COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	November 07, 2025	Status	Closed

Provider Name	ROBERT FROST ELEMENTARY CLC
Provider ID	018043143
Provider Address	3101 S 4th Ave, Sioux Falls, SD 57105, USA
Provider Contact	Saundra Larson

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:

67:42:17:17

All providers shall, within ninety days after the date of employment, complete and obtain documentation of orientation training in the following areas:

(1) Prevention and control of infectious diseases;
(2) Prevention of sudden infant death syndrome and the use of safe sleep practices, if infant care is provided;
(3) Administration of medication;
(4) Prevention of and response to an emergency due to food allergies and other allergic reactions;
(5) Building and physical premises safety;
(6) Prevention of shaken baby syndrome and abusive head trauma, if infant care is provided;
(7) Emergency preparedness and response planning for an emergency resulting from a natural disaster or man-caused event;
(8) Handling and storage of hazardous materials and the appropriate disposal of biological contaminants;
(9) Precautions in transporting a child, if the program provides transportation;
(10) Recognition and reporting of child abuse and neglect;
(11) Pediatric first aid;
(12) Pediatric cardiopulmonary resuscitation; and
(13) Child development.

Before a provider may care for children without supervision, the provider must complete orientation training in each of the areas listed in this section.

Summary of Non-Compliance Finding:

At the time of the inspection, one employee does not have documentation of completed Level I orientation training within the first 90 days of employment.

Corrections to be Made:

Documentation of completed orientation training to be provided to the Office of Licensing and Accreditation.

Corrections Made:

Documentation of completed Level I orientation was received.

Anticipated Completion Date:	**Date Completed:**
November 24, 2025	November 25, 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:

At the time of the inspection, two children had documentation indicating they required medications for food allergies. Medications were not present at the site.

Corrections to be Made:

Medications to be provided at the site and permission forms for administration to be completed.

In the alternative, documentation from the parents is provided indicating that the child no longer needs the medication.

Documentation of above indicated alternatives to be provided to the Office of Licensing and Accreditation.

Corrections Made:

During a monitoring visit on 12-16-25, documentation from the parents indicated that the children no longer require the medications.

Anticipated Completion Date:	**Date Completed:**
November 24, 2025	December 16, 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.

Saundra Larson

Printed Name of Provider/Agency Contact

November 07, 2025

Signature of Provider/Agency Contact | Date

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

Rita Trager

Printed Name of DSS Staff

11/26/2025, 2:03:42 PM

November 26, 2025

Signature of DSS Staff: | Date