
Date Issued	March 05, 2025	Status	Closed
Provider Name	<u>HELPING HANDS CHILDCARE</u>		
Provider ID	<u>011102542</u>		
Provider Address	<u>901 6th Ave SW, Aberdeen, SD 57401, USA</u>		
Provider Contact	<u>Madeleine Gould</u>		

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:

67:42:17:43

A provider shall have:

- (1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
- (2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;
- (3) A written procedure for communication and reunification with parents; and
- (4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment. Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

Summary of Non-Compliance Finding:

There was no documentation of the required the evacuation, shelter-in-place, and lock down drills for 2024.

Corrections to be Made:

Provide documentation of the drills completed in 2024 to the Office of Licensing & Accreditation.

Corrections Made:

The provider submitted documentation of the required drills completed in 2024, including the corresponding drill dates.

Anticipated Completion Date:
March 05, 2025

Date Completed:
March 05, 2025

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.

Madeleine Gould

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 05, 2025

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



2/27/2025, 2:05:11 PM

Signature of DSS Staff:

Date