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Date Issued	November 05, 2025	Status	Closed
Provider Name	<u>SINTE GLESKA UNIVERSITY CHILD CARE</u>		
Provider ID	<u>015508238</u>		
Provider Address	<u>900 US-18, Mission, SD 57555, USA</u>		
Provider Contact	<u>Cheryl Whirlwind Soldier</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:**

Program did not have a current copy of the Certificate of Liability Insurance during the inspection.

**Corrections to be Made:**

Program will need to obtain a current copy of the Certificate of Liability Insurance and submit to the Office of Licensing & Accreditation.

**Corrections Made:**

Program submitted current Certificate of Liability Insurance to the Office of Licensing & Accreditation.

**Anticipated Completion Date:**  
November 18, 2025

**Date Completed:**  
November 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.**

Cheryl Whirlwind Soldier  
Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

November 05, 2025

Date

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

Andrea Neff  
Printed Name of DSS Staff

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11/4/2025, 1:51:06 PM

Signature of DSS Staff:

November 04, 2025

Date