

Date Issued	March 23, 2025	Status	Closed
Provider Name	ROOK, BETTY		
Provider ID	010606019		
Provider Address	45284 SD-34, Madison, SD 57042, USA		
Provider Contact	BETTY ROOK		

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:

67:42:17:42

A provider shall maintain a record for each child that includes:

- (1) The child's name and date of birth;
- (2) The parent or guardian's name and telephone number;
- (3) An emergency contact name and telephone number;
- (4) Parental permission for emergency medical treatment;
- (5) The names of individuals authorized to pick up the child;
- (6) Health information, including any allergies or special needs;
- (7) A current immunization record or, for a school-age program, the name of the child's school;
- (8) Parental permission for medication;
- (9) The child's attendance records;
- (10) The date of the child's enrollment; and
- (11) The date on which the child's enrollment ends.

The provider shall annually review and update each record required under this section, and make the child's record available to the department, upon request.

Summary of Non-Compliance Finding:

At time of inspection, 1 child file was missing required information.

Corrections to be Made:

A provider shall maintain a record for each child that includes: (1) The child's name and date of birth; (2) The parent or guardian's name and telephone number; (3) An emergency contact name and telephone number; (4) Parental permission for emergency medical treatment; (5) The names of individuals authorized to pick up the child; (6) Health information, including any allergies or special needs; (7) A current immunization record or, for a school-age program, the name of the child's school;

Corrections Made:

Verification of child's immunization record received.

Anticipated Completion Date:

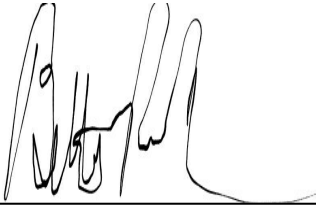
March 13, 2025

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.

Betty Rook

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 23, 2025

Date

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

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Printed Name of DSS Staff



3/11/2025, 4:46:37 PM

Signature of DSS Staff:

March 11, 2025

Date
