COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	June 12, 2025	Status	Closed
Provider Name	EMBE HARRISBURG HORIZON OST		
Provider ID	018042825		
Provider Address	5800 S Bahnson Ave, Sioux Falls, SD 57108, USA		
Provider Contact	Sarah Meagher		

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:

A child's medication authorization form was not filled out or signed by the parent.

Corrections to be Made:

The program will ensure all medication authorization forms are completed and signed by the parent.

Corrections Made:

Parents will complete the medication administration forms, and the program will ensure the rule requirements are met moving forward.

Anticipated Completion Date:	Date Completed:
June 02, 2025	May 21, 2025

Compliance Plan Action #2

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:

Several children's records were missing parental emergency medical care permission, and were unable to be verified at the time of inspection.

Corrections to be Made:

The provider will ensure that all required information for each child is verifiable at the time of inspections.

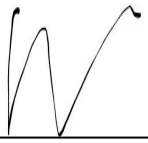
Corrections Made:

The provider submitted current documentation for the children to OLA.

Anticipated Completion Date:	**Date Completed:**
June 02, 2025	May 16, 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.

Sarah Meagher
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 12, 2025
Date

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

Morgan Jensen
Printed Name of DSS Staff

5/13/2025, 8:35:45 AM

Signature of DSS Staff:

May 13, 2025

Date