

Date Issued May 05, 2025 Status Closed

Provider Name INTER-LAKES COM. ACTION PARTNERSHIP

Provider ID 011517206

Provider Address 106 Van Eps Ave N, Madison, SD 57042, USA

Provider Contact Cami Thompson

**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, there was one child record that was missing required information.

**Corrections to be Made:**

The missing information for the child 's record will be obtained and verification provided to the Office of Licensing & Accreditation.

**Corrections Made:**

Verification received that child's file is up to date with all required information.

**Anticipated Completion Date:**

May 08, 2025

**Date Completed:**

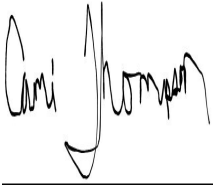
May 13, 2025

**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.**

Cami Thompson

Printed Name of Provider/Agency Contact

---



Signature of Provider/Agency Contact

May 05, 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

---



Signature of DSS Staff:

April 28, 2025

Date

---

4/28/2025, 10:27:29 PM