

|                  |                                      |        |        |
|------------------|--------------------------------------|--------|--------|
| Date Issued      | June 03, 2026                        | Status | Closed |
| Provider Name    | GREAT AFTER SCHOOL PLACE-METHODIST   |        |        |
| Provider ID      | 011508869                            |        |        |
| Provider Address | 625 5th St, Brookings, SD 57006, USA |        |        |
| Provider Contact | Stacey Zerfas                        |        |        |

**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:**

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

- (1) The employee's name and date of birth;
- (2) The dates on which the employee began and ended employment;
- (3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
- (4) A statement that:
  - (a) Defines child abuse and neglect;
  - (b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
  - (c) Is signed by the employee; and
- (5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

**Summary of Non-Compliance Finding:**

At time of inspection, 1 staff file was missing required information.

**Corrections to be Made:**

A child care provider shall maintain a record for each employee that includes all required information as outlined in ARSD 67:42:17:15.

**Corrections Made:**

Verification received that employee file is updated with all required information.

**Anticipated Completion Date:**  
May 14, 2026

**Date Completed:**  
May 26, 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.**

Stacey Zerfas

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 03, 2026

Date

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

Ambuer Jaacks

Printed Name of DSS Staff



5/26/2026, 3:08:59 PM

Signature of DSS Staff:

May 26, 2026

Date