South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
Web: dss.sd.gov

Corrective Action Plan

Date Issued June 10, 2025 Status Closed

Provider Name	Falls Academy/Brighter Transition
Provider Type	Youth Care
Provider Address	46560 264th St, Sioux Falls, SD 57107
Provider Contact	Jasmine Ragusi

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:

67:42:07:24

A facility may not place a child in seclusion or restraint unless the child placement agency has given the facility permission and the use of seclusion or restraint has been incorporated into the child's treatment plan. If a child has been placed in the facility by the child's parent or guardian, the parent or guardian must approve the use of seclusion or restraint.

If a child is placed in seclusion or restraint, the facility must document the reasons for the placement, the duration of the placement, and the child's reactions to the placement. This documentation must become a part of the child's record.

A shelter care facility may not use locked seclusion.

Summary of Non-Compliance Finding:

Treatment plans reviewed during the license renewal review did not have the use of seclusion and restraint incorporated into the child's treatment plan.

Corrective Action:

All clients will have the following in their treatment plan: Staff will utilize the least restrictive physical intervention in the event Student presents an imminent threat to themselves or to others. This was completed on 5/28/25.

Supporting Evidence:

Email confirmation to case managers regarding treatment plan update.
Treatment plan with changes for client admitted on 6/10/25 (page 7).

How Maintained:

Compliance officer will conduct random audits of treatment plans monthly.

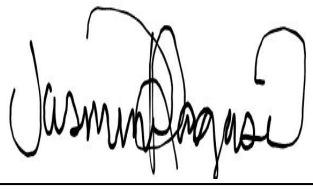
Position Responsible:	Expected Completion Date:	Date Completed:
Jasmine Ragusi, Kendra Haug	June 30, 2025	June 30, 2025

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.

Jasmine Ragusi

Provider Name



Signature of Provider

June 25, 2025

Date

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

Kevin Kanta

Printed Name of DSS Staff



7/22/2025, 9:14:19 AM

Signature of DSS Staff:

June 25, 2025

Date

COMPLETION DETAILS

COMPLETION DATE: July 08, 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.

Kevin Kanta

Printed Name of DSS Staff



7/22/2025, 9:15:11 AM

Signature of DSS Staff:

July 08, 2025

Date