

Supporting Evidence:

1. The directors and owner 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.
2. 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:

1. The directors will conduct daily classroom observations, with a focus on infant feeding practices and overall classroom management, to ensure consistent compliance with child care regulations and to support the health and safety of children in care.
2. All observations will be documented, and providers will receive feedback along with corrective coaching as needed.
3. Completed monitoring logs will be retained for 90 days and made available to OLA upon request.

Position Responsible:

Amanda King, Leanna High Bear, Crystal Carlson

Expected Completion Date:

December 22, 2025

Date Completed:

December 17, 2025

Corrective Action Plan #2

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 5, 2025, it was determined that the program was routinely not meeting the required child-to-staff ratio during the early morning hours.

Corrective Action:

1. The program will ensure that staff-to-child ratios are consistently maintained in full compliance with ARSD 67:42:17:22.
2. The program will alter their staff schedule to ensure additional provider(s) are available during the morning hours.

3. Providers must immediately notify the director or person in charge if a classroom is out of ratio or approaching ratio limits.
4. 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 10, 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:
Amanda King and Leanna High Bear

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.

LeAnna High Bear

Provider Name




Signature of Provider

September 23, 2025

Date

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

Printed Name of DSS Staff



9/23/2025, 2:40:02 PM

Signature of DSS Staff:

September 23, 2025

Date

COMPLETION DETAILS

COMPLETION DATE: December 30, 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



12/30/2025, 7:45:42 AM

Signature of DSS Staff:

December 30, 2025

Date