

Date Issued	June 02, 2025	Status	Closed
Provider Name	BENSON, ANGEL		
Provider ID	018042781		
Provider Address	707 Locust St, Yankton, SD 57078, USA		
Provider Contact	ANGEL BENSON		

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:

67:42:17:29

A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Summary of Non-Compliance Finding:

An allergy plan is not on file for a child with a known food allergy.

Corrections to be Made:

An allergy plan with all required information must be completed and kept on file. The expected completion date is 05/28/25.

Corrections Made:

Verification of a completed allergy plan was received.

Anticipated Completion Date:

June 02, 2025

Date Completed:

June 02, 2025

Compliance Plan Action #2

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:

Documentation of two shelter-in-place/tornado drills completed within the last year was not available.

Corrections to be Made:

Two fire, two tornado, and two lockdown drills must be completed yearly. A shelter-in-place/tornado drill must be completed within a month.

Corrections Made:

Verification of a completed drill was received.

Anticipated Completion Date:

June 20, 2025

Date Completed:

June 02, 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.

Angel Benson

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 02, 2025

Date

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

Deb Bigge

Printed Name of DSS Staff



Signature of DSS Staff:

May 22, 2025

Date

5/22/2025, 1:32:25 PM