

Date Issued September 23, 2026 Status Closed

Provider Name CENTRAL PRESCHOOL & KINDERGARTEN

Provider ID 018042174

Provider Address 3100 W Ralph Rogers Rd, Sioux Falls, SD 57108, USA

Provider Contact Melissa Ludens

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, several medication administration forms did not include the specific dates the medication is to be administered; two medications were listed on a single medication administration form for one child; and two medications were not stored in their original container.

Corrections to be Made:

The provider will ensure that all medication forms are completed in their entirety and include the specific dates the medication is to be administered, that each medication has its own medication administration form, and that all medications are maintained in their original container.

Corrections Made:

Verification of compliance was received.

Anticipated Completion Date:
September 23, 2026

Date Completed:
September 23, 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:

At the time of inspection, written allergy care plans were not available for three children with known food allergies.

Corrections to be Made:

The provider will ensure that written allergy care plans are obtained and maintained for all children with known food allergies.

Corrections Made:

Verification of compliance was received.

Anticipated Completion Date:

September 23, 2026

Date Completed:

September 23, 2026

Compliance Plan Action #3**Administrative Rule:**

67:42:17:18

All providers must obtain annual training in the topic areas identified in 45 C.F.R. § 98.41, in effect on September 30, 2016, or as identified by the department. Training must be documented and relevant to the provider's position as determined by the department. Training may include on-site or online classes. Pediatric cardiopulmonary resuscitation renewal may not be included in annual training.

Each director and provider of center and school-age programs counted in staff-child ratios shall complete ten hours of annual training.

Each provider of family day care counted in staff-child ratios shall complete six hours of annual training.

Orientation training hours qualify as annual training hours for each provider in the year the training was completed.

Every five years, all providers shall complete additional, advanced training in each of the training areas listed in §

67:42:17:17.

Summary of Non-Compliance Finding:

At the time of inspection, a provider was due to complete Level II Health & Safety Training but had not yet completed the required training.

Corrections to be Made:

The provider will ensure that a certificate of completion for the employee's Level II Health & Safety Training is obtained.

Corrections Made:

Verification of compliance was received.

Anticipated Completion Date:
September 23, 2026

Date Completed:
September 23, 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.

Pennie Lanz

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

September 02, 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



9/2/2026, 2:37:13 PM

Signature of DSS Staff:

September 02, 2026

Date