COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	July 07, 2026	Status	Closed

Provider Name	B&G CLUB EXPLORER ELEMENTARY ASE
Provider ID	018042113
Provider Address	4010 W 82nd St, Sioux Falls, SD 57108, 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:

67:42:17:27

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 was one medication kept on site that was expired and one medication authorization form that did not include an end date.

Corrections to be Made:

The medication must be returned to the parent when no longer needed or expired. 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:

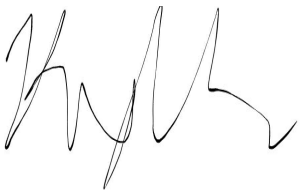
The expired medication was returned to parents and all medication authorization forms were updated to include an end date.

Anticipated Completion Date:
August 01, 2026

Date Completed:
July 17, 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.

Kyle Hoffman
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

July 07, 2026
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

Signature of DSS Staff:

July 06, 2026
Date