

|                  |                                               |        |        |
|------------------|-----------------------------------------------|--------|--------|
| Date Issued      | July 07, 2026                                 | Status | Closed |
| Provider Name    | ROSA PARKS CLC                                |        |        |
| Provider ID      | 018043151                                     |        |        |
| Provider Address | 5701 E Red Oak Dr, Sioux Falls, SD 57110, USA |        |        |
| Provider Contact | Kyle Hoffman                                  |        |        |

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:**

Numerous medication authorization forms did not include an end date, there was a medication kept on site without a medication authorization form, and there was one expired medication that was not returned to the parent.

**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. The medication must be returned to the parent when no longer needed or expired.

**Corrections Made:**

A current medication authorization form, including end dates, was obtained for all medications kept on site. The expired medication was returned home.

**Anticipated Completion Date:**  
August 02, 2026

**Date Completed:**  
July 06, 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:**

Three provider employee records did not include all the required information outlined in ARSD 67:42:17:15.

**Corrections to be Made:**

All provider employee records must include the required information outlined in ARSD 67:42:17:15.

**Corrections Made:**

All provider employee records were updated to include all the required information outlined in ARSD 67:42:17:15.

**Anticipated Completion Date:**

August 02, 2026

**Date Completed:**

July 07, 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.**

Kyle Hoffman

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Printed Name of Provider/Agency Contact



\_\_\_\_\_  
Signature of Provider/Agency Contact

\_\_\_\_\_  
July 07, 2026

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Brooke Flemmer

\_\_\_\_\_  
Printed Name of DSS Staff



7/6/2026, 2:48:32 PM

\_\_\_\_\_  
Signature of DSS Staff:

\_\_\_\_\_  
July 06, 2026

\_\_\_\_\_  
Date