



## Corrective Action Plan Abbott House Child Placement Agency

The Department of Social Services, Office of Licensing & Accreditation is requiring the implementation of a Corrective Action Plan (CAP). The CAP is established to ensure changes are made to achieve and maintain compliance with the identified Administrative Rule(s) of South Dakota (ARSD).

### **Agency: Abbott House Child Placement Agency**

### **ARSD – Out of Compliance**

Abbott House was found to be out of compliance with the underlined portion of the following Administrative Rules of South Dakota:

**67:42:09:24. Client case records.** The child placement agency shall maintain a current and securely filed case record on each client served. The case records shall include at least the following:

- (1) The current addresses of parents or other significant persons;
- (2) Medical records with significant family health history and signed statements authorizing necessary medical or surgical treatment;
- (3) Correspondence;
- (4) Legal documents;
- (5) Agency agreements or contracts;
- (6) Reports from schools, specialists, and other agencies;
- (7) A case plan; and
- (8) Dated, ongoing records of treatment, supervisory visits, narrative of case worker visits, conferences, and contacts with other persons concerning services provided to the client.

Source: 7 SDR 66, 7 SDR 89, effective July 1, 1981; 12 SDR 187, effective May 29, 1986; 39 SDR 220, effective June 27, 2013.

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

Cross-References: Definition of case plan, subdivision 67:42:01:01(3); Foster care services, § 67:42:09:17.

**Non-Compliance Finding:**

Client files reviewed did not contain a narrative of case worker visits. Agency staff shared narratives are not completed for case worker visits.

**Action Needed:**

Submit a plan to ensure all client files contain a dated narrative of case worker visits.

**Submit plan by:** June 18, 2021

**Corrective Action Plan (Attach documents if needed):**

Bridges added a supervisor narrative section to the monthly reporting form. The case worker visits will be recorded as a running narrative each month and the information will be included in the monthly reports as well as the quarterly case plan reviews.

**Date Corrective Action Plan Implemented:** June 1st, 2021

**Date of Expected Completion:** Ongoing for each child each month.

Your signature below certifies you have read and understand the non-compliance findings and submitted a plan to comply with the identified portions of ARSD to the Department of Social Services, Office of Licensing and Accreditation.

**Tyson Schulz**

\_\_\_\_\_  
Signature of Agency Director

**6-17-21**

\_\_\_\_\_  
Date

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

*Kevin Kanta*

\_\_\_\_\_  
Signature of Licensing Staff

**6-28-21**

\_\_\_\_\_  
Date