

Date Issued	June 01, 2026	Status	Closed
Provider Name	HOPE C.A.R.E DAY CARE #2		
Provider ID	018042468		
Provider Address	1700 S Cliff Ave, Sioux Falls, SD 57105, USA		
Provider Contact	Brandi McCuen		

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:

The program did not have a written authorization for medication administration that outlined the dates the medication is to be administered.

Corrections to be Made:

The program will provide a written authorization for medication administration that outlines the dates the medication is to be administered to the Office of Licensing and Accreditation.

Corrections Made:

The program submitted updated medication authorization, including administration dates, to the Office of Licensing and Accreditation.

Anticipated Completion Date:
June 04, 2026

Date Completed:
May 04, 2026

Compliance Plan Action #2

Administrative Rule:

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

- (1) The employee's name and date of birth;
- (2) The dates on which the employee began and ended employment;
- (3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
- (4) A statement that:
 - (a) Defines child abuse and neglect;
 - (b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
 - (c) Is signed by the employee; and
- (5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

The program had three individuals with expired CPR certifications.

Corrections to be Made:

The program will provide the Office of Licensing and Accreditation with the updated CPR certificates.

Corrections Made:

The program provided the Office of Licensing and Accreditation with the updated CPR certificates.

Anticipated Completion Date:

June 04, 2026

Date Completed:

May 27, 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.

Brandi McCuen

Printed Name of Provider/Agency Contact



May 07, 2026

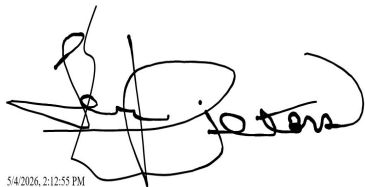
Signature of Provider/Agency Contact

Date

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

Teri Pieters

Printed Name of DSS Staff

A handwritten signature in black ink, appearing to read "Teri Pieters", written over a horizontal line.

5/4/2026, 2:12:55 PM

Signature of DSS Staff:

May 04, 2026

Date