# South Dakota Department of Social Services CERTIFICATE OF LICENSE

as a

## CHILD WELFARE AGENCY

this license to conduct and maintain a Group Care Center for Minors-Shelter Care Facility This is to certify that Rosebud Sioux Tribe is hereby granted to provide care for a maximum of 8 children 0 to 17 years, for the period from September 1, 2020 to August 31, 2021. located at 23 West 1st Street, Rosebud, SD (Spotted Tail Children's Home)

This facility satisfactorily complies with requirements of the South Dakota Compiled Laws of 1967, South Dakota Department of Social Services. This license is subject to revocation for Sections 26-6-1 through 26-6-27 and the Child Care Standards as established by the reasonable cause as cited in SDCL 1967; Section 26-6-23. Issued this 8th day of August, 2020.



Vingena Wieseler

Department of Social Services Child Protection Services 700 Governors Drive Pierre, S.D. 57501-2291 605-773-3227

License Number R 73

## LICENSING RENEWAL STUDY GROUP CARE CENTERS FOR MINORS ARSD 67:42:01, 67:42:07

AG	ENC	ΥN	AME: Spotted Tail Children's Home (R73)			
DIF	RECT	OR	: Elizabeth Little Elk			
1.	Lic	ensii	ng Requirements - 67:42:07:11.01; SDCL 26-6-11			
	A.	Th	e following have been submitted to the Department:	YES	NO	
		1.	Application materials for license.	✓	7	
		2.	Documentation of need.	N/A		
		3.	A copy of the building plans (approved by the Fire Marshal and Department of Health).	N/A	7	
	B.	inc	statement of compliance with the Civil Rights Act of 1964 is luded in the agency's policies or is a part of the purchase of vice contract with the Department.	✓	7	
	Cor	nme	nts:			
sign	ned s	tater	on for license renewal dated July 29, 2020 is on file in the licent of compliance with the Civil Rights Act of 1964 which is ith the Department of Social Services.			
2.	Age	ency	Responsibilities – SDCL 26-6-11	<u>YES</u>	NO	
	A.		e building and equipment needs of the organization are equately met.	✓	9	
	B.		e agency has sufficient funds to meet the needs of the mmunity.	✓		
	Cor	nme	nts:			
Fin	The facility is adequately furnished and maintained to provide for the needs of the residents served. Financial reports submitted indicate the availability of sufficient funds to provide for the needs of the agency.					
3.	Insi	uran	<u>ce</u> - 67:42:01:35	YES	NO	
	A.		hicles used to transport clients have appropriate passenger bility insurance.	✓		
	B.	Th	e agency carries public liability insurance.	See Con	mments	
	Cor	nme	ents:			

Basic liability (Policy # NACL00545-11) Insurance is purchased through Lexington Insurance Company. A copy of the current Certificate of Liability Insurance verifying coverage through November 8, 2019 was submitted with the application for license renewal and is on file in the licensing record. Copies of vehicle insurance cards verifying automobile insurance through November 8, 2020 were provided with application materials. Please provide updated certificates of insurance when available.

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4.	Acc	ount	ing Systems - 67:42:01:34	YES	NO
	A.	An CP	audit of the accounts has been done in the last year by a		
			Ī	See	Comments
	<u>Cc</u>	ommo	ents:		
Chi		's H	the Sicangu Child and Family Services financial statements, ome was not provided with the application materials. <b>Please</b> ble.		
5.	Stat	f Qu	alifications - 67:42:07:02, 67:42:07:07		
	A.	Pro	Program Director		<u>NO</u>
		1.	Bachelor's degree in an accredited behavioral or social sciences area, or	N/A	
		2.	An equivalent combination of education and experience.	✓	
		3.	At least two years of relevant alternative childcare		
			experience.	✓	
Chi for	ild an the fa n twe	d Fa acilit enty y	the supervisor of the program. Jodi was appointed to her curre mily Services board. She oversees the day-to day operation of y since 2015 and has worked as a Community Health Representation.	the facility. Joo ntative for mor	di has worked e
	B.	Oth	er Staff	<u>YES</u>	<u>NO</u>
		1.	At least eighteen years of age.	✓	
		2.	If under age twenty-one, is under direct supervision of an experienced childcare staff; and 3 years older than any children supervised.	N/A	Taxana and All Anna and Anna
	Cor	nme	nts:		
			f, including their qualification, employed at the time of applic th the application.	ation for licens	se renewal was
6.	Sta	taff/Child Ratio - 67:43:07:03		YES	<u>NO</u>
	A.	1:8	during waking hours.	<b>✓</b>	
	B.	1:2	5 in the building during sleeping hours.	✓	O <del>lera Control</del>
	C.		e staff member present in each separate sleeping unit during eping hours.	✓	4
	D.		rangements made for substitute staff during vacations,	1	

