
Date Issued	March 13, 2026	Status	Closed
Provider Name	SKYBERG, STEPHANIE		
Provider ID	010605210		
Provider Address	817 Prairie Ave N, Madison, SD 57042, USA		
Provider Contact	STEPHANIE SKYBERG		

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, provider didn't have written permission from parent or guardian to administer medication.

Provider also didn't have documentation of when medication was administered to a child including the dose, name of child, time and date of administered and the name of person administering the medication.

Corrections to be Made:

Provider will utilize the Child Medication Permission and Administration Form which includes parent or guardian's written permission to administer medication.

This form also includes proper documentation of date, time, dosage given, child's name, and name of person administering the medication.

Corrections Made:

Going forward, the provider will use the Child Medication Permission and Administration Form provided at the time of inspection to document medication administration.

Anticipated Completion Date:
March 19, 2026

Date Completed:
March 05, 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.

Stephanie Skyberg

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 13, 2026

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



3/12/2026, 4:20:25 PM

Signature of DSS Staff:

March 12, 2026

Date