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Date Issued	April 13, 2026	Status	Closed
Provider Name	VIBRANT MINDS LEARNING CENTER		
Provider ID	018043222		
Provider Address	4101 W Valhalla Blvd, Sioux Falls, SD 57106, USA		
Provider Contact	Ashley Grey		

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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:**

An EpiPen had expired but had not been returned to the parent.

**Corrections to be Made:**

The program will return the expired EpiPen to the parent.

**Corrections Made:**

While on-site, the licensing specialist verified that the program had returned the expired EpiPen to the parent. The child no longer requires an Epi-Pen.

**Anticipated Completion Date:**  
April 14, 2026

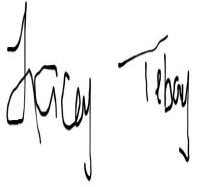
**Date Completed:**  
February 26, 2026

**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.**

Lacey Tebay

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

April 13, 2026

Date

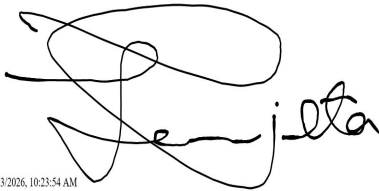
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**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Teri Pieters

Printed Name of DSS Staff

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Signature of DSS Staff:

April 13, 2026

Date

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