COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	October 27, 2026	Status	Closed

Provider Name	KID'S WORLD LEARNING CENTER
Provider ID	011512327
Provider Address	2220 6th St, Brookings, SD 57006, USA
Provider Contact	Robin Rice

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 time of inspection, a medication form wasn't filled out correctly by a parent or guardian to include the dates in which medication should be administered.

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.

Corrections Made:

Verification received that an updated medication form was completed by parent with correct information.

Anticipated Completion Date:	Date Completed:
October 26, 2026	October 20, 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.

Robin Rice

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

October 27, 2026

Date

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

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Printed Name of DSS Staff



10/26/2026, 3:22:04 PM

Signature of DSS Staff:

October 26, 2026

Date