



Corrective Action Plan

Date	July 23, 2026	Status	In Process
Issued			
Provider Name	LSS @ SOUTHERN HILLS		
Provider Type	Child Care		
License #	722975225		
Provider Address	3400 E 49th St, Sioux Falls, SD 57103, USA		
Provider Contact	Michelle Madsen, Megan Breitag		

The following administrative rules have been found to be out of compliance. A corrective action plan is required to bring the provider into compliance. Continued non-compliance could lead to revocation of your license.

Corrective Action Plan #1

Administrative Rule:

67:42:17:20

A center provider supervising children must be in the same room with the children or on the playground with the children, and must be able to see or hear the children, at all times.

If children are in a school-age program, the provider must be able to hear or see the children, at all times, and must be close enough to intervene at all times.

Summary of Non-Compliance Finding:

During a complaint investigation conducted by the Office of Licensing & Accreditation (OLA), it was determined that children were left unsupervised in a bathroom where providers were not able to see, hear, or intervene as needed. During a program inspection conducted by OLA on July 9, 2026, three children were also observed unsupervised in a classroom.

Corrective Action:

All providers will complete the Sanford Children's CHILD Services *Active Supervision Basics – Extended* training by **September 17, 2026**.

The program will review and revise its supervision policy by **August 11, 2026**, to clearly define provider responsibilities,

parent drop-off and pick-up procedures, supervision during transitions, and expectations for active supervision. Sanford Children's CHILD Services may provide technical assistance with policy development, as needed.

The revised supervision policy will be submitted to OLA for review and approval. **Within one week of OLA approval**, all providers will review the policy and sign documentation acknowledging they have reviewed and understand the revised supervision procedures.

- The director or designee will conduct and document weekly supervision observations for **90 days** to verify that providers are actively supervising children, maintaining sight and sound supervision, and consistently following the program's supervision procedures during daily activities, transitions and drop-off and pick-up time .

Supporting Evidence:

Documentation verifying that all providers completed the Sanford Children's CHILD Services *Active Supervision Basics – Extended* training will be submitted to the OLA.

The revised supervision policy will be submitted to OLA for review and approval by **August 11, 2026**. **The program provided the revised supervision policy on August 4, 2026. The Office of Licensing and Accreditation approved the revised supervision policy on August 5, 2026.**

Signed acknowledgments verifying that all providers have reviewed and understand the approved supervision policy will be submitted to OLA.

Documentation of the weekly supervision observations conducted by the director or designee will be maintained by the program and provided to OLA upon request.

How Maintained:

Providers will consistently implement active supervision practices by maintaining continuous sight and sound supervision of children, conducting face-to-name counts during transitions, and ensuring each child's location is known at all times.

The director will maintain and enforce the written supervision policy and review it with all new providers during orientation, with all existing providers at least annually, and whenever revisions are made.

The director will maintain documentation of supervision observations, coaching, retraining, and any corrective or disciplinary actions taken to address supervision concerns.

OLA will conduct monitoring visits over the next three months to verify continued compliance with direct supervision requirements and the implementation of the program's corrective action plan.

Position Responsible:
Michelle Madsen

Expected Completion Date:
October 24, 2026

Date Completed:

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.

Michelle Madsen

Provider Name



Signature of Provider

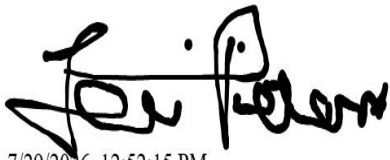
August 17, 2026

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



7/29/2026, 12:52:15 PM

Signature of DSS Staff:

July 29, 2026

Date

COMPLETION DETAILS

COMPLETION DATE:

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.

Printed Name of DSS Staff

Signature of DSS Staff:

Date

Signature of DSS Staff:

Date