

Date Issued	March 19, 2026	Status	Closed
Provider Name	<u>HIS ARK CHRISTIAN CHILD DEV CENTER</u>		
Provider ID	<u>018042862</u>		
Provider Address	<u>5500 W 26th St, Sioux Falls, SD 57106, USA</u>		
Provider Contact	<u>Jill Skots</u>		

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:

During the inspection, it was found that several medication authorization forms were missing, several non-prescription medication administration forms lacked the required thirty-day end date, one child's medication administration form listed two medications on the same form, one medication authorization form failed to specify dosage or instructions for a non-prescription liquid medication, an unlabeled medication was present without a corresponding authorization form, and one child's allergy medication administration form was expired.

At the time of inspection, three children's medications were expired and had not been returned to parents or properly disposed of.

Corrections to be Made:

The provider will ensure that each medication has a completed authorization form on file, including the required thirty-day end date for all non-prescription medications by March 18, 2026.

The provider will ensure that all expired medications are promptly returned to parents or properly disposed of in accordance with policy by March 18, 2026.

Corrections Made:

Documentation showing the completed medication authorization forms were submitted on March 2, 2026.

Verification of compliance was received on March 4, 2026.

Anticipated Completion Date:
April 07, 2026

Date Completed:
March 04, 2026

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:

During the inspection, it was found that one child was missing documentation of a required vaccination.

Corrections to be Made:

The provider will ensure that documentation verifying that the child has received all required immunizations is obtained and maintained on file.

Corrections Made:

Verification of compliance was received on April 28, 2026.

Anticipated Completion Date:
April 28, 2026

Date Completed:
April 28, 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.

Jill Skots

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 19, 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



Signature of DSS Staff:

February 26, 2026

Date

2/26/2026, 9:03:22 AM