

Date Issued	October 09, 2025	Status	Closed
Provider Name	CANISTOTA B4 & AFTER SCHOOL PROGRAM		
Provider ID	014512523		
Provider Address	431 N 4th Ave, Canistota, SD 57012, USA		
Provider Contact	Morgan Lentz		

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:

No lockdown drills were completed in the past year. Verification of current liability insurance is needed.

Corrections to be Made:

Two lockdown drills need to be completed yearly; a lockdown drill is to be completed within the next month. Verification of insurance is to be submitted.

Corrections Made:

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

Anticipated Completion Date:
October 30, 2025

Date Completed:
October 20, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:42

A provider shall maintain a record for each child that includes:

- (1) The child's name and date of birth;
- (2) The parent or guardian's name and telephone number;
- (3) An emergency contact name and telephone number;
- (4) Parental permission for emergency medical treatment;
- (5) The names of individuals authorized to pick up the child;
- (6) Health information, including any allergies or special needs;
- (7) A current immunization record or, for a school-age program, the name of the child's school;
- (8) Parental permission for medication;
- (9) The child's attendance records;
- (10) The date of the child's enrollment; and
- (11) The date on which the child's enrollment ends.

The provider shall annually review and update each record required under this section, and make the child's record available to the department, upon request.

Summary of Non-Compliance Finding:

Information was needed for eight child files.

Corrections to be Made:

Required information is to be obtained for the files.

Corrections Made:

Verification was received that the needed information was obtained for the files.

Anticipated Completion Date:

October 30, 2025

Date Completed:

November 25, 2025

Compliance Plan Action #3

Administrative Rule:

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

- (1) The employee's name and date of birth;
- (2) The dates on which the employee began and ended employment;
- (3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
- (4) A statement that:
 - (a) Defines child abuse and neglect;

- (b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
 - (c) Is signed by the employee; and
- (5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

Information was needed for two provider files.

Corrections to be Made:

The required information is to be completed/obtained for the files.

Corrections Made:

Verification was received that the needed information was obtained.

Anticipated Completion Date:
October 14, 2025

Date Completed:
October 20, 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.

Morgan Larson

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

October 09, 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

Deb Bigge

10/2/2025, 1:27:27 PM

Signature of DSS Staff:

October 02, 2025

Date