COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	June 24, 2026	Status	Closed

Provider Name	Jilann Scott
Provider ID	018042313
Provider Address	1420 E 5th St, Sioux Falls, SD 57103, USA
Provider Contact	JILANN SCOTT

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 did not have copies of current immunization records in their file.

Corrections to be Made:

Documentation of immunization records to be obtained and copies submitted to the Office of Licensing and Accreditation.

Corrections Made:

Copies of current immunization records received on 06-23-2026.

Anticipated Completion Date:	**Date Completed:**
June 26, 2026	June 23, 2026

Compliance Plan Action #2

Administrative Rule:

67:42:17:36

A provider shall meet the following water safety requirements:

(1) If an outdoor swimming pool is on the premises, it must be emptied after each use or enclosed with a five-foot fence and a self-closing, latching gate that can be locked while not in use;
(2) If an indoor swimming pool is on the premises, it must have an access door that restricts entry;
(3) A child may not play in an area where there is a body of water, unless the provider can see and hear the child, and is close enough to intervene, at all times; and
(4) A hot tub must be securely covered.

Summary of Non-Compliance Finding:

At the time of the inspection a wading pool full of water was observed on the back porch of the home. Pool was not in use at the time of the inspection.

Corrections to be Made:

Wading pool to be emptied of water after each use. Documentation of compliance to be provided to the Office of Licensing and Accreditation.

Corrections Made:

Documentation received that the pool has been emptied of water.

Anticipated Completion Date:	**Date Completed:**
June 26, 2026	June 08, 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.

Jilann Scott

Printed Name of Provider/Agency Contact

6/24/2026, 10:40:53 AM

Signature of Provider/Agency Contact

June 24, 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

5/29/2026, 7:55:46 AM

Signature of DSS Staff:

May 29, 2026

Date