COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	May 06, 2026	Status	Closed

Provider Name	Elizabeth Peckham
Provider ID	241232805
Provider Address	3024 S Valley Dr, Rapid City, SD 57703, USA
Provider Contact	Elizabeth Peckham

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:

67:42:01:13.01
An in-home or informal provider,
in order to qualify for child care assistance payments, shall:
(1) Be at least
eighteen years old;
(2) Submit to a
background check and comply with the requirements of § 67:42:17:13 for any
individual who cares for, supervises, or has unsupervised access to a child;
(3) Have documentation
of completed orientation training in each of the training areas listed in
§ 67:42:17:17;
(4) Submit to an annual
inspection;
(5) Meet health and
safety standards required by 45 C.F.R. § 98.41, in effect on September 30,
2016; and
(6) Complete a minimum
of three hours per year of on-going training and provide verification of
completion. Training must include any of the orientation training categories
listed in § 67:42:17:17.

Summary of Non-Compliance Finding:

- Provider did not have an emergency evacuation plan developed.
- Hazardous cleaning supplies were accessible to child (cleaning chemicals found under kitchen sink cabinet, and bathroom cabinet)

Corrections to be Made:

- Provider will need to develop an emergency evacuation plan and submit to the Office of Licensing & Accreditation.
- Provider will need to remove all cleaning supplies making them inaccessible to children then submit verification to the Office of Licensing & Accreditation.

Corrections Made:

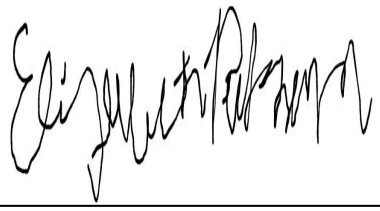
- Provider submitted an emergency evacuation plan to the Office of Licensing & Accreditation.
- Provider removed all cleaning supplies making them inaccessible to child and submitted verification to the Office of Licensing & Accreditation.

Anticipated Completion Date:
May 14, 2026

Date Completed:
May 06, 2026

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 Peckham
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

May 06, 2026
Date

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

Andrea Neff
Printed Name of DSS Staff

4/30/2026, 4:00:36 PM
Signature of DSS Staff:

April 30, 2026
Date