
Date Issued	June 16, 2025	Status	Closed
Provider Name	<u>BROWN, MICHELLE L.</u>		
Provider ID	<u>010607669</u>		
Provider Address	<u>1014 N Summit Ave, Sioux Falls, SD 57104, USA</u>		
Provider Contact	<u>MICHELLE L. BROWN</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:

67:42:17:46

A provider shall complete pediatric first aid training every five years and maintain documentation of the training. A provider must be certified in pediatric cardiopulmonary resuscitation. The certification must include a hands-on skills test.

A provider shall work under supervision until the provider has completed the training required by this section. The supervisor shall have completed their pediatric first aid training and be certified in pediatric cardiopulmonary resuscitation.

Summary of Non-Compliance Finding:

During an onsite inspection, it was determined that the provider did not have current CPR certification.

A provider must be certified in pediatric cardiopulmonary resuscitation.

Corrections to be Made:

Documentation of current pediatric CPR to be provided to the Office of Licensing and Accreditation.

Corrections Made:

06/02/25 Documentation of valid CPR received on this date.

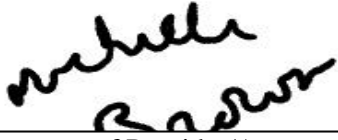
Anticipated Completion Date:
June 15, 2025

Date Completed:
May 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.

Michelle Brown

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 16, 2025

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



Signature of DSS Staff:

June 02, 2025

Date
