
Date Issued	March 19, 2025	Status	Closed
Provider Name	<u>B & G CLUB INSPIRATION ELEM. ASE</u>		
Provider ID	<u>018043058</u>		
Provider Address	<u>3401 S Sparta Ave, Sioux Falls, SD 57110, USA</u>		
Provider Contact	<u>Kyle Hoffman</u>		

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:

There were three medication authorization forms that were not obtained from the parents for medications present at the facility.

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:

All medication authorization forms were obtained from the parents for medications present at the facility.

Anticipated Completion Date:

April 07, 2025

Date Completed:

March 20, 2025

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

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 19, 2025

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



3/19/2025, 8:35:48 AM

Signature of DSS Staff:

March 19, 2025

Date