

**South Dakota Department of Social Services**  
**CERTIFICATE OF LICENSE**  
as a  
**CHILD WELFARE AGENCY**


This is to certify that Brighter Transition Youth Center/Falls Academy is hereby granted this license to conduct and maintain a Group Care Center Minors located at 45650 264th Street in Sioux Falls, SD 57107 to provide care for a maximum of 68 youth (Brighter Transition 32 male youth ages 16 and 17 years/Falls Academy 36 youth, 24 Male and 12 Female, ages 13 to 17 years) for the period from June 1, 2023 to May 31, 2024.

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

Issued this 10th day of June 2023.



License Number R20482, 26561

  
\_\_\_\_\_  
Licensing & Accreditation Administrator

Department of Social Services  
Office of Licensing & Accreditation  
910 E. Sioux Avenue  
Pierre, S.D. 57501-3940  
605-773-4766

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

AGENCY NAME: Brighter Transition Youth Academy R20482 and Falls Academy R26561

DIRECTOR: Jon St. Pierre, Executive Director

1. Licensing Requirements - 67:42:07:11.01; SDCL 26-6-11

|                                                                                                                                                                           | <u>YES</u> | <u>NO</u>         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|
| A. The following have been submitted to the Department:                                                                                                                   |            |                   |
| 1. Application materials for license.                                                                                                                                     | <u>✓</u>   | <u>          </u> |
| 2. Documentation of need.                                                                                                                                                 | <u>NA</u>  | <u>          </u> |
| 3. A copy of the building plans (approved by the Fire Marshal and Department of Health).                                                                                  | <u>NA</u>  | <u>          </u> |
| B. A statement of compliance with the Civil Rights Act of 1964 is included in the agency's policies or is a part of the purchase of service contract with the Department. | <u>✓</u>   | <u>          </u> |

Comments:

An application for license renewal dated May 1, 2023 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964.

There are two Group Care programs at this location. The programs share administration staff. The primary difference between the two programs is the staff ratio. Falls Academy maintains a one to six ratio, rather than the required one to eight ratio. Brighter Transition Academy serves a maximum capacity of thirty-two male youth ages sixteen and seventeen years old. Falls Academy has a capacity of thirty-six children ages thirteen to seventeen, 12 female and 24 male.

2. Agency Responsibilities – SDCL 26-6-11

|                                                                             | <u>YES</u> | <u>NO</u>         |
|-----------------------------------------------------------------------------|------------|-------------------|
| A. The building and equipment needs of the organization are adequately met. | <u>✓</u>   | <u>          </u> |
| B. The agency has sufficient funds to meet the needs of the community.      | <u>✓</u>   | <u>          </u> |

Comments:

The facility was found to be adequately furnished and maintained to provide for the needs of the residents by the reviewers.

3. Insurance - 67:42:01:35

|                                                                                       | <u>YES</u> | <u>NO</u>         |
|---------------------------------------------------------------------------------------|------------|-------------------|
| A. Vehicles used to transport clients have appropriate passenger liability insurance. | <u>✓</u>   | <u>          </u> |
| B. The agency carries public liability insurance.                                     | <u>✓</u>   | <u>          </u> |

Comments:

A copy of the Certificate of Liability Insurance and Insurance Identification Cards for facility vehicles verifying coverage at the time of the licensing review were submitted with the application for license renewal and are on file in the licensing record. A certificate of coverage for commercial general (policy # HS201259502) and automobile liability (policy # 040389709463571) through September 30,

2023 was provided and can be found in the licensing record.

- |                                                                      |            |           |
|----------------------------------------------------------------------|------------|-----------|
| 4. <u>Accounting Systems</u> - 67:42:01:34                           | <u>YES</u> | <u>NO</u> |
| A. An audit of the accounts has been done in the last year by a CPA. | ✓          | _____     |

Comments:

Brighter Transition/Falls Academy Financial Statements ending June 30, 2022 completed by BDO USA, LLP on January 26, 2023 were included in the application materials and is on file in the licensing record.

