COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	April 13, 2026	Status	Closed

Provider Name	KIDSTOP
Provider ID	018042497
Provider Address	401 S Spring Ave, Sioux Falls, SD 57104, USA
Provider Contact	Kathy Martens

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:

Documentation for the annual lockdown drills was incomplete, with only one drill recorded for the previous calendar year instead of the required two.

Corrections to be Made:

The provider will conduct an additional lockdown drill to ensure compliance with the requirement of two annual lockdown drills per calendar year.

Corrections Made:

Verification of compliance was received.

Anticipated Completion Date: **Date Completed:**

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.

Kathy Martens
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

April 10, 2026
Date

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

Morgan Giraldo
Printed Name of DSS Staff

Signature of DSS Staff:

April 13, 2026
Date