

Date Issued	April 09, 2025	Status	Closed
Provider Name	SELCHERT, CARRIE		
Provider ID	011516390		
Provider Address	1312 34th St S, Watertown, SD 57201, USA		
Provider Contact	CARRIE SELCHERT		

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; (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.

Corrections Made:

Verification received that child's file is updated with required information.

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.

Carrie Selchert

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

April 09, 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



3/25/2025, 1:18:57 PM

Signature of DSS Staff:

March 25, 2025

Date