

Date Issued	September 28, 2025	Status	Closed
Provider Name	AUL-BROZ, LESLIE		
Provider ID	010611185		
Provider Address	803 Labarge Ct, Pierre, SD 57501, USA		
Provider Contact	LESLIE AUL-BROZ		

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:**

67:42:17:42

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:**

At the time of the inspection, there was one child needing updated immunizations.

**Corrections to be Made:**

The provider will ensure the child's immunizations are current.

**Corrections Made:**

Verification has been received.

**Anticipated Completion Date:**  
September 29, 2025

**Date Completed:**  
September 29, 2025

**Compliance Plan Action #2**

**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:**

At the time of the inspection, the providers CPR had expired.

**Corrections to be Made:**

The provider will ensure her CPR certification remains current.

**Corrections Made:**

Verification of current CPR certification has been received.

**Anticipated Completion Date:**  
September 18, 2025

**Date Completed:**  
September 09, 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.**

Leslie Aul Broz

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

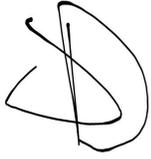
September 28, 2025

Date

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

Sarah Deakins

Printed Name of DSS Staff

A handwritten signature in black ink, consisting of a large, stylized letter 'D' with a vertical line through it, and a smaller loop to the left.

8/28/2025, 2:41:34 PM

Signature of DSS Staff:

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August 28, 2025

Date

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