

Date Issued	April 12, 2026	Status	Closed
Provider Name	IMAGINATION STATION PRESCHOOL		
Provider ID	016597810		
Provider Address	5504 Oak St, Black Hawk, SD 57718, USA		
Provider Contact	Leslie Rodriguez		

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 liability insurance available during the inspection.

Corrections to be Made:

Program will need to submit a current copy of the liability insurance to the Office of Licensing & Accreditation.

Corrections Made:

Program submitted a current copy of the liability insurance to the Office of Licensing & Accreditation same day as inspection.

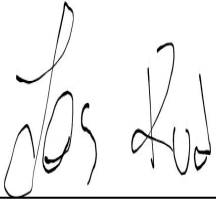
Anticipated Completion Date:
April 24, 2026

Date Completed:
April 08, 2026

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.

Leslie Rodriguez

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

April 12, 2026

Date

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

Andrea Neff

Printed Name of DSS Staff



Signature of DSS Staff:

April 10, 2026

Date
