COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	July 15, 2026	Status	Closed

Provider Name	FOR THE LOVE OF CHILDREN
Provider ID	018042944
Provider Address	3700 S Westport Ave, Sioux Falls, SD 57106, USA
Provider Contact	Marsha Kirschman

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:

At the time of inspection, a child's prescription medication authorization form did not include an end date, and the medication was no longer needed but remained on site, and a child's over-the-counter medication was present without a medication authorization form.

Corrections to be Made:

The provider will ensure that all medications are accompanied by a medication authorization form that includes an end date and that medications no longer needed are returned to the child's parent(s) or guardian(s).

Corrections Made:

Verification of compliance was received.

Anticipated Completion Date:	Date Completed:
July 16, 2026	July 10, 2026

Compliance Plan Action #2

Administrative Rule:

67:42:17:29
A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Summary of Non-Compliance Finding:
During inspection, one child's allergy care plan was incomplete and did not identify the treatment method(s) or actions to be taken in the event of an allergic reaction, one child's allergy care plan identified an EpiPen and Benadryl as treatment methods; however, an alternative nasal epinephrine medication was available on site instead of an EpiPen, and one child's allergy care plan identified Benadryl as a treatment method, but the medication was not available on site.

Corrections to be Made:
The provider will ensure that all allergy care plans are current, complete, and contain accurate treatment methods, and that all treatments identified in the plans are available for children in the event of an allergic reaction.

Corrections Made:
Verification of compliance was received.

Anticipated Completion Date:	Date Completed:
July 16, 2026	July 10, 2026

Compliance Plan Action #3

Administrative Rule:
67:42:17:46
A provider shall complete pediatric first aid training every five years and maintain documentation of the training. A provider must be certified in pediatric cardiopulmonary resuscitation. The certification must include a hands-on skills test.

A provider shall work under supervision until the provider has completed the training required by this section. The supervisor shall have completed their pediatric first aid training and be certified in pediatric cardiopulmonary resuscitation.

Summary of Non-Compliance Finding:
At the time of inspection, one employee did not have documentation of CPR certification.

Corrections to be Made:
The provider will ensure that documentation of current CPR certification for the employee is obtained.

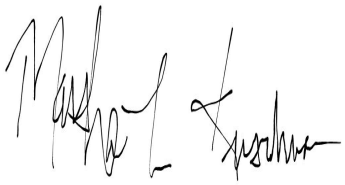
Corrections Made:
Verification of compliance was received.

Anticipated Completion Date:	Date Completed:
July 16, 2026	July 14, 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.

Marsha Kirschman

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

July 08, 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

6/25/2026, 12:49:58 PM

Signature of DSS Staff:

June 25, 2026

Date