COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	July 31, 2026	Status	Closed

Provider Name	WaKayezi Program
Provider ID	1990261919
Provider Address	612 Crazy Horse St, Rapid City, SD 57701, USA
Provider Contact	Shawn Little Thunder

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 written emergency preparedness and response plan covering all required areas during the inspection.

Corrections to be Made:

Program will submit a written emergency preparedness and response plan covering all required areas to the Office of Licensing & Accreditation.

Corrections Made:

Program submitted a written emergency preparedness and response plan covering all required areas to the Office of Licensing & Accreditation.

Anticipated Completion Date:
August 13, 2026

Date Completed:
August 06, 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.

Shawn Little Thunder
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

July 31, 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

7/30/2026, 8:02:18 AM

Signature of DSS Staff:

July 30, 2026
Date