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Date Issued	April 24, 2025	Status	Closed
Provider Name	<u>SWST HEAD START CENTER WEST</u>		
Provider ID	<u>017508141</u>		
Provider Address	<u>45698 Veterans Memorial Dr, Sisseton, SD 57262, USA</u>		
Provider Contact	<u>Lennie Peters</u>		

**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:**

67:42:17:32

All walls, ceilings, floors, and equipment must be easily cleanable, kept clean, and in good repair. Heating and cooling systems must maintain a temperature between sixty-five degrees Fahrenheit and seventy-five degrees Fahrenheit. For a child care center and school-age program, all heating and cooling systems must be inspected annually, by a certified technician.

Food preparation areas, including tables and countertops, must be made of a smooth, nonporous material, kept clean and sanitized, be free of cracks, and be in good repair. Center and school-age programs, in which more than twenty children are cared for, must provide a ventilation hood over all cooking areas. The hood must be appropriate for the type of appliance and intended use, as required in § 61:15:01:01.

**Summary of Non-Compliance Finding:**

The Provider was unable to locate documentation for the heating and cooling system inspection conducted within the past year.

**Corrections to be Made:**

The heating and cooling system needs to be inspected annually. Verification of the annual inspection will be submitted to the Office of Licensing & Accreditation.

**Corrections Made:**

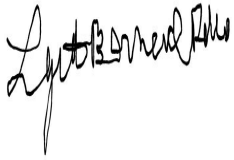
The heating and cooling system was inspected by a qualified service technician.

**Anticipated Completion Date:**  
April 24, 2025

**Date Completed:**  
April 24, 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.**

Lynette Bernard Peters  
Printed Name of Provider/Agency Contact



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

\_\_\_\_\_  
April 24, 2025

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Julie Hermansen

\_\_\_\_\_  
Printed Name of DSS Staff



3/17/2025, 8:28:24 AM

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Signature of DSS Staff:

\_\_\_\_\_  
Date