South Dakota Department of Social Services

Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

Program Name:
Michael Glynn Memorial Coalition
Due Date:
October 9, 2024

Plan of Correction Items

The following administrative rules were found to be out of compliance. In a State accreditation review, Administrative Rule requires a plan by the agency to bring these items into compliance in order for accreditation to be renewed. Failure to provide a plan could result in suspension or revocation of accreditation.

Client Chart POC-1	
Rule #: **67:61:11:08**	**Rule Statement:** An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct: 1. Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services; 2. Participant evaluations after each prevention presentation the agency provides; and 3. Pre-and post-tests for all evidence based curricula presented to individuals. A summary of the quality assurance review must be made available to the board of directors or agency staff annually, and to the department and community members, upon request.
Area of Noncompliance: Michael Glynn Memorial Coalition completed participant evaluations for most presentations and programs, but does not do so for Life Skills programming. Michael Glynn Memorial Coalition must develop a plan to complete participant evaluations for Life Skills programming.	
Corrective Action (policy/procedure, training, environmental changes, etc): We will provide an evaluation form to all of our LifeSkills participants at the end of the program.	**Anticipated Date Achieved/Implemented:** **Date** 12/2024
Supporting Evidence: LifeSkills Evaluation (similar to the form we use for Prevention Day session evaluations).	**Position Responsible:** Project Director
How Maintained: We will compile the LifeSkills evaluations and keep on file.	**Board Notified:** Y ☐ N ☐ n/a X

Signature of Agency Director: Joyce Glynn	Date: 9/12/24

Please email or send Plan of Correction to:

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Email Address: DSSLicAccred@state.sd.us

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

Signature of Licensing Staff: Chris Kruger	Date: 9/12/24