COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	April 29, 2026	Status	Closed

Provider Name	WHITE LAKE AFTERSCHOOL PROGRAM
Provider ID	014510712
Provider Address	410 E 4th St, White Lake, SD 57383, USA
Provider Contact	Jessica Podzimek

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, there was no verification of drills conducted in the previous year.

Corrections to be Made:

The provider must keep a copy of drills conducted in the previous year and have them available at the time of the inspection

Corrections Made:

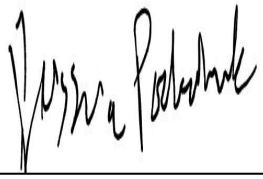
Verification has been received.

Anticipated Completion Date:
May 06, 2026

Date Completed:
April 27, 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.

Jessica Podzimek
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

April 29, 2026
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

4/24/2026, 4:26:43 PM
Signature of DSS Staff:

April 24, 2026
Date