COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	April 15, 2025	Status	Closed

Provider Name	NHAC - DEADWOOD FIRST STEP
Provider ID	016598207
Provider Address	753 Main St, Deadwood, SD 57732, USA
Provider Contact	Kaylee Linn

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:

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

(1) The employee's name and date of birth;

(2) The dates on which the employee began and ended employment;

(3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;

(4) A statement that:

(4a) Defines child abuse and neglect;

(4b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and

(4c) Is signed by the employee; and

(5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

Staff records were incomplete. Staff records must be current at all times.

Corrections to be Made:

Staff records must be updated and verification must be submitted to OLA.

The following items were missing:

RA - CPR

EH - Orientation, CPR

JH - Orientation

RH - 5 year background check, CPR

MJ - CPR, Annual Training

JJ - CPR

TJ - Annual Training

TK - Annual Training

CL - CPR

TM - CPR

Corrections Made:

All training was completed and staff records were updated. The program sent in verification to OLA.

Anticipated Completion Date:	**Date Completed:**
May 02, 2025	April 28, 2025

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:

One child's record needs a current immunization record.

Corrections to be Made:

Program must complete the children's records and verification must be submitted to OLA.

Corrections Made:

Children's records were updated and verification was sent in to OLA.

Anticipated Completion Date:	**Date Completed:**
May 02, 2025	April 28, 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.

Kaylee Linn-Wellford

Printed Name of Provider/Agency Contact

April 15, 2025

Signature of Provider/Agency Contact | Date

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

Tina Uecker

Printed Name of DSS Staff

4/15/2025, 1:41:41 PM

April 15, 2025

Signature of DSS Staff: | Date