COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	September 11, 2025	Status	Closed

Provider Name	GAFFER, KELLY
Provider ID	018043197
Provider Address	244 N Milwaukee St, Canton, SD 57013, USA
Provider Contact	KELLY GAFFER

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:

Two rooms listed in the current emergency preparedness plan have changed.

Corrections to be Made:

The provider must complete an updated Emergency Preparedness Plan and provide the updated copy to the Office of Licensing and Accreditation.

Corrections Made:

The provider provided a copy of the updated Emergency Preparedness Plan to the Office of Licensing and Accreditation.

Anticipated Completion Date:
October 03, 2025

Date Completed:
September 22, 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.

Kelly Gaffer
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

September 11, 2025
Date

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

Teri Pieters
Printed Name of DSS Staff

9/11/2025, 11:03:52 AM
Signature of DSS Staff:

September 11, 2025
Date