

Date Issued	April 20, 2026	Status	Closed
Provider Name	<u>BROWN, MICHELLE L.</u>		
Provider ID	<u>010607669</u>		
Provider Address	<u>1014 N Summit Ave, Sioux Falls, SD 57104, USA</u>		
Provider Contact	<u>MICHELLE L. BROWN</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:

67:42:01:13.01

An in-home or informal provider,
in order to qualify for child care assistance payments, shall:

- (1) Be at least eighteen years old;
- (2) Submit to a background check and comply with the requirements of § 67:42:17:13 for any individual who cares for, supervises, or has unsupervised access to a child;
- (3) Have documentation of completed orientation training in each of the training areas listed in § 67:42:17:17;
- (4) Submit to an annual inspection;
- (5) Meet health and safety standards required by 45 C.F.R. § 98.41, in effect on September 30, 2016; and
- (6) Complete a minimum of three hours per year of on-going training and provide verification of completion. Training must include any of the orientation training categories listed in § 67:42:17:17.

Summary of Non-Compliance Finding:

At the time of the inspection, the following compliance items are noted:

- 1) The provider had only completed three of the four required fire drills.
- 2) One child is in need of current immunization records.

Corrections to be Made:

- 1) An additional fire drill is to be completed and the date provided to the Office of Licensing and Accreditation.
- 2) A copy of the current immunization record to be obtained and provided to the Office of Licensing and Accreditation.

Corrections Made:

An additional fire drill was completed on 03-19-2026.
Current immunization records were provided on 04-09-2026.

Anticipated Completion Date:
April 09, 2026

Date Completed:
April 09, 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.

Michelle Brown
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

April 20, 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:

March 09, 2026

Date

3/9/2026, 2:23:55 PM