

Date Issued April 30, 2025 Status Closed

Provider Name WHITLOCK, MADISON

Provider ID 011517637

Provider Address 418 SW 1st St, Madison, SD 57042, USA

Provider Contact MADISON WHITLOCK

**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, 2 child files were missing updated immunization records.

#### **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 files have been updated with all required information.

**Anticipated Completion Date:**

**Date Completed:**

**Compliance Plan Action #2**

**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 time of inspection, provider did not have documentation showing dates when 2 evacuation, 2 shelter-in-place, and 2 lock down drills were practiced in previous calendar year.

**Corrections to be Made:**

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.

**Corrections Made:**

Verification received that provider completed 1 of each drill to be in compliance with this inspection.

**Anticipated Completion Date:**  
May 22, 2025

**Date Completed:**  
May 07, 2025

**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.**

Madi Whitlock

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

April 30, 2025

Date

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

Ambuer Jaacks

Printed Name of DSS Staff

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4/28/2025, 8:56:46 PM

Signature of DSS Staff:

April 28, 2025

Date