
Date Issued	October 15, 2025	Status	Closed
Provider Name	<u>ANDES CENTRAL AFTER SCHOOL PROGRAM</u>		
Provider ID	<u>019525353</u>		
Provider Address	<u>1000 High St, Lake Andes, SD 57356, USA</u>		
Provider Contact	<u>Judith Naatz</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:

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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:

One lockdown drill was documented for the past year. Verification of current liability insurance is needed.

Corrections to be Made:

Two lockdown drills are to be completed yearly; an additional drill is to be completed within the next month. Verification of current liability insurance is to be obtained.

Corrections Made:

Verification of a completed lockdown drill and current liability insurance was received.

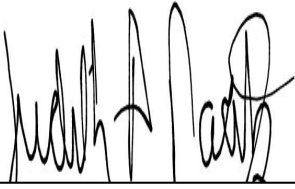
Anticipated Completion Date:
November 01, 2025

Date Completed:
November 03, 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.

Judith A Naatz

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

October 15, 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:

October 02, 2025

Date

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