

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:**

Black Hills Children's Home

**ARSD – Out of Compliance**

Black Hills Children's Home was found to be out of compliance with the underlined portion of the following Administrative Rules of South Dakota:

**67:42:01:06. Ability to provide care.** An applicant shall demonstrate the ability to provide care to a client which meets the client's intellectual, physical, social, and emotional needs. The applicant's ability is determined by the capacity to provide the following:

- (1) An understanding of, and encouragement and emotional support to, the client;
- (2) Assistance to the client in coping with daily living experiences;
- (3) Supervision of the client;
- (4) If working with children, an understanding of child development and appropriate use of discipline; and
- (5) Ability to apply the reasonable and prudent parent standard for the participation in age or developmentally-appropriate activities.

The applicant must also be able to participate with the department or a responsible party in devising and executing a case plan for a client.

**Source:** 4 SDR 2, effective July 25, 1977; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 12 SDR 4, effective July 25, 1985; 39 SDR 220, effective June 27, 2013; 42 SDR 97, effective January 4, 2016.

**General Authority:** SDCL [26-6-16](#).

**Law Implemented:** SDCL [26-6-11](#), [26-6-16](#).

**Non-Compliance Finding:**

During overnight shifts on September 26<sup>th</sup> and 27<sup>th</sup>, 2023 a resident was able to get into another resident's bed on multiple occasions. Staff were positioning themselves in a way to see inside the rooms but were not verifying the youth were in their beds.

**Action Needed:**

Ensure staff verify youth are in their own beds during bedroom checks. Bedroom checks should be done at regular intervals and randomly through the night.

**Submit plan by:**

November 3, 2023

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

1. Education and training changes to achieve sustained compliance.

\*Bedtime Routine/Supervision policy added on 10/4/2023 by Program Director A. Overnight staff will physically enter the room and visually account for each child in their beds every 15 minutes and one random check every hour throughout the night and document those checks on the overnight log.

\*The Best Practices Training Guideline form for the overnight training staff had training points added to it by the Program Director A on 10/4/2023. Under preparation to sit in a chair (The chairs must be positioned so you can view all beds. If you can't see a bed, reposition the chair). Under supervision (15-minute bed check policy #10). Under supervision (Electronics must be put away and nightly tasks be stopped while children are awake.

TC B, who supervises the overnight RYC team that works the front half of the week provided the education and training for these changes to the overnight team that works the front half of the week on 10/7/2023 and had staff sign off on the policy.

TC G, who supervises the overnight RYC team that works the back half of the week provided the education and training for these changes to the overnight team that works the back half of the week on 10/5/2023 and had staff sign off on the policy.

Program Director A and Unit Coordinator's provided the education and training to all daytime RYC positions on the overnight expectations just in case they need to stay late on 10/13/2023 and had staff sign off on the policy.

\*The Orientation Training Schedule added: under supervision bullet point a reminder to train all RYC's on the overnight 15-minute bed check and chair placement policy.

The overnight TC B and TC G will be responsible for educating the new overnight RYC's during their first 40 hours of orientation training about these training points and sign off on the orientation sheet they understand the expectations. An exam will be given after the completion of 40 hours orientation to demonstrate knowledge of the policies and procedures. This will be completed before they can be on the floor supervising children.

The Program Director A will review the orientation sheets after they are completed to ensure new staff and their trainer are signing off on the training provided indefinitely.

Unit Coordinator's will follow up with new overnight RYC's within 30 days of hire to ensure trainers are covering all training topics and to ensure staff have clear knowledge of and are following the expectations for supervision. Unit Coordinator's will follow up on staff training records quarterly to ensure the completion of quarterly trainings.

The overnight TC B and TC G will also be responsible for completing the 3 and 6 month reviews for new overnight RYC's to assess compliance in these areas.

\*The Night Staff Child Sleep Log added by Program Director A: at the top of the page to physically enter room and visually account for each child and a box was added to document the intervention for an awake child on 10/11/2023.

-TC B was notified by Program Director A of the incident on 9/29/2023.

-TC B who supervises the overnight RYC staff on the front half of the week reviewed the incident with his overnight RYC team to provide adequate supervision on 10/1/2023. RYC C and RYC F are on TC B's team.

-TC B and TC G were emailed on 10/2/2023 by Program Director A about the findings of the incident and immediate training needed in the areas of the use of the night log and 15-minute expectations, what the expectation is when there is an awake child, and chair placement to supervise bedrooms.

-TC B and TC G were given updated overnight training guidelines by Program Director A on 10/4/2023 to review with all the overnight RYC's and have each staff sign off on the addition to the bedtime routine/supervision policy and place that in their individual training record.

-TC B and TC G were given an updated night staff child sleep log by Program Director A on 10/15/2023 to print off and replace the old form to capture the changes made to the log.

2. Action Plan for staff member involved.

RYC C, TC B, Program Director A, and HR met on 10/11/2023 and discussed the verbal warning documentation of the incident. TC B provided training to RYC C on 10/7/2023 and made the expectations clear. The verbal warning includes following all above training and procedures for supervising or it could lead up to termination of RYC C's employment. TC B will follow up on supervision expectations on 10/29/23 and 11/26/23 to ensure follow through and document that on the training log. Program Director A will review the training log on those specific dates to make sure the monitoring is occurring.

Action Plan for staff member involved.

RYC F, TC B, Program Director A, and HR met on 10/11/2023 and discussed the Performance Improvement Plan created for the lapse in supervision. TC B provided training to RYC F on 10/7/2023 and made the expectations clear. The performance improvement plan includes following all above training and procedures for supervision or it will lead to termination of RYC F's employment. TC B will check on RYC F nightly for compliance and document that on the night log. TC B will follow up with RYC F monthly during 1 on 1 meetings for a full quarter to review the performance improvement plan and progress made.

**Date Corrective Action Plan Implemented: 10/16/2023**


**Date of Expected Completion: 01/16/2024 will be the completion of all the follow up checks taking place to make sure the plan that was implemented is being followed.**

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.

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

11/1/2023  
\_\_\_\_\_  
Date

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

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

11/1/2023  
\_\_\_\_\_  
Date

