falls, SD 57104, USA		
Provider Contact	ROSA LINDA CHAVARRIA		

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:**

67:42:17:06

A provider shall, within twenty-four hours, report to the department.

- (1) A change of address;
- (2) Any major change in the operation or ownership of the program;
- (3) A change in the household size or composition;
- (4) Damage to or a change in the condition of the facility or home;
- (5) An investigation of the provider or a program employee, by the Division of Child Protection Services or law enforcement, concerning any allegation of:
  - (a) Child abuse or neglect; or
  - (b) Any action that may prohibit the provider or employee from meeting background check eligibility requirements;
- (6) Any injury to a child that requires medical attention or dental care; and
- (7) The death of a child, if related to a serious injury that occurred on the premises of the child care program.

**Summary of Non-Compliance Finding:**

During a complaint investigation conducted by the Office of Licensing & Accreditation, it was determined that the provider failed to report changes in circumstances related to incidents affecting the provider's and household member's ability to meet background check eligibility requirements.

**Corrections to be Made:**

The provider will report changes in circumstances related to incidents affecting the provider's and household member's ability to meet background check eligibility requirements in a timely manner.

**Corrections Made:**

The provider has been advised of the regulation and has agreed to follow it beginning immediately and moving forward.

**Anticipated Completion Date:**  
October 01, 2025

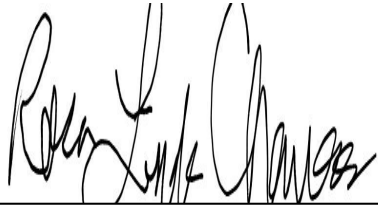
**Date Completed:**  
October 01, 2025

**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.**

Rosa Linda Chavarria

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

October 01, 2025

Date

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

Rita Trager

Printed Name of DSS Staff

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Signature of DSS Staff:

September 12, 2025

Date

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