COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued Status Closed

Provider Name	GIMME-A-BREAK,LLC.
Provider ID	018043178
Provider Address	2425 S Shirley Ave Unit 113, Sioux Falls, SD 57106, USA
Provider Contact	Amanda And Joe McGregor

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:

A child's inhaler did not have a prescription label, only a handwritten note, and there was no documented treatment plan on file outlining its use.

Corrections to be Made:

Medication must be stored in its original container with the original label intact. For prescription medications, the label must include the child’s name, dosage amount and frequency, expiration date, the name of the prescribing physician or licensed practitioner, and storage instructions.

Corrections Made:

The provider has a clear understanding of the requirement and will not accept medication without the required documentation as per ARSD 67:42:17:27 at any time.

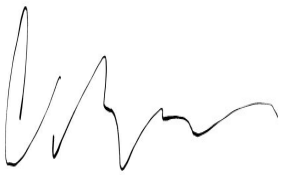
Anticipated Completion Date:
July 11, 2025

Date Completed:
June 26, 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.

Amanda McGregor

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 25, 2025
Date

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

Teri Pieters
Printed Name of DSS Staff

6/26/2025, 8:36:40 AM
Signature of DSS Staff:

June 26, 2025
Date