- |                                                                              |            |           |
|------------------------------------------------------------------------------|------------|-----------|
| 5. <u>Staff Qualifications</u> - 67:42:07:02, 67:42:07:07                    |            |           |
| A. Program Director                                                          | <u>YES</u> | <u>NO</u> |
| 1. Bachelor's degree in an accredited behavioral or social sciences area, or | ✓          | _____     |
| 2. An equivalent combination of education and experience.                    | ✓          | _____     |
| 3. At least two years of relevant alternative child care experience.         | ✓          | _____     |

Comments:

Jon St. Pierre is the Executive Director for Brighter Transition/Falls Academy. He has over ten years experience working in group care programs and has served as the director of programming since the program opened in 2013.

- |                                                                                                                                             |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| B. Other 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 child care staff; and 3 years older than any children supervised. | ✓          | _____     |

Comments:

A list of staff, including their qualifications, employed at the time of application for license renewal was submitted with the application. Administrative staff is shared between Brighter Transition and Falls Academy.

- |                                                                                                                                |            |           |
|--------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 6. <u>Staff/Child Ratio</u> - 67:43:07:03                                                                                      | <u>YES</u> | <u>NO</u> |
| A. 1:8 during waking hours.                                                                                                    | ✓          | _____     |
| B. 1:25 in the building during sleeping hours.                                                                                 | ✓          | _____     |
| C. One staff member present in each separate sleeping unit during sleeping hours.                                              | ✓          | _____     |
| D. Arrangements made for substitute staff during vacations, illness, or off-duty time of regular staff.                        | ✓          | _____     |
| E. Certified special ed teachers are employed (when appropriate).                                                              | ✓          | _____     |
| F. Provisions are made for auxiliary staff members, i.e., mental health professionals, physical therapist, and/or occupational | _____      | _____     |

|                                                                                                                                                                                              |    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| therapist (when appropriate).                                                                                                                                                                | ✓  | _____ |
| G. A shelter care facility maintains a staff/child ratio of 1:4 for children under the age of four years during waking hours.                                                                | NA | _____ |
| H. Facility has a written plan to ensure that staff, law enforcement, or appropriate emergency responders are available at the center within a reasonable time in the event of an emergency. | ✓  | _____ |

Comments:

The Brighter Transition staff schedule submitted indicates at least four staff are scheduled during waking hours when youth are present providing a staff/child ratio of at least 1:8 when at full licensed capacity, and at least two staff are scheduled during sleeping hours, providing a staff/child ratio of 1:16.

The Falls Academy staff schedule submitted indicates a staff/child ratio of at least 1:6 and at least two staff are scheduled during sleeping hours when at full licensed capacity, providing a staff/child ratio of 1:18.

Interviews with staff supported the agency's compliance with staff/child ratios.

7. Personnel Records - 67:42:07:07, 67:42:07:08, 67:42:07:09

| A. Personnel records are maintained and contain the following:                                                                | <u>YES</u> | <u>NO</u> |
|-------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 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. | ✓          | _____     |
| 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.                                                | ✓          | _____     |

Comments:

Personnel records reviewed contained documentation to support the items above.

8. In-service Training - 67:42:07:04

|                                                                                                                                                                                                                         | <u>YES</u> | <u>NO</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 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.           | ✓ | _____ |

Comments:

Brighter Transition/Falls Academy uses an In-Service/Individual Training Plan checklist that serves as an orientation plan and is used to document completion of the agency orientation. The plan includes all areas of orientation required to be completed within thirty days of employment as well as some areas required to be completed during the first year of employment.

The performance appraisal is set up to be effectively used for the annual assessment of competency and has an area designated where goals for the upcoming review period can be identified.

| 9. <u>Reporting Suspected Child Abuse or Neglect and Changes in Circumstances</u> - 67:42:01:12, 67:42:07:15, 67:42:07:16, 67:42:07:05 | <u>YES</u> | <u>NO</u> |
|----------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| A. The facility has written procedures for handling and reporting suspected in-house CA/N. It includes:                                | ✓          | _____     |
| 1. A definition of what constitutes CA/N;                                                                                              | ✓          | _____     |
| 2. Immediate reporting to DSS or law enforcement;                                                                                      | ✓          | _____     |
| 3. A procedure for assuring the incident will not recur pending the investigation;                                                     | ✓          | _____     |
| 4. A procedure for evaluating the continued employability of any staff member involved in an incident of CA/N.                         | ✓          | _____     |
| B. Each employee has signed a statement acknowledging and understanding the reporting procedure.                                       | ✓          | _____     |
| C. The facility is aware of its need to report any changes of circumstances that may affect its licensed status.                       | ✓          | _____     |