	E.	Cer	tified special ed teachers are employed (when appropriate).	N/A	
	F.	hea	visions are made for auxiliary staff members, i.e., mental lth professionals, physical therapist, and/or occupational rapist (when appropriate).	N/A	
	G.		helter care facility maintains a staff/child ratio of 1:4 for dren under the age of four years during waking hours.	✓	
	H.	or a	ility has a written plan to ensure that staff, law enforcement, appropriate emergency responders are available at the center hin a reasonable time in the event of an emergency.	<b>✓</b>	
	Con	nmer	nts:		
sch one	edule	d for	nsed to provide care for a maximum of sixteen children on an twelve-hour shifts which are either 7 a.m. to 7 p.m. or 7 p.m. each shift due to having less than 8 residents. The STCH Directed.	to 7 a.m. There	is typically
7.	Per	sonn	el Records - 67:42:07:07, 67:42:07:08, 67:42:07:09		
	A.	Per	sonnel records are maintained and contain the following:	<u>YES</u>	NO
		1.	Resume or application that includes educational background, personal, and employment history.	✓	
		2.	Job description.	✓	
		3.	Annual Performance Appraisal.	✓	
		4.	Verification of contact with at least three former employers or professional references if former employers not available.	<b>√</b>	
		5.	Verification of screening for substantiated reports of child abuse or neglect.	✓	
		6.	Verification of submission of fingerprints to the DCI.	✓	
		7.	Verification of sex offender registry checks.	✓	
		8.	Verification of current certification in basic 1 <sup>st</sup> aid and CPR.		
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### Comments:

Four personnel records were reviewed and documentation was found to indicate the agency meets the above standards. The records were clearly tabbed out and the documentation was easily found in each record.

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3.	In-s	service Training - 67:42:07:04	YES	NO
	A.	There is a written plan for orientation and training for staff and volunteers.	✓	
	B.	Each employee has a documented record of an initial orientation to the center within one month of the date of hire that includes the facility's functions, services, community resources and specific job functions.	✓	
	C.	Each employee has a documented record of a minimum of twenty-four hours annual in-service training.	✓	
	D.	Each employee receives in-service training during the first year of employment that includes all of the areas required in 67:42:07:04.	✓	
	E.	Training for all employees after the first year of employment is determined by an annual evaluation and is competency based.	<b>✓</b>	
	<u>Circumstances</u> - 67:42:01:12, 67:42:07:15, 67:42:07:16,			
<b>7.</b>	<u>Cir</u> 67:	cumstances - 67:42:01:12, 67:42:07:15, 67:42:07:16, 42:07:05	YES	<u>NO</u>
	A.	The facility has a written procedures for handling and reporting suspected in-house CA/N. It includes:	✓	
		<ol> <li>A definition of what constitutes CA/N;</li> </ol>	✓	
		2. Immediate reporting to DSS or law enforcement;	✓	
		<ol> <li>A procedure for assuring the incident will not recur pending the investigation;</li> </ol>	✓	
		<ol> <li>A procedure for evaluating the continued employability of any staff member involved in an incident of CA/N.</li> </ol>	<b>√</b>	
	B.	Each employee has signed a statement acknowledging and understanding the reporting procedure.	✓	4
	C.	The facility is aware of its need to report any changes of circumstances that may affect its licensed status.	✓	

### Comments:

STCH written policies for reporting suspected child abuse or neglect relate to the above requirements. Each personnel record reviewed contained a signed statement defining child abuse and neglect and outlining agency reporting procedures.

