

Date Issued	May 15, 2026	Status	Closed
Provider Name	Barbara Mears		
Provider ID	011515352		
Provider Address	1705 N Jessica Ave, Sioux Falls, SD 57103, USA		
Provider Contact	BARBARA MEARS		

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, one child did not have a copy of current shot records available at the family daycare home.

Corrections to be Made:

Current shot records to be obtained and a copy provided to the Office of Licensing and Accreditation.

Corrections Made:

A copy of current shot records was received on 05-20-2026.

Anticipated Completion Date:

June 04, 2026

Date Completed:

May 20, 2026

Compliance Plan Action #2**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, one child did not have the required information available in their file.

Corrections to be Made:

Updated file information to be obtained and a copy of updates to be provided to the Office of Licensing and Accreditation.

Corrections Made:

A copy of updated file information was received on 05-20-2026.

Anticipated Completion Date:

June 04, 2026

Date Completed:

May 20, 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.

Barb Mears

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

May 15, 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



5/7/2026, 11:17:27 AM

Signature of DSS Staff:

May 07, 2026

Date