COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	July 07, 2026	Status	Closed

Provider Name	B&G CLUB FRED ASSAM ELEMENTARY ASE
Provider ID	018042409
Provider Address	7700 E Willowwood St, Sioux Falls, SD 57110, 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 were three medication authorization forms that did not have an end date.

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 updated to include an end date.

Anticipated Completion Date:	Date Completed:
August 02, 2026	July 02, 2026

Compliance Plan Action #2

Administrative Rule:

67:42:17:29

A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions

regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Summary of Non-Compliance Finding:

There was one written care plan for a child who has a known food allergy that needed to be updated.

Corrections to be Made:

A provider shall have a written care plan for each child who has a known food allergy.

Corrections Made:

The program obtained all medications that were listed as the response plan on a written allergy care plan for a child in care.

Anticipated Completion Date:	**Date Completed:**
August 02, 2026	July 09, 2026

Compliance Plan Action #3

Administrative Rule:

67:42:17:15

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

(1) The employee's name and date of birth;
(2) The dates on which the employee began and ended employment;
(3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
(4) A statement that:

(a) Defines child abuse and neglect;
(b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
(c) Is signed by the employee; and

(5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

There were three provider employee records that did not include all the required information outlined in ARSD 67:42:17:15.

Corrections to be Made:

All provider employee records must include the required information outlined in ARSD 67:42:17:15.

Corrections Made:

All provider employee records were updated to include the required information outlined in ARSD 67:42:17:15.

Anticipated Completion Date:	**Date Completed:**
August 02, 2026	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 — Date: July 07, 2026

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

Brooke Flemmer

Printed Name of DSS Staff

7/7/2026, 7:07:58 AM

Signature of DSS Staff: — Date: July 07, 2026