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10.	-		(a) 1.02, 67:42:07:05, 67:42:07:10, 67:42:07:28, 67:42:07:		
	A.	The	re are written procedures relating to:	<u>YES</u>	NO
		1.	Intake.	<b>✓</b>	
		2.	Treatment.	N/A	
		3.	Discharge.	✓	
		4.	Discipline	✓	
		5.	Confidentiality.	✓	
		6.	Health care of children	✓	
		7.	Emergency procedures in case a child is injured.	✓	
		Con	nments:		
ST	CH v	vritte	n procedures relate to the above required areas.		
	В.	Chi	ldren attend a local school.	<b>√</b>	
	C.	Cas	e records are maintained and include the following:		
		1.	Face sheet/application form with identifying information.	✓	
		*2.	Development of the treatment plan must involve the child in care, the facility staff working with the child, the placement agency and if appropriate the parents.	N/A	
		*3.	Treatment plans are developed within one month of placement and updated at least every three months.	N/A	
		*4.	Treatment plans must contain the child's needs and strengths.	N/A	*** A TOTAL OF THE STATE OF THE
		*5.	Treatment goals for the child and family, including a description of how family and aftercare services will be provided, and projected times for achieving goals;	N/A	
		*6	A discharge plan that includes the projected length of stay and the conditions under which the child will be discharged.	N/A	
		<b>*</b> 7.	Monthly progress reports submitted to placement agency.	N/A	
		*8.	Progress reports reflect the treatment plan.	N/A	

	9.	Physical exam (twelve months prior to or thirty days following admission).	/	
	10.	Current immunization record.	<b>✓</b>	
		A signed authorization for medical care.	✓	2,-10,-10,-10,-10,-10,-10,-10,-10,-10,-10
		On-going records of medical/dental/eye/hearing care.	✓	
	13.	Signed statement verifying the child's parent or guardian was informed of agency written policies.	✓	
D.	Rec	ords are kept in a locked file.	✓	
*E.	asse 8 bi	shelter care facility that does not provide short term essment services is exempt from numbers 2, 3, 4, 5, 6, 7 and at submits a summary report to the placement agency upon harge of the child.	<b>√</b>	
F.	thir thir	Idren do not remain in a shelter care facility longer than by days unless an extension of time is needed not to exceed by days for the plan to be implemented or needed exsement services completed.	<b>√</b>	
G.		interstate compact administrator has been contacted before eptance of an out-of-state child.	N/A	
H.	cust	facility that provides alternative services to children in tody of the department has a signed alternative service element with the department.	N/A	
Cor	nmei	nts:		
		were reviewed for children in care and documentation was for vith licensing rules.	and in each to v	verify
11. <u>Me</u>	dicat	ions - 67:42:07:19, 67:42:07:20, 67:42:07:22, 67:42:07:23		
A.		e facility has written procedures relating to the storage and ministration of medication which include:	YES	NO
	1.	Conditions under which medications may be given.	<b>✓</b>	· Marie and a second second
	2.	Procedures for documenting the administration of medication.	✓	
	3.	Procedures for immediately notifying the facility's nurse in cases of medication errors or drug reactions. The nurse assesses the situation and determines whether there is a need to report the incident to the attending physician.	<b>√</b>	
	4.	Procedures for evaluating and recording each child's reactions to prescribed medication.	<b>✓</b>	

