COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	June 25, 2025	Status	Closed

Provider Name	Summercare at Westside
Provider ID	406267886
Provider Address	3901 Oklahoma Ave, Sioux Falls, SD 57107, USA
Provider Contact	Tara Foley

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 inspection, a staff member had not completed pediatric cardiopulmonary resuscitation within 90 days of employment.

Corrections to be Made:

The provider will ensure current documentation of pediatric cardiopulmonary resuscitation is obtained for the staff

member.

Corrections Made:

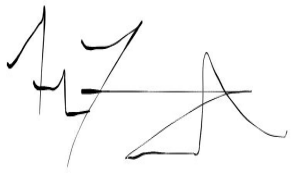
The provider submitted documentation of the staff member's current CPR on 7/16/2025.

Anticipated Completion Date:	**Date Completed:**
July 15, 2025	July 16, 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.

Tara Foley

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact — June 25, 2025 — Date

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

Morgan Jensen

Printed Name of DSS Staff

6/24/2025, 3:54:16 PM

Signature of DSS Staff: — June 24, 2025 — Date