

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

This is to certify that Cheyenne River Sioux Tribe Emergency Shelter is hereby granted this license to conduct and maintain a Group Care Center for Minors-Shelter Care Facility located at 405 Chinatown, Eagle Butte, SD 57625 to provide care for a maximum of 7 children ages 0 to 13 years, for the period from September 1, 2023 to August 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 28th day of November 2023.



License Number R 103

  
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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  
SHELTER CARE CENTERS FOR MINORS  
ARSD 67:42:01, 67:42:07**

AGENCY NAME: Cheyenne River Sioux Tribe(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> |
| 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 September 27, 2023 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>✓</u>   | <u>          </u> |

Comments:

The facility is adequately furnished and maintained to provide for the needs of the residents served.

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 and Automobile Liability Insurance is purchased through Hudson Insurance Company. A copy of the current Certificate of Liability Insurance verifying coverage through October 1, 2024 was submitted with the application for license renewal.

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 accounts completed on September 30, 2020 was submitted at the time of the licensing renewal. **Please submit the current annual audit to this office upon 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

| A. Program Director  | <u>YES</u> | <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 child care experience.         | ✓          | _____     |

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. She has served as Director of the CRST ICWA Program since October 2002.

| 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. | N/A        | _____     |

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 seven 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. Staff/Child Ratio - 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).  | N/A        | _____     |
| 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:

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 within 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

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

Each record reviewed contained documentation to verify compliance with the above requirements.

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:

CRST Emergency Youth Shelter has an Employee Orientation Checklist to document completion of various areas of the orientation. The CRST agency policy states that seclusion and restraint are not used in the program and each personnel record reviewed contained a signed statement defining restraint and seclusion that indicates they are not to be used.

|  |            |           |
|--|------------|-----------|
| 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.

|   |            |           |
|---|------------|-----------|
| 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.  | N/A        | _____     |
| 2. Treatment.   | ✓          | _____     |
| 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:

Records reviewed contained documentation to verify compliance with licensing rules.

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

|    |   |            |           |
|----|---|------------|-----------|
| A. | The facility has written procedures relating to the storage and administration of medication which include:   | <u>YES</u> | <u>NO</u> |
|    | 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.

|  |            |           |
|--|------------|-----------|
| 12. <u>Seclusion and Restraint</u> - 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. <u>Volunteers</u> - 67:42:07:14   | <u>YES</u> | <u>NO</u> |
| 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. <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.  | ✓          | _____     |
| 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 was completed on September 5, 2023 and issues noted were corrected.

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

A two-week menu was submitted with the application materials. Changes to menu are changed as needed.

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 Accounting Systems.

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 to provide care for a maximum of seven children age infant to thirteen years, on an emergency basis.

Completed By: Kevin Kanta 11/29/23  
 Kevin Kanta , Program Specialist

Date of On-Site Visit: 09/27/23

Program Manager: Muriel Nelson