South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
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Corrective Action Plan

Date Issued September 22, 2025 Status Closed

Provider Name	CENTERVILLE OST PROGRAM
Provider Type	Child Care
License #	1166976135
Provider Address	610 Lincoln St, Centerville, SD 57014, USA
Provider Contact	Elizabeth Peterson

The following administrative rules have been found to be out of compliance. A corrective action plan is required to bring the provider into compliance. Continued non-compliance could lead to revocation of your license.

Corrective Action Plan #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 the Program Inspection conducted by the Office of Licensing & Accreditation (OLA) on July 22, 2025, it was determined that CPR certifications for all three providers were expired. To date, updated certification has been obtained for two providers; however, one provider has not yet completed the CPR recertification process. This provider completed the online CPR training on September 12, 2025, but must still complete the required hands-on skills testing to achieve full certification.

Corrective Action:

The provider will complete hands-on skills testing in pediatric cardiopulmonary resuscitation to obtain current

certification.

Supporting Evidence:

To verify current certification, a copy of a CPR certificate or card will be submitted to OLA by October 22. 2025.

How Maintained:

Provider files will be reviewed annually to ensure that CPR certification is completed as required and remains current.

Position Responsible:	Expected Completion Date:	Date Completed:
Elizabeth Peterson, Director	October 22, 2025	October 17, 2025

Corrective Action Plan #2

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:

During the Program Inspection conducted by the Office of Licensing & Accreditation (OLA) on July 22, 2025, it was found that 18 child records were missing enrollment dates and one child record did not have permission for emergency care. Although it has been reported that this information is on file, verification of completion has not yet been submitted to OLA.

Corrective Action:

Enrollment dates for all children enrolled in the summer and after school programs must be submitted to OLA.

Verification of permission for emergency medical care must also be submitted for the identified child.

Supporting Evidence:

To verify compliance, enrollment dates as specified and the permission for emergency medical care must be submitted to OLA by October 6, 2025.

How Maintained:

Child records will be reviewed at the time of enrollment and annually thereafter to ensure that all required information is complete and maintained in each record.

Position Responsible:	Expected Completion Date:	Date Completed:
Elizabeth Peterson, Director	October 06, 2025	October 17, 2025

SIGNATURES

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.

Elizabeth Peterson

Provider Name

Signature of Provider

September 30, 2025

Date

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

Deb Bigge

Printed Name of DSS Staff

9/22/2025, 9:33:20 AM

Signature of DSS Staff:

September 22, 2025

Date

COMPLETION DETAILS

COMPLETION DATE: October 17, 2025

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Deb Bigge

Printed Name of DSS Staff

10/20/2025, 2:04:47 PM

Signature of DSS Staff:

October 17, 2025

Date