

Date Issued	September 16, 2025	Status	Closed
Provider Name	Cleveland CLC		
Provider ID	93498444		
Provider Address	1000 S Edward Dr, Sioux Falls, SD 57103, USA		
Provider Contact	Kyle Hoffman		

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:**

67:42:17:42

A provider shall maintain a record for each child that includes:

- (1) The child's name and date of birth;
- (2) The parent or guardian's name and telephone number;
- (3) An emergency contact name and telephone number;
- (4) Parental permission for emergency medical treatment;
- (5) The names of individuals authorized to pick up the child;
- (6) Health information, including any allergies or special needs;
- (7) A current immunization record or, for a school-age program, the name of the child's school;
- (8) Parental permission for medication;
- (9) The child's attendance records;
- (10) The date of the child's enrollment; and
- (11) The date on which the child's enrollment ends.

The provider shall annually review and update each record required under this section, and make the child's record available to the department, upon request.

#### **Summary of Non-Compliance Finding:**

Not all children records include the required information outlined in ARSD 67:42:17:42.

#### **Corrections to be Made:**

All children records need to include the required information outlined in 67:42:17:42.

#### **Corrections Made:**

All children records were updated to include the required information outlined in ARSD 67:42:17:42.

**Anticipated Completion Date:**

September 16, 2025

**Date Completed:**

September 11, 2025

**Compliance Plan Action #2**

**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:**

The program did not obtain an emergency response medication or the medication authorization form from a child's parent.

**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. The medication must be provided by the parent and kept in the original container, with the original label.

**Corrections Made:**

The program obtained an emergency response medication and the medication authorization form from a child's parent.

**Anticipated Completion Date:**  
September 12, 2025

**Date Completed:**  
September 12, 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

September 04, 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

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9/4/2025, 8:35:19 AM

Signature of DSS Staff:

September 04, 2025

Date

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