

Date Issued	May 13, 2026	Status	Closed
Provider Name	DREAM KIDS PRESCHOOL & CHILDREN'S CENTER		
Provider ID	016598651		
Provider Address	2225 E Saint Patrick St, Rapid City, SD 57703, USA		
Provider Contact	LeAnn Maude		

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 a recent complaint investigation conducted by the Office of Licensing & Accreditation it was found that a provider administered medication to a child without permission of the parent or guardian.

Corrections to be Made:

The program will ensure that all children receiving medication have written permission from a parent or guardian prior to medication administration. The program will submit a written plan to the Office of Licensing & Accreditation outlining how it will ensure all staff understand and comply with ARSD 67:42:17:27 Medication Administration.

Corrections Made:

The program obtained written acknowledgment from all current providers confirming their understanding of the medication administration policy, including the requirement for two-person verification to ensure accurate documentation and administration of all medications. The updated medication administration policy will also be incorporated into the staff policy manual.

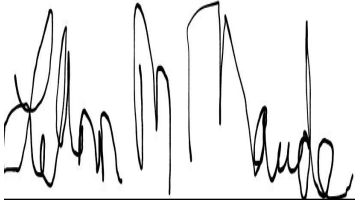
Anticipated Completion Date:

Date Completed:

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.

LeAnn M. Maude

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

May 12, 2026

Date

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

Andrea Neff

Printed Name of DSS Staff



Signature of DSS Staff:

May 12, 2026

Date