COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	June 15, 2026	Status	Closed

Provider Name	Grace Bowden
Provider ID	1176474869
Provider Address	1520 E 67th St N, Sioux Falls, SD 57104, USA
Provider Contact	Grace Bowden

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 were noted:

1) An emergency evacuation plan to be developed.
2) Current immunization records for the children to be available for review.
3) Documentation of hands-on CPR certificate.

Corrections to be Made:

Documentation of tne emergency evacuation plan, immunization records for children, and pediatric CPR certificate to be submitted to the Office of Licensing and Accreditation.

Corrections Made:

The emergency evacuation plan and immunization records were received on 06-12-26.

Documentation of completion of hands-on pediatric CPR certificate, which was completed on 6/17/26.

Anticipated Completion Date:
June 22, 2026

Date Completed:
June 17, 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.

Grace Bowden
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

June 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

6/12/2026, 1:12:13 PM
Signature of DSS Staff:

June 12, 2026
Date