

Date Issued February 17, 2026 Status Closed

Provider Name IMAGINATION STATION

Provider ID 018039999

Provider Address 207 S Main Ave, Hartford, SD 57033, USA

Provider Contact Kristine Johnson

**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 inspection, a written medication administration form was not available for a child's medication.

**Corrections to be Made:**

The provider will ensure that a written medication authorization form is obtained for the child's medication.

**Corrections Made:**

Verification of compliance was received.

**Anticipated Completion Date:**

March 03, 2026

**Date Completed:**

February 12, 2026

### Compliance Plan Action #2

**Administrative Rule:**

67:42:17:43

A provider shall have:

- (1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
- (2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;
- (3) A written procedure for communication and reunification with parents; and
- (4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment.

Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

**Summary of Non-Compliance Finding:**

At the time of inspection, documentation of two annual evacuation, shelter-in-place, and lockdown procedures was not available.

At the time of inspection, a staff member was not knowledgeable about the emergency preparedness and response plan for a lockdown procedure.

**Corrections to be Made:**

The provider will ensure that documentation of two annual evacuation, shelter-in-place, and lockdown procedures is obtained.

The provider will ensure that all staff members are knowledgeable about the emergency preparedness and response plan, including a lockdown procedure.

**Corrections Made:**

Documentation showing two annual evacuation and shelter-in-place procedures was submitted.

A plan of action was submitted, along with verification that a lockdown procedure was conducted and that additional staff training was provided.

**Anticipated Completion Date:**  
March 03, 2026

**Date Completed:**  
February 10, 2026

**Compliance Plan Action #3**

**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:**

During inspection, two children did not have permission for emergency medical care, and current immunization records were not available for two children.

**Corrections to be Made:**

The provider will ensure that all required information is obtained for each child.

**Corrections Made:**

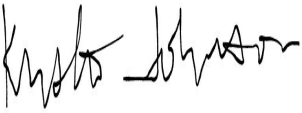
Verification of compliance was received.

**Anticipated Completion Date:**  
March 03, 2026

**Date Completed:**  
February 13, 2026

**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.**

Kristine Johnson  
 \_\_\_\_\_  
 Printed Name of Provider/Agency Contact

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

February 10, 2026  
 \_\_\_\_\_  
 Date

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

Morgan Giraldo

Printed Name of DSS Staff

---



2/10/2026, 2:43:43 PM

Signature of DSS Staff:

---

February 10, 2026

Date

---