

**South Dakota Department of Social Services
CERTIFICATE OF LICENSE**

**as a
CHILD WELFARE AGENCY**

This is to certify that Cheyenne River Sioux Tribe is hereby granted this license to conduct and maintain a Group Care Center for Minors-Shelter Care Facility located at 405 Chinatown in Eagle Butte, SD

To provide care for a maximum of 7 children ages infancy to 13 years, for the period from September 1, 2019 to August 31, 2020.

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 13th day of September 2019.



License Number R 103

Kyngema Wieseler
CPS Division Director

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

**INVESTIGATION REPORT AND LICENSING STUDY
GROUP CARE CENTERS FOR MINORS
ARSD 67:42:01, 67:42:07**

AGENCY NAME: CRST Emergency Shelter Home (R103)

DIRECTOR: Dianne Garreau

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>N/A</u>	<u> </u>
3. A copy of the building plans (approved by the Fire Marshal and Department of Health).	<u>N/A</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 August 21, 2019 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964 which is also part of the facility agreement with the Department of Social Services.

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>See</u>	<u>Comments</u>

Comments:

The review team found the facility to be adequately furnished and maintained to provide for the needs of the residents served.

The reviewer was unable to determine if the agency has sufficient funds to meet the needs of the community due to an audit not being submitted at the time of the review. Please submit an annual audit to this office upon its receipt from the Cheyenne River Sioux Tribe to be in compliance with ARSD 67:42:01:34.

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:

Commercial general liability (Policy # NAACL0106402) and Automobile Liability (Policy # NAACL0106402) Insurance is purchased through Hudson Insurance Company. A copy of the current Certificate of Liability Insurance verifying coverage through October 1, 2019 was submitted with the application for license renewal and is on file in the licensing record.

4. Accounting Systems - 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.	<u>See</u>	<u>Comments</u>

Comments:

An audit of the accounts for the previous year was not submitted at the time of the licensing renewal. Please submit an annual audit to this office upon it's receipt from the Cheyenne River Sioux Tribe to be in compliance with ARSD 67:42:01:34

5. Staff Qualifications - 67:42:07:02, 67:42:07:07

	<u>YES</u>	<u>NO</u>
A. Program Director		
1. Bachelor's degree in an accredited behavioral or social sciences area, or	<u>N/A</u>	<u> </u>
2. An equivalent combination of education and experience.	<u>✓</u>	<u> </u>
3. At least two years of relevant alternative child care experience.	<u>✓</u>	<u> </u>

Comments:

Dianne Garreau is the Director of the Cheyenne River Sioux Tribe ICWA Program and is responsible for the operation of the Emergency Shelter Home. She served as a Juvenile Police Officer for the Cheyenne River Sioux Tribe for nearly ten years. Responsibility's for the position included investigation of child abuse and neglect cases, attending placement hearings, follow-up on children in foster care, court activities relating to cases of child abuse and neglect as well as providing training in child abuse and neglect and mandatory reporting for Head Start and Emergency Shelter Home staff. She has served as Director of the CRST ICWA Program since October 2002. Ms. Garreau's education and experience meets equivalency requirements for the program director as outlined in ARSD 67:42:07:02.

Willetta Ducheneaux is the Emergency Shelter Home Manager. She has her high school diploma from Cheyenne Eagle Butte high school, over 5 years' experience working in child care programs and has been employed with the ESH since October 2010. Willetta oversees the day to day running of the facility and is the point of contact. Dianne is consulted with on day to day operations.

	<u>YES</u>	<u>NO</u>
B. Other Staff		
1. At least eighteen years of age.	<u>✓</u>	<u> </u>
2. If under age twenty-one, is under direct supervision of an experienced child care staff; and 3 years older than any children supervised.	<u>N/A</u>	<u> </u>

Comments:

Staff information sheets were submitted for each staff member employed at the time of application for license renewal that indicate the staff member's name, position, date of employment, work schedule, education and experience. Documentation indicates the facility employs eight personnel who work directly with children placed at the facility. Review of personnel records indicates all staff are twenty-one years of age or older.

6. <u>Staff/Child Ratio</u> - 67:43:07:03	<u>YES</u>	<u>NO</u>
A. 1:8 during waking hours.	<u>✓</u>	<u> </u>
B. 1:25 in the building during sleeping hours.	<u>✓</u>	<u> </u>
C. One staff member present in each separate sleeping unit during sleeping hours.	<u>✓</u>	<u> </u>
D. Arrangements made for substitute staff during vacations, illness, or off-duty time of regular staff.	<u>✓</u>	<u> </u>
E. Certified special ed teachers are employed (when appropriate).	<u>N/A</u>	<u> </u>

F. Provisions are made for auxiliary staff members, i.e., mental health professionals, physical therapist, and/or occupational therapist (when appropriate).	N/A	_____
G. A shelter care facility maintains a staff/child ratio of 1:4 for children under the age of four years during waking hours.	✓	_____
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 CRST Emergency Shelter Home is licensed to provide care for seven children and there was one child placed in care at the time of the licensing review. An updated staff schedule provided in the application materials indicates at least two staff are scheduled for the majority of the shifts which run from 12 a.m.-8 a.m., 8 a.m.-4 p.m. and 4 p.m.-12 a.m. The staff schedule submitted indicates the shelter is running above staff to child ratio for an emergency shelter care program.

