COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 19, 2025	Status	In Process

Provider Name	YDC - WARNER SITE
Provider ID	011102534
Provider Address	110 1st Ave SW, Warner, SD 57479, 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:

67:42:17:43

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 annual evacuation, shelter-in-place and lockdown drills.

Corrections to be Made:

The program needs to complete 2 fire, 2 lockdown and 2 shelter in place drills annually. One of each drill will be completed within a month.

Corrections Made:

The program provided dates for the drills completed.

Anticipated Completion Date:	Date Completed:
April 04, 2025	March 26, 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.

Tevan Head

Printed Name of Provider/Agency Contact

March 19, 2025

Signature of Provider/Agency Contact | 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

3/14/2025, 1:53:59 PM

March 14, 2025

Signature of DSS Staff: | Date