COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	September 30, 2025	Status	Closed

Provider Name	WHITE LAKE AFTERSCHOOL PROGRAM
Provider ID	014510712
Provider Address	410 E 4th St, White Lake, SD 57383, USA
Provider Contact	Jessica Podzimek

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 the time of the inspection, there were two children missing individuals authorized to pick them up.

Corrections to be Made:

The child records must contain all of the above required information.

Corrections Made:

Verification was received.

Anticipated Completion Date:	Date Completed:
October 08, 2025	September 29, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:30

Providers shall post a weekly menu that indicates meals and snacks to be served that week.

Summary of Non-Compliance Finding:

At the time of the inspection, the program did not have a snack menu available.

Corrections to be Made:

Weekly menu's must be posted.

Corrections Made:

Verification has been received.

Anticipated Completion Date:
October 07, 2025

Date Completed:
September 29, 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.

Jessica Podzimek
Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact

September 30, 2025
Date

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

Printed Name of DSS Staff

Signature of DSS Staff:

Date