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 st aid and CPR.	✓	_____

Comments:

Three personnel records were reviewed for staff who were hired in the last year. Each record reviewed contained documentation to verify compliance with the above requirements, except one file contained a sex offender check which was completed nineteen days after employment. **Please assure all sex offender checks are done prior to employment to comply with SDCL 26-6-14.11.**

8. <u>In-service Training</u> - 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:

CRST Emergency Youth Shelter has an Employee Orientation Checklist to document completion of various areas of the orientation. The records reviewed for an employees hired during the last twelve months indicated they completed an orientation process within thirty days after initial hire. A Cheyenne River Sioux Tribe Children's Emergency Shelter 2018 Annual In-Service Training Schedule was provided with the application materials. The in-service training schedule provides for 32 hours of in-service training which relates to all area required by licensing rules except that it does not indicate training in the area of use of seclusion or restraint and it does not identify the nationally recognized program for behavior management in which staff are trained. The CRST agency policy states that seclusion and restraint are not used in the program and each personnel records reviewed contained a signed statement defining restraint and seclusion that indicates they are not to be used. Annual training for all staff employed by the facility was reviewed and each staff employed has more than the minimal amount of training required by rule.

- | | | |
|---|------------|-----------|
| 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 a 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:

CRST Emergency Shelter Home 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.

- | | | |
|---|------------|-----------|
| 10. <u>Treatment</u> – 67:42:01:01(3), 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. | N/A | _____ |
| 3. Discharge. | ✓ | _____ |

- | | | |
|---|---|-------|
| 4. Discipline | ✓ | _____ |
| 5. Confidentiality. | ✓ | _____ |
| 6. Health care of children | ✓ | _____ |
| 7. Emergency procedures in case a child is injured. | ✓ | _____ |

Comments:

CRST Emergency Shelter Home written procedures relate to the above required areas.

- | | | |
|------------------------------------|---|-------|
| B. Children attend a local school. | ✓ | _____ |
|------------------------------------|---|-------|

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. | 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 | _____ |
| *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 | _____ |
| *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. | ✓ | _____ |
| 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. | ✓ | _____ |

- | | | |
|---------------------------------------|---|-------|
| 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. | ✓ | _____ |
|--|---|-------|

- | | | |
|--|---|-------|
| 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. | ✓ | _____ |
|--|---|-------|

- | | | |
|---|-----|--|
| G. The interstate compact administrator has been contacted before acceptance of an out-of-state child. | N/A | |
| H. A facility that provides alternative services to children in custody of the department has a signed alternative service agreement with the department. | N/A | |

Comments:

Four records were reviewed for children in care and documentation was found in each to verify compliance with licensing rules.

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. | N/A | |
| D. Medicine is kept in a locked cabinet. | ✓ | |
| E. A medication record is kept on each child. | ✓ | |

Comments:

CRST Emergency Shelter has written procedures for storage and administration of medications that relate to the above requirements. An agreement with an RN that includes the responsibility for administration of medications was provided with the application.

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. | 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

Comments:

CRST Emergency Shelter has written procedures which do not allow for the use of seclusion and the facility does not have a room used exclusively for seclusion.

13. Volunteers - 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

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

H. Verification of submission of fingerprints to the DCI.

N/A

I. Verification of sex offender registry checks.

N/A

Comments:

The reviewer was informed the CRST Shelter does not utilize volunteers as part of programming at this time.

14. Physical Facility - 67:42:07:11, 67:42:07:12

YES

NO

A. There is a current fire inspection.

✓

B. There is a current health inspection.

✓

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.

✓

F. Sleeping children are monitored.

✓

G. Each child has their own bed with linens, blankets and pillows.

✓

Comments:

A fire/health inspection had not been completed prior to the on-site visit. **Please provide a copy of the on-site review when obtained.**

15. Nutrition - 67:42:07:13

YES

NO

A. Meals are of sufficient quantity to meet children's nutritional needs.

✓

B. Arrangements are made for children with a special prescribed diet.

✓

A copy of a four week menu that is signed by John Finn, RD, LN LRD and dated 7/20/19 was provided at the time of the licensing review. Comments from staff interviewed regarding meals served indicate the menu is followed. Staff interviewed indicated the children enjoyed the meals and they hear little in the form of complaints.

16. Recommendations:

CRST Shelter 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 Agency Responsibilities, Accounting Systems, Personnel Records, and Physical Facility.

It is recommended that a satisfactory license be issued to the Cheyenne River Sioux Tribe to operate a Group Care Center for Minors-Shelter Care Facility (Children's Emergency Shelter Home) to provide care for a maximum of seven children age infant to thirteen years, on an emergency basis.

Completed By: 9/3/19
Kevin Kanta , Program Specialist

Date of On-Site Visit: 8/28/19