

Date Issued	February 02, 2026	Status	Closed
Provider Name	Cheryl Stephenson Brown		
Provider ID	1305534208		
Provider Address	745 S 3rd Ave, Sioux Falls, SD 57104, USA		
Provider Contact	Cheryl Stephenson Brown		

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:**

67:42:17:43

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 had not completed the required evacuation, shelter-in-place or lock down drills.

**Corrections to be Made:**

The provider is to complete one each of the evacuation, shelter-in-place and lockdown drills within the next 30 days. Documentation of drills dates is to be provided to the Office of Licensing and Accreditation.

**Corrections Made:**

Dates of completed drills were submitted on 02-24-2026.

**Anticipated Completion Date:**

**Date Completed:**

**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.**

Cheryl Stephenson-Brown

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

February 02, 2026

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



Signature of DSS Staff:

January 27, 2026

Date

1/27/2026, 10:55:41 AM