COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	September 09, 2026	Status	Closed

Provider Name	Human Service Agency
Provider ID	ACC1029
Provider Address	123 19th St NE, Watertown, SD 57201
Provider Contact	Kari Johnston

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:

67:62:09:02

Each building the center owns, rents, or leases must comply with applicable fire safety standards, as set forth in the 2012 edition of the NFPA 101 Life Safety Code. An automatic sprinkler system is not required in an existing facility, unless significant renovation or remodeling occurs. An existing automatic sprinkler system must remain in service.

New construction, renovations, additions, and changes of space must comply with NFPA 101 Life Safety Code, 2012 edition. Each facility must also comply with the building construction standards of the International Building Code, 2012 edition.

Summary of Non-Compliance Finding:

The annual fire extinguisher inspection has not been completed at the Sisseton Office. Human Service Agency has a contract with a service company to inspect the fire extinguishers annually, but this is the second year in a row it has not been completed.

Corrections to be Made:

Human Service Agency must ensure annual fire extinguisher inspections are completed, by either the company they currently contract, or by another method.

Corrections Made:

Human Service Agency has reached out to the inspection company and will ensure the inspections are completed annually.

Anticipated Completion Date: **Date Completed:**

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.

Kari Johnston

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

September 09, 2026

Date

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

Printed Name of DSS Staff

Signature of DSS Staff:

Date