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	B.	A licensed nurse is responsible for administration of			
		medications.	See Comments		
	C.	Psychotropic drugs are prescribed by a MD, CNP or PA with ongoing quarterly follow-up.	N/A	2	
	D.	Medicine is kept in a locked cabinet.	✓		
	E.	A medication record is kept on each child.	✓		
		Comments:			
requirect disp they Her med licer	ord. To erse have Man licationse for	is written procedures for storage and administration of medications tents. A copy of an agreement with Lucy Reifel Her Many Horses The agreement states Dr. Lucy Lucy Reifel Her Many Horses will predication to children who are placed at STCH. She will be on case questions for children who are taking medication and if children by Horses will conduct training annually for all new employees on on and what to do in other medical emergencies. A copy of Dr. Lucor the South Dakota Board of Medical and Osteopathic Examiners Please provide any updates or changes to the agreement.	MD is on file in provide instructi Il 24 hours a day miss a dose. Dr. how to do dispe cy Reifel Her M	licensing ons on how to y for staff if Lucy Reifel rse lany Horses'	
12.		lusion and Restraint - 67:42:07:05, 67:42:07:24, 67:42:07:25, 42:07:26, 67:42:07:27	<u>YES</u>	<u>NO</u>	
	A.	The facility has written procedures relating to the use of seclusion and restraint.	✓		
	B.	Use of seclusion and restraint is included in the treatment plan.	N/A		
	C.	Placement agency/parental/guardian approval of seclusion and restraint is obtained prior to its use.	N/A		
	D.	Staff continuously observe and monitor a child who has been placed in a room for the purposes of seclusion.	N/A		
	E.	Placement in seclusion or restraint does not exceed two hours if the child is age 9 to 17 or one hour if the child is under the age of 9.	N/A		
	F.	Placement in seclusion or restraint is documented.	N/A		
	G.	A room used for seclusion meets the physical specifications of 67:42:07:25.	N/A		
	Cor	mments:			
a ro	om	as written procedures which do not allow for the use of seclusion used exclusively for seclusion. The agency has not utilized rest g period.			
13.	Vol	unteers - 67:42:07:14	YES	NO	
	A.	Have a written job description with specific responsibilities.	N/A		
	B.	Supervised and evaluated by an experienced staff member.	N/A		
	C.	Three documented non-related references.	N/A		
	D.	Documented orientation.	N/A		

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	E.	Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week.	N/A	
	F.	Informed of obligation to report suspected CA/N.	N/A	
	G.	Verification of screening for substantiated reports of child abuse or neglect.	N/A	<u> </u>
	H.	Verification of submission of fingerprints to the DCI.	N/A	-
	I.	Verification of sex offender registry checks.	N/A	
The time	revi	nments:  ewer was informed the STCH Shelter does not utilize volunteers as	s part of progr	amming at this
14.	Phy	sical Facility - 67:42:07:11, 67:42:07:12	<u>YES</u>	NO
	A.	There is a current fire inspection.	<b></b>	
	B.	There is a current health inspection.	<b>✓</b>	
	C.	A fire escape plan is posted.	✓	
	D.	A minimum of four fire drills held annually.	✓	
	E.	Children of opposite gender over the age of six have separate sleeping facilities.	1	
	F.	Sleeping children are monitored.		
	G.	Each child has their own bed with linens, blankets and pillows.	✓	( )
	Con	mments:		
A copy of the current fire/health inspection was not included in the application materials. Please provide a copy of the of the inspection when available.				
15.	Nu	<u>trition</u> - 67:42:07:13	<b>YES</b>	NO
	A.	Meals are of sufficient quantity to meet children's nutritional needs.		:
	B.	Arrangements are made for children with a special prescribed diet.	✓	who was a second of the second

Staff interviewed indicated the children enjoy the meals and they hear little in the form of complaints.

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### 16. Recommendations:

Spotted Tail Children's Home is found to be in substantial compliance with licensing requirements for a Group Care Center for Minors-Shelter Care Facility. Please refer to the body of this study for comments and recommendations relating to Accounting Systems, Medications, Physical Facility.

It is recommended that a satisfactory license be issued to the Spotted Tail Children's Home to operate a Group Care Center for Minors-Shelter Care Facility to provide care for a maximum of 16 children age infant to sixteen years, on an emergency basis.

Completed By: \_

08/21/20

Kevin Kanta, Program Specialist

Date of On-Site Visit: 07/29/20