

Date Issued	August 12, 2025	Status	Closed
Provider Name	<u>Lil' Gov's Bright Beginning's</u>		
Provider ID	<u>1061725171</u>		
Provider Address	<u>1408 N Harrison Ave, Pierre, SD 57501, USA</u>		
Provider Contact	<u>Victoria Peterson</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:

At the time of the inspection, the new owner did not have a written emergency preparedness and response plan for emergencies.

Corrections to be Made:

The provider will have a written emergency preparedness and response plan for emergencies- a written plan for evacuation, relocation, shelter-in-place, and lockdown., a written plan for communication and reunification with parents, and a written plan for the continuity of operations.

Corrections Made:

Verification of a written emergency preparedness and response plan from the new owner has been received.

Anticipated Completion Date:
August 12, 2025

Date Completed:
August 12, 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.

Victoria R Peterson (Provider submitted without signature)

Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

August 12, 2025

Date

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

Sarah Deakins

Printed Name of DSS Staff



8/6/2025, 11:40:05 AM

Signature of DSS Staff:

August 06, 2025

Date