COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	June 02, 2025	Status	Closed

Provider Name	SCHOOL OF EARLY EDUCATION - SF
Provider ID	018042607
Provider Address	3704 S Marion Rd, Sioux Falls, SD 57106, USA
Provider Contact	Chelsea DeJonge

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:

67:42:17:27

Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication. The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired. The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

Summary of Non-Compliance Finding:

At the time of the inspection, the program did not have written permission documented from the parent's for a medication that was kept on site for a child.

Corrections to be Made:

Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.

Corrections Made:

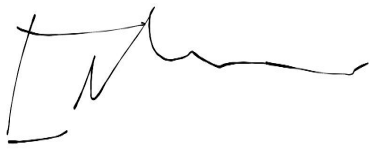
The child's scheduled last day enrolled was the day of the inspection, therefore no correction was needed. Program administration is aware the medication authorization forms need to be obtained from the parents for any medication kept on site.

Anticipated Completion Date:	Date Completed:
May 30, 2025	May 30, 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.

Tiffany Chavira

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 02, 2025
Date

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

Brooke Flemmer
Printed Name of DSS Staff

5/30/2025, 10:24:27 AM
Signature of DSS Staff:

May 30, 2025
Date