COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 13, 2026	Status	Closed
Provider Name	BRAATEN, SHELBY		
Provider ID	019525316		
Provider Address	506 Broad St, Alcester, SD 57001, USA		
Provider Contact	SHELBY BRAATEN		

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:

67:42:17:24

Before a child may be admitted to a registered or licensed day care provider, the provider must require the child's parent or guardian to submit a statement, signed by a licensed physician, physician's assistant, certified nurse practitioner, or community health nurse, or an immunization record from the South Dakota Immunization Information System, showing that the child meets the minimum immunization requirements according to 45 C.F.R. § 98.41(a)(1)(i)(A), in effect on September 30, 2016.

The provider shall ensure that immunizations of all children are current.

For children who begin the series late or are more than one month behind in immunizations, the documentation must show progress toward achieving immunization requirements, as determined by a licensed physician, or other licensed practitioner. A grace period may be approved by the department for a child experiencing homelessness or a child in foster care.

A child is exempt from meeting the minimum age-specific immunization levels if:

(1) The child's parent or guardian has certification from a licensed physician, or other licensed practitioner, stating that the physical condition of the child is such that an immunization would endanger the child's life or health; or
(2) The child's parent or guardian has signed a written statement that the child is an adherent to a religious doctrine whose teachings are opposed to such immunizations.

If a child becomes ill while at a day care, the provider must separate the child from other children and notify the child's parents. If any child in the program contracts a communicable disease, the provider must notify the Department of Health. The program provider shall follow the Department of Health's recommendations for addressing a situation involving a communicable disease.

To prevent the spread of an infestation or infectious disease, a program shall provide an individual storage unit or container for each child's personal articles.

Summary of Non-Compliance Finding:

At the time of the inspection, three children do not have current immunization records in their file.

Corrections to be Made:

Updated records to be obtained and verification to be provided to the Office of Licensing and Accreditation.

Corrections Made:

Verification of the updated immunization records received on 03-12-2026.

Anticipated Completion Date:	Date Completed:
April 05, 2026	March 12, 2026

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:

At the time of the inspection, the diaper changing pad has tears on the surface and is not non-porous.

Corrections to be Made:

Diaper changing pad to be replaced.

Corrections Made:

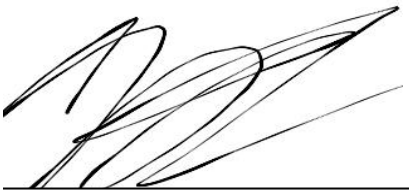
The provider has purchased a new diaper changing pad. Documentation received on 03-12-2026.

Anticipated Completion Date:	Date Completed:
April 05, 2026	March 12, 2026

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.

Shelby Braaten

Printed Name of Provider/Agency Contact



March 10, 2026

Signature of Provider/Agency Contact | 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

3/6/2026, 12:59:34 PM

March 06, 2026

Signature of DSS Staff: | Date