

Date Issued	June 16, 2025	Status	Closed
Provider Name	<u>HIS ARK CHRISTIAN CHILD DEV CENTER</u>		
Provider ID	<u>018042862</u>		
Provider Address	<u>5500 W 26th St, Sioux Falls, SD 57106, USA</u>		
Provider Contact	<u>Jill Skots</u>		

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:

During the inspection, two children's medication authorization forms did not contain proper start and end dates.

At the time of inspection, a child's medication authorization form had expired, and the medication no longer needed had not been returned to the parents.

Corrections to be Made:

The provider will ensure that proper start and end dates are documented on all children's medication authorization forms by 6/10/2025.

The provider will ensure that all medications no longer needed or expired are returned to the parents by 6/10/2025.

Corrections Made:

The provider submitted documentation of the children's medication authorization forms with proper start and end dates to OLA on 6/16/2025.

The provider submitted verification on 6/16/2025 that all unused and expired medications have been returned to the parents.

Anticipated Completion Date:
June 16, 2025

Date Completed:
June 16, 2025

Compliance Plan Action #2

Administrative Rule:

67:42:17:29

A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Summary of Non-Compliance Finding:

During inspection, three children's written allergy care plans containing all required information were not available.

Corrections to be Made:

The provider will ensure a written allergy care plan containing all required information is obtained for each child with known food allergies by 6/10/2025..

Corrections Made:

The provider submitted documentation of the children's written allergy care plans on 6/16/2025.

Anticipated Completion Date:

June 16, 2025

Date Completed:

June 16, 2025

Compliance Plan Action #3

Administrative Rule:

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

- (1) The employee's name and date of birth;
- (2) The dates on which the employee began and ended employment;
- (3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
- (4) A statement that:
 - (4a) Defines child abuse and neglect;
 - (4b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
 - (4c) Is signed by the employee; and
- (5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

At the time of inspection, several employee records were missing current CPR, annual training hours, and verification of Level I Orientation.

Corrections to be Made:

The provider will ensure all required criteria are obtained for each staff member and submitted to OLA by 6/10/2025.

Corrections Made:

The provider submitted documentation of all required criteria for employees on 6/16/2025.

Anticipated Completion Date:
June 16, 2025

Date Completed:
June 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.

Jill Skots

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 16, 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



Signature of DSS Staff:

May 21, 2025

Date