

Date Issued May 22, 2025 Status Closed

Provider Name TIGER DEN KIDDIE CARE  
Provider ID 011102549  
Provider Address 420 5th Ave, Ipswich, SD 57451, USA  
Provider Contact Nichol Osborne

**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:**

Five child records need current immunization records. Two child records need permission to emergency medical care. One child needs name of individuals authorized to pick up the child.

**Corrections to be Made:**

Verification of the missing child record information will be submitted to the Office of Licensing & Accreditation.

**Corrections Made:**

Documentation of the missing child record information has been provided to the Office of Licensing & Accreditation.

**Anticipated Completion Date:**

June 12, 2025

**Date Completed:**

June 20, 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.**

Nichol Osborne

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

May 22, 2025

Date

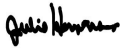
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**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Julie Hermansen

Printed Name of DSS Staff

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5/22/2025, 5:05:02 PM

Signature of DSS Staff:

May 22, 2025

Date

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