

completion required by December 12, 2025.

4. Following completion of the QRIS Leadership Series, the director will meet with Sanford Children's Child Services to review the training materials and address any questions arising from the training series. This review will be completed by December 22, 2025.
5. The director will meet with the Office of Licensing and Accreditation by October 31, 2025 to review child care regulations and expectations for ongoing compliance.

Supporting Evidence:

1. The written supervision protocol will be submitted to OLA **by October 3, 2025**, which will be reviewed and signed by all providers **by October 10, 2025**.
2. The director will retain all providers' training certificates for the "Training Strategies" training provided by Sanford CHILD Services, to be made available for review by OLA.
3. The director will provide OLA with a copy of the training certificate(s) once all sections of the "QRIS Leadership Series" have been completed and training content reviewed with Sanford Children's Child Services.
4. OLA will conduct monitoring visits for a period of 90 days to assess the implementation of the corrective action plan and ensure ongoing compliance with licensing requirements.

How Maintained:

- The director (or designee) will conduct regular, unannounced checks during transitions to monitor compliance with supervision.
- The program will develop an incident tracking system to document issues and corrective actions, helping to identify trends and areas for improvement.

Position Responsible:
Beth Walton

Expected Completion Date:
December 22, 2025

Date Completed:
November 17, 2025

Corrective Action Plan #2

Administrative Rule:

67:42:17:13

All child care providers, program employees age fourteen and older, and family day care household members age eighteen and older, shall meet federal background check requirements. An individual may not provide care, or work in a child care setting, if the individual's background check reveals:

- (1) A crime that indicates harmful behavior towards children;
- (2) A crime of violence, as defined in SDCL 22-1-2, or in a similar statute from another state;
- (3) A sex crime pursuant to SDCL chapters 22-22 or 22-24A, SDCL 22-22A-3, or similar statutes from another state;
- (4) A felony conviction for domestic abuse, physical assault, battery, kidnapping, or arson;
- (5) Any other felony conviction, within the preceding five years; or
- (6) A substantiated report of child abuse or neglect.

A family day care provider may not provide care in the provider's home, if any household member's background check reveals any item listed in this section.

A background check is required at least once every five years.

Summary of Non-Compliance Finding:

During a complaint investigation conducted by the Office of Licensing & Accreditation (OLA) on September 2, 2025, it was determined that a provider was allowed to work in a caregiving capacity without a completed background check.

Corrective Action:

A child care provider will not be permitted to work in a caregiving capacity until a background check eligibility letter is received, confirming completion of a FBI check, DCI check, Central Registry Screening, Sex Offender Check, and National Crime Information Screening.

Supporting Evidence:

1. The director will submit a copy of the signed acknowledgment statement, confirming their understanding of and agreement to comply with the requirements of ARSD 67:42:17:13, to the Office of Licensing and Accreditation **by October 3, 2025.**
2. The Office of Licensing and Accreditation will conduct monitoring visits for a period of 90 days to verify that all providers working with children have cleared background checks.

How Maintained:

1. The director will implement a verification system to ensure all providers have cleared background checks before working in a caregiving role.
2. Periodic audits of employee records will be conducted to confirm compliance, with logs retained for a period of 90-days.

Position Responsible:
Beth Walton

Expected Completion Date:
December 22, 2025

Date Completed:
October 03, 2025

Corrective Action Plan #3

Administrative Rule:

67:42:17:22

A program that serves twenty or fewer children, and routinely operates a mixed age group, shall meet a ratio of ten children to one staff. Each provider may care for a maximum of four children under the age of two, with no more than two children under the age of one.

A center program that serves more than twenty children in a mixed age group, must:

- (1) Maintain a ratio of five children to one staff, if the group includes three or more children under the age of three; and
- (2) In all other circumstances, maintain the children to staff ratio that is based on the age range of the majority of children in the group.

Children of program employees must be included in determining the children to staff ratio.

Summary of Non-Compliance Finding:

During a complaint investigation by the Office of Licensing & Accreditation (OLA) on September 2, 2025, it was determined that the program was not in compliance with the required staff-child ratios. At the time of the investigation, nine toddlers and nine preschoolers were in care with only two providers present; three providers were required for this grouping.

Corrective Action:

1. The program will ensure that staff-to-child ratios are consistently maintained in full compliance with ARSD 67:42:17:21 and ARSD 67:42:17:22.
2. Providers must immediately notify the director or person in charge if a classroom is out of ratio or approaching ratio limits.
3. The director will develop and implement a plan to maintain staff-to-child ratios at all times.

Supporting Evidence:

1. The written staff-child ratio protocol will be submitted to OLA by **October 3, 2025**.
2. OLA will conduct monitoring visits over a three-month period to evaluate the implementation of the corrective action plan and to ensure ongoing compliance with licensing requirements.

How Maintained:

1. The director (or designee) will conduct routine and unannounced walkthroughs throughout the day to monitor staff-child ratios in each classroom. A monitoring log will be maintained to document each check, including the date, time, findings, and the director's signature.
2. Completed monitoring logs will be retained for three months and made available for review by OLA.

Position Responsible:
Beth Walton

Expected Completion Date:
December 22, 2025

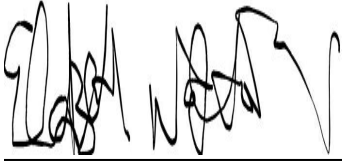
Date Completed:
December 17, 2025

SIGNATURES

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.

Beth Walton

Provider Name



Signature of Provider

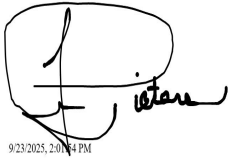
September 29, 2025

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


9/23/2025, 2:01:44 PM

Signature of DSS Staff:

September 23, 2025

Date

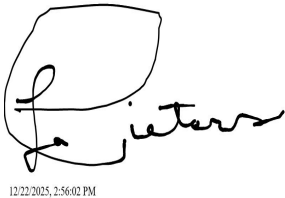
COMPLETION DETAILS

COMPLETION DATE: December 22, 2025

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Teri Pieters

Printed Name of DSS Staff


12/22/2025, 2:56:02 PM

Signature of DSS Staff:

December 22, 2025

Date