

Date Issued May 13, 2026 Status Closed

Provider Name BRIGHT EYES DAYCARE

Provider ID 018042676

Provider Address 7101 S Minnesota Ave, Sioux Falls, SD 57108, USA

Provider Contact Mandy Petersen

**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:**

There was one medication kept at the program that did not have a current medication authorization form.

#### **Corrections to be Made:**

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.

#### **Corrections Made:**

The medication authorization form was updated.

**Anticipated Completion Date:**

May 30, 2026

**Date Completed:**

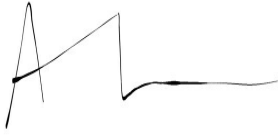
May 13, 2026

**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.**

Mandy Petersen

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

May 13, 2026

Date

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

Brooke Flemmer

Printed Name of DSS Staff

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5/12/2026, 11:03:08 AM

Signature of DSS Staff:

May 12, 2026

Date

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