COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	July 07, 2025	Status	Closed

Provider Name	RFPETTIGREW ELEMENTARY CLC
Provider ID	018043141
Provider Address	7900 W 53rd St, Sioux Falls, SD 57106, USA
Provider Contact	Caitlyn Dikoff

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:

67:42:17:17

All providers shall, within ninety days after the date of employment, complete and obtain documentation of orientation training in the following areas:

(1) Prevention and control of infectious diseases;
(2) Prevention of sudden infant death syndrome and the use of safe sleep practices, if infant care is provided;
(3) Administration of medication;
(4) Prevention of and response to an emergency due to food allergies and other allergic reactions;
(5) Building and physical premises safety;
(6) Prevention of shaken baby syndrome and abusive head trauma, if infant care is provided;
(7) Emergency preparedness and response planning for an emergency resulting from a natural disaster or man-caused event;
(8) Handling and storage of hazardous materials and the appropriate disposal of biological contaminants;
(9) Precautions in transporting a child, if the program provides transportation;
(10) Recognition and reporting of child abuse and neglect;
(11) Pediatric first aid;
(12) Pediatric cardiopulmonary resuscitation; and
(13) Child development.

Before a provider may care for children without supervision, the provider must complete orientation training in each of the areas listed in this section.

Summary of Non-Compliance Finding:

At the time of the inspection, one provider did not have documentation of completed orientation training.

Corrections to be Made:

Documentation of completed orientation training to be provided to the Office of Licensing and Accreditation.

Corrections Made:

06-16-25 A copy of the completed Level I orientation training certificate was provided to the Office of Licensing and Accreditation.

Anticipated Completion Date:
July 07, 2025

Date Completed:
July 07, 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.

Caitlyn Dikoff
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

July 07, 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

7/7/2025, 1:40:12 PM
Signature of DSS Staff:

July 07, 2025
Date