COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	August 13, 2026	Status	Closed

Provider Name	YMCA YOUTH DEVELOPMENT CENTER
Provider ID	011008567
Provider Address	6 S State St, Aberdeen, SD 57401, USA
Provider Contact	Kaitlyn Fair

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:

67:42:17:06

A provider shall, within twenty-four hours, report to the department.

(1) A change of address;
(2) Any major change in the operation or ownership of the program;
(3) A change in the household size or composition;
(4) Damage to or a change in the condition of the facility or home;
(5) An investigation of the provider or a program employee, by the Division of Child Protection Services or law enforcement, concerning any allegation of:

(a) Child abuse or neglect; or
(b) Any action that may prohibit the provider or employee from meeting background check eligibility requirements;

(6) Any injury to a child that requires medical attention or dental care; and
(7) The death of a child, if related to a serious injury that occurred on the premises of the child care program.

Summary of Non-Compliance Finding:

During a complaint investigation conducted by the Office of Licensing & Accreditation, it was found that the Provider did not report an injury to a child that required medical attention to the Office of Licensing & Accreditation.

Corrections to be Made:

The provider must report any serious injury to a child that requires medical attention to the Office of Licensing & Accreditation within 24 hours of the incident.

Corrections Made:

The requirements for reporting incidents and changes in circumstances were reviewed with the director, who acknowledged the requirements and stated they understand the reporting expectations moving forward.

Anticipated Completion Date:
August 14, 2026

Date Completed:
August 13, 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.

Tevan Head

Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

July 31, 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

7/31/2026, 11:00:21 AM

Signature of DSS Staff:

July 31, 2026

Date