Comments:

Brighter Transition/Falls Academy has written procedures for reporting of suspected incidents of child abuse and neglect that relate to the above requirements.

| 10. <u>Treatment</u> – 67:42:01:01(3), 67:42:01:21, 67:42:07:01, 67:42:07:01.01, 67:42:07:01.02, 67:42:07:05, 67:42:07:10, 67:42:07:28, 67:42:07: 29 | <u>YES</u> | <u>NO</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| A. There are written procedures relating to:                                                                                                         | ✓          | _____     |
| 1. Intake.                                                                                                                                           | ✓          | _____     |
| 2. Treatment.                                                                                                                                        | ✓          | _____     |
| 3. Discharge.                                                                                                                                        | ✓          | _____     |
| 4. Discipline                                                                                                                                        | ✓          | _____     |

|                                                                                                                                                                       |   |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|
| 5. Confidentiality.                                                                                                                                                   | ✓ | _____ |
| 6. Health care of children                                                                                                                                            | ✓ | _____ |
| 7. Emergency procedures in case a child is injured.                                                                                                                   | ✓ | _____ |
| 8. Reasonable and prudent parent standard                                                                                                                             | ✓ | _____ |
| <u>Comments:</u>                                                                                                                                                      |   |       |
| Brighter Transition/Falls Academy has written procedures relating to the above required areas that are in compliance with licensing rules.                            |   |       |
| B. Children attend a local school.                                                                                                                                    | ✓ | _____ |
| <u>Comments:</u>                                                                                                                                                      |   |       |
| Client records were not reviewed due to COVID-19 restrictions.                                                                                                        |   |       |
| C. Case 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. | ✓ | _____ |
| *3. Treatment plans are developed within one month of placement and updated at least every three months.                                                              | ✓ | _____ |
| *4. Treatment plans must contain the child's needs and strengths.                                                                                                     | ✓ | _____ |
| *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; | ✓ | _____ |
| *6. A discharge plan that includes the projected length of stay and the conditions under which the child will be discharged.                                          | ✓ | _____ |
| *7. Monthly progress reports submitted to placement agency.                                                                                                           | ✓ | _____ |
| *8. Progress reports reflect the treatment plan.                                                                                                                      | ✓ | _____ |
| 9. Physical exam (twelve months prior to or thirty days following admission).                                                                                         | ✓ | _____ |
| 10. Current immunization record.                                                                                                                                      | ✓ | _____ |
| 11. A signed authorization for medical care.                                                                                                                          | ✓ | _____ |
| 12. 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.                                                                | ✓ | _____ |
| 14. Evidence of application of the Reasonable and Prudent Parent Standard.                                                                                            | ✓ | _____ |
| D. Records are kept in a locked file.                                                                                                                                 | ✓ | _____ |
| *E. A shelter care facility that does not provide short term                                                                                                          |   | _____ |

assessment services is exempt from numbers 2, 3, 4, 5, 6, 7 and 8 but submits a summary report to the placement agency upon discharge of the child.

|                                                                                                                                                                                                                      |    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
|                                                                                                                                                                                                                      | NA | _____ |
| F. Children do not remain in a shelter care facility longer than thirty days unless an extension of time is needed not to exceed thirty days for the plan to be implemented or needed assessment services completed. | NA | _____ |
| G. The interstate compact administrator has been contacted before acceptance of an out-of-state child.                                                                                                               | NA | _____ |
| H. A facility that provides alternative services to children in custody of the department has a signed alternative service agreement with the department.                                                            | NA | _____ |

Comments:

Client records reviewed contained documentation to support the items above.

