

Date Issued \_\_\_\_\_ Status Closed

Provider Name CHRIST THE KING SCHOOL

Provider ID 018042186

Provider Address 1801 S Lake Ave, Sioux Falls, SD 57105, USA

Provider Contact Jessie Braga-Henebry

**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, one child did not have written permission for the program to administer a medication. In addition the medication at the site was expired.

**Corrections to be Made:**

Written permission to administer medication to be obtained by the program and a copy provided to the Office of Licensing and Accreditation. The expired medication is to be returned to the parent and a current medication available at the program. Documentation to be provided to the Office of Licensing and Accreditation.

**Corrections Made:**

A copy of the permission form and documentation of current medication was received on 11/24/2025.

**Anticipated Completion Date:**  
December 05, 2025

**Date Completed:**  
November 24, 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:**

At the time of the inspection, two children did not have names of individuals authorized to pick up the child listed in their records.

**Corrections to be Made:**

Names of individuals authorized to pick up children to be added to the children's records and documentation provided to the Office of Licensing and Accreditation.

**Corrections Made:**

Updated records were provided to the Office of Licensing and Accreditation on 11/18/2025.

**Anticipated Completion Date:**

December 05, 2025

**Date Completed:**

November 18, 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.**

Hannah Woody

Printed Name of Provider/Agency Contact



12/10/2025, 2:18:52 PM

December 10, 2025

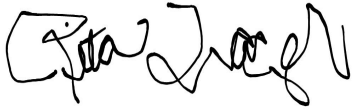
\_\_\_\_\_  
Signature of Provider/Agency Contact

\_\_\_\_\_  
Date

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

Rita Trager

\_\_\_\_\_  
Printed Name of DSS Staff



11/25/2025, 10:42:47 AM

\_\_\_\_\_  
Signature of DSS Staff:

\_\_\_\_\_  
Date