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Date Issued	November 06, 2025	Status	Closed
Provider Name	SDSU Early Learning Center		
Provider ID	011517222		
Provider Address	401 1st Ave, Brookings, SD 57006, USA		
Provider Contact	Barb Caulfield		

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**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 time of inspection, program didn't have written permission from parent or guardian for administering medication.

Also, provider didn't have documentation as to if/when medication was administered.

**Corrections to be Made:**

Before any medication is administered to a child, permission of the parent or guardian must be documented.

The provider shall document, in the child's record, any medication administered to a child.

**Corrections Made:**

Verification received that written permission has been received from parent or guardian prior to administering medication.

Provider is aware of protocol for documenting when medication is administered to children.

**Anticipated Completion Date:**

**Date Completed:**

**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.**

Barb Caulfield

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

November 06, 2025

Date

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

Ambuer Jaacks

Printed Name of DSS Staff



11/4/2025, 3:00:50 PM

Signature of DSS Staff:

November 04, 2025

Date