

Date Issued April 23, 2025 Status Closed

Provider Name CUSTER YMCA CHILD DEVELOPMENT CENTER

Provider ID 016598760

Provider Address 1315 Bluebell Ln, Custer, SD 57730, USA

Provider Contact Kandra Posey

**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:**

67:42:17:13

All child care providers, program employees age fourteen and older, and family day care household members age eighteen and older, shall meet federal background check requirements. An individual may not provide care, or work in a child care setting, if the individual's background check reveals:

- (1) A crime that indicates harmful behavior towards children;
- (2) A crime of violence, as defined in SDCL 22-1-2, or in a similar statute from another state;
- (3) A sex crime pursuant to SDCL chapters 22-22 or 22-24A, SDCL 22-22A-3, or similar statutes from another state;
- (4) A felony conviction for domestic abuse, physical assault, battery, kidnapping, or arson;
- (5) Any other felony conviction, within the preceding five years; or
- (6) A substantiated report of child abuse or neglect.

A family day care provider may not provide care in the provider's home, if any household member's background check reveals any item listed in this section. A background check is required at least once every five years.

#### **Summary of Non-Compliance Finding:**

One employee had an incomplete background check.

#### **Corrections to be Made:**

Program must complete a background check on all staff and verification of completion must be submitted to OLA.

#### **Corrections Made:**

A copy of the letter of eligibility was provided to OLA.

**Anticipated Completion Date:**

May 02, 2025

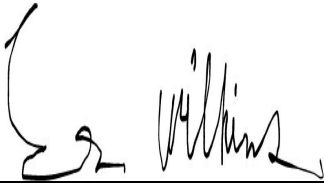
**Date Completed:**

April 23, 2025

**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.**

Erin Wilkins

Printed Name of Provider/Agency Contact



\_\_\_\_\_  
Signature of Provider/Agency Contact

\_\_\_\_\_  
April 23, 2025

Date

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**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

\_\_\_\_\_  
Tina Uecker

Printed Name of DSS Staff



4/23/2025, 2:04:12 PM

\_\_\_\_\_  
Signature of DSS Staff:

\_\_\_\_\_  
April 23, 2025

Date