

Date Issued	October 21, 2025	Status	Closed
Provider Name	BIG EAGLE, BRENDA		
Provider ID	010606645		
Provider Address	5813 W Bluestem St, Sioux Falls, SD 57106, USA		
Provider Contact	Brenda Big Eagle		

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 the inspection, four children did not have current immunizations on file.

**Corrections to be Made:**

Copies of updated shot records to be provided to the Office of Licensing and Accreditation

**Corrections Made:**

Copies of shot records received on 10-15-25

**Anticipated Completion Date:**  
October 25, 2025

**Date Completed:**  
October 15, 2025

## Compliance Plan Action #2

### **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:**

At the time of the inspection, the provider did not have documentation of one fire drill, one tornado drill and one lock down drill as required.

### **Corrections to be Made:**

One drill of each type to be completed and documentation of date to be provided to the Office of Licensing and Accreditation.

### **Corrections Made:**

Drills were completed on 10-17-25.

#### **Anticipated Completion Date:**

November 02, 2025

#### **Date Completed:**

October 17, 2025

## Compliance Plan Action #3

### **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:**

At the time of the inspection, the provider was not using an approved sanitizer for the diaper changing area.

**Corrections to be Made:**

Approved sanitizer to be used for the diaper changing area.

**Corrections Made:**


The provider was reminded of the requirements of using an approved sanitizer for the diaper changing area. The provider has agreed to follow the requirements beginning immediately and moving forward.

**Anticipated Completion Date:**  
October 25, 2025

**Date Completed:**  
October 15, 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.**

Brenda Big Eagle  
\_\_\_\_\_  
Printed Name of Provider/Agency Contact



\_\_\_\_\_  
Signature of Provider/Agency Contact

October 08, 2025  
\_\_\_\_\_  
Date

**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:

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Date