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Date Issued	November 25, 2025	Status	Closed
Provider Name	Ark Academy		
Provider ID	988574956		
Provider Address	3309 E 26th St, Sioux Falls, SD 57103, USA		
Provider Contact	Hollie Scott		

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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:**

67:42:17:38

The following must be inaccessible to a child:

- (1) Firearms;
- (2) Pellet guns, BB guns, and cap guns;
- (3) Matches and lighters;
- (4) Tobacco products;
- (5) Choking and strangulation hazards;
- (6) Items capable of being pulled or tipped onto a child;
- (7) A platform measuring more than thirty inches above ground level, unless surrounded by a railing that is at least thirty-six inches tall with no more than five inches between openings; and
- (8) Other hazardous condition as identified by the department.

The department may direct a provider to remove or correct a hazardous condition or circumstance not covered in this chapter, if the department considers the conditions or circumstances to have the potential to cause injury or illness to the children in care.

**Summary of Non-Compliance Finding:**

During a complaint investigation conducted by the Office of Licensing & Accreditation on November 4, 2025, a preschool-aged child was observed with a deflated balloon in their mouth, creating a potential choking hazard. In addition, large pieces of confetti, broken balloon fragments, and multiple inflated balloons were found on the floor throughout the facility.

**Corrections to be Made:**

All balloons, broken balloon pieces, and confetti will be removed from the floors throughout the facility. Staff will ensure that materials posing choking hazards are kept out of children’s reach at all times.

**Corrections Made:**

During a subsequent monitoring visit on November 7, 2025, it was observed that all balloons, balloon fragments, and confetti had been removed from the facility.

**Anticipated Completion Date:**  
November 21, 2025

**Date Completed:**  
November 07, 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.**

Hollie Scott

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

November 25, 2025

Date

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

Teri Pieters

Printed Name of DSS Staff



Signature of DSS Staff:

November 25, 2025

Date

11/25/2025, 11:05:44 AM