



## Corrective Action Plan

Date Issued February 10, 2026 Status Closed

Provider Name	<u>LITTLE STEPS IHANPI CIKCISTINA</u>
Provider Type	<u>Child Care</u>
License #	<u>750731320</u>
Provider Address	<u>456585 Veterans Memorial Dr, Sisseton, SD 57262, USA</u>
Provider Contact	<u>Renae Kampeska , Sheri Marks</u>

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:**

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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:**

A program inspection was conducted by the Office of Licensing and Accreditation (OLA) on November 19, 2025. To date, verification of required CPR certification has not been completed for one provider.

**Corrective Action:**

Documentation verifying completion of the required Pediatric CPR certification, including a hands-on skills assessment, must be obtained.

**Supporting Evidence:**

To verify completion of Pediatric CPR certification, a copy of the CPR certificate for the required provider will be submitted to OLA **by March 16, 2026.**

**How Maintained:**

Provider files will be reviewed quarterly to ensure required CPR certification is current for all providers.

**Position Responsible:**  
Renaë Kampeska, Director

**Expected Completion Date:**  
March 16, 2026

**Date Completed:**  
March 05, 2026

**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.

Renaë Kampeska

Provider Name



Signature of Provider

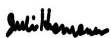
February 10, 2026

Date

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

Julie Hermansen

Printed Name of DSS Staff



Signature of DSS Staff:

February 10, 2026

Date

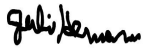
**COMPLETION DETAILS**

**COMPLETION DATE:** March 05, 2026

**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.**

Julie Hermansen

Printed Name of DSS Staff



3/5/2026, 3:29:55 PM

Signature of DSS Staff:

March 05, 2026

Date