11. Medications - 67:42:07:19, 67:42:07:20, 67:42:07:22, 67:42:07:23

|                                                                                                                                                                                                                                          | <u>YES</u> | <u>NO</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| A. The facility has written procedures relating to the storage and administration of medication which include:                                                                                                                           |            |           |
| 1. Conditions under which medications may be given.                                                                                                                                                                                      | ✓          | _____     |
| 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. | ✓          | _____     |
| 4. Procedures for evaluating and recording each child's reactions to prescribed medication.                                                                                                                                              | ✓          | _____     |
| B. A licensed nurse is responsible for administration of medications.                                                                                                                                                                    | ✓          | _____     |
| C. Psychotropic drugs are prescribed by a MD, CNP or PA with ongoing quarterly follow-up.                                                                                                                                                | ✓          | _____     |
| D. Medicine is kept in a locked cabinet.                                                                                                                                                                                                 | ✓          | _____     |
| E. A medication record is kept on each child.                                                                                                                                                                                            | ✓          | _____     |

Comments:

Brighter Transition/Falls Academy written procedures for storage and administration of medications are in compliance with licensing rules.

12. Seclusion and Restraint - 67:42:07:05, 67:42:07:24, 67:42:07:25, 67:42:07:26, 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.                                                                         | ✓  |  |
| C. Placement agency/parental/guardian approval of seclusion and restraint is obtained prior to its use.                                      | ✓  |  |
| D. Staff continuously observe and monitor a child who has been placed in a room for the purposes of seclusion.                               | NA |  |
| 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. | ✓  |  |
| F. Placement in seclusion or restraint is documented.                                                                                        | ✓  |  |
| G. A room used for seclusion meets the physical specifications of 67:42:07:25.                                                               | NA |  |

Comments:

Brighter Transition/Falls Academy written procedures for use of restraint and seclusion are in compliance with licensing rules. Brighter Transition/Falls Academy does not have a room used exclusively for seclusion and their policy and procedures states seclusion may not be used at Brighter Transition/Falls Academy.

| 13. <u>Volunteers</u> - 67:42:07:14                                                                 | <u>YES</u> | <u>NO</u> |
|-----------------------------------------------------------------------------------------------------|------------|-----------|
| A. Have a written job description with specific responsibilities.                                   | ✓          |           |
| B. Supervised and evaluated by an experienced staff member.                                         | ✓          |           |
| C. Three documented non-related references.                                                         | ✓          |           |
| D. Documented orientation.                                                                          | ✓          |           |
| 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.                                                 | ✓          |           |
| G. Verification of screening for substantiated reports of child abuse or neglect.                   | ✓          |           |
| H. Verification of submission of fingerprints to the DCI.                                           | N/A        |           |
| I. Verification of sex offender registry checks.                                                    | ✓          |           |

Comments:

Brighter Transition/Falls Academy has written procedures for use of volunteers that relate to the above requirements. Volunteers were not used in the last year.

| 14. <u>Physical Facility</u> - 67:42:07:11, 67:42:07:12          | <u>YES</u> | <u>NO</u> |
|------------------------------------------------------------------|------------|-----------|
| A. There is a current fire inspection.                           | 5/3/22     |           |
| B. There is a current health inspection.                         | 5/3/22     |           |
| 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.                                               | NA | _____ |
| F. Sleeping children are monitored.                                | ✓  | _____ |
| G. Each child has their own bed with linens, blankets and pillows. | ✓  | _____ |

Comments:

A fire/health inspection was completed on May 23, 2023. Items identified on the inspection were corrected prior to the onsite visit.

- |                                                                           |            |           |
|---------------------------------------------------------------------------|------------|-----------|
| 15. <u>Nutrition</u> - 67:42:07:13                                        | <u>YES</u> | <u>NO</u> |
| A. Meals are of sufficient quantity to meet children's nutritional needs. | ✓          | _____     |
| B. Arrangements are made for children with a special prescribed diet.     | ✓          | _____     |

Comments:

Interview with staff and residents supported the meals to be of adequate quality and quantity.

16. Recommendations:

Brighter Transition/Falls Academy is found to be in substantial compliance with licensing rules for Group Care Centers for Minors.

Completed By: \_\_\_\_\_ 6/15/23  
Kevin Kanta, Program Specialist Date

Date of On-Site Visit: \_\_\_\_\_ 5/30/23

Program Manager: Muriel Nelson