

Date Issued	August 17, 2026	Status	Closed
Provider Name	GREGORY AFTER SCHOOL PROGRAM		
Provider ID	014512623		
Provider Address	505 Logan Ave, Gregory, SD 57533, USA		
Provider Contact	Katie Kalenda		

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, the provider was unable to locate the emergency preparedness drills conducted in the previous school year.

Corrections to be Made:

The dates the emergency preparedness drills were conducted in the previous school year will be provided to the Office of Licensing & Accreditation.

Corrections Made:

Verification has been received.

Anticipated Completion Date:

Date Completed:

August 17, 2026

August 25, 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.

Katie Kalenda

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

August 17, 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



7/17/2026, 2:50:32 PM

Signature of DSS Staff:

July 17, 2026

Date