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

This is to certify Children's Home Society is hereby granted a license extension to conduct and maintain a Residential Treatment Center located at 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, 2024 to December 31, 2024.

SDCL 1-26-28 permits an existing license to remain in effect after its expiration date provided a "timely" application has been submitted. This license is subject to revocation for reasonable cause as cited in SDCL 1967; Section 26-6-23.

Issued this 1<sup>st</sup> day of September 2024.



**Licensing & Accreditation Administrator** 

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

License Number R 103

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

AG	ENC'	Y NAME: Cheyenne River Sioux Tribe(CRST) Emergency Shelter Home	(R103)					
DIR	ECT	OR: <u>Dianne Garreau</u>						
1.	1. <u>Licensing Requirements</u> - 67:42:07:11.01; SDCL 26-6-11							
	A.	The following have been submitted to the Department:	<u>YES</u>	<u>NO</u>				
		1. Application materials for license.	✓					
	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.	✓					
Con	nmen	<u>ts:</u>						
state	emen	cation for license renewal dated August 7, 2024 is on file in the licensing r t of compliance with the Civil Rights Act of 1964 which is also part of the ent of Social Services.						
2.	Age	ency Responsibilities – SDCL 26-6-11	<u>YES</u>	<u>NO</u>				
	A.	The building and equipment needs of the organization are adequately met.	✓					
	B.	The agency has sufficient funds to meet the needs of the community.	✓					
	nmen facil	ts:  ity is adequately furnished and maintained to provide for the needs of the nee	residents served					
3.	Insu	<u>urance</u> - 67:42:01:35	<u>YES</u>	<u>NO</u>				
	A.	Vehicles used to transport clients have appropriate passenger liability insurance.	✓					
	B.	The agency carries public liability insurance.	✓					
Con	nmen	<u>ts:</u>						
Con	npany	cial general liability and Automobile Liability Insurance is purchas y. A copy of the current Certificate of Liability Insurance verifying coverad with the application for license renewal.						
4.	Acc	counting 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.	✓					
Con	nmen	ts:		<del>-</del>				

The CRST shelter is sufficiently funded and operated by the CRST. Please submit the financial audit when available.

	A.	Pro	gram 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.	✓	
Cor	nmen	nts:	•		
ope	ration	of th	au is the Director of the Cheyenne River Sioux Tribe ICWA Program the Emergency Shelter Home. She served as a Juvenile Police Officer y ten years. She has served as Director of the CRST ICWA Program	for the Cheyenne	River Sioux
	В.	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 child care staff; and 3 years older than any children supervised.	N/A	
Cor	nmen	ıts:			
exp	erien		indicate the staff member's name, position, date of employment,	, work schedule,	caucation and
6	Stat		Review of personnel records indicates all staff are twenty-one years of the Ratio - 67:43:07:03	of age or older.	
6.		ff/Chi	Review of personnel records indicates all staff are twenty-one years of the line in the li		children placed <u>NO</u>
6.	Staf A. B.	ff/Chi 1:8	Review of personnel records indicates all staff are twenty-one years	of age or older.	
6.	A.	1:8 1:2: One	Review of personnel records indicates all staff are twenty-one years of the line of the li	of age or older.	
6.	A. B.	1:8 1:2: One slee Arr	Review of personnel records indicates all staff are twenty-one years of the light staf	of age or older.  YES  ✓	
6.	A. B. C.	1:8 1:2: One slee Arr off-	Review of personnel records indicates all staff are twenty-one years of the lid Ratio - 67:43:07:03 during waking hours.  5 in the building during sleeping hours.  2 staff member present in each separate sleeping unit during uping hours.  angements made for substitute staff during vacations, illness, or	YES	
6.	A. B. C.	1:8 1:2: One slee Arr off- Cer Pro	Review of personnel records indicates all staff are twenty-one years of the lid Ratio - 67:43:07:03 during waking hours.  5 in the building during sleeping hours.  2 staff member present in each separate sleeping unit during the line hours.  2 angements made for substitute staff during vacations, illness, or duty time of regular staff.	YES	
6.	A. B. C. D.	1:8 1:2: One slee Arr off- Cer Pro pro app A si	Review of personnel records indicates all staff are twenty-one years of the light o	YES  YES  N/A	

## 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.

Pers	<u>ersonnel Records</u> - 67:42:07:07, 67:42:07:08, 67:42:07:09						
A.	Per	rsonnel 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.	✓				
	0	Verification of current certification in basic 1 <sup>st</sup> aid and CPR.	<b>√</b>				
	8. nment		above requiremer	nts.			
Each	nment	ts:  ord reviewed contained documentation to verify compliance with the a	-				
Each	nment n reco service The	<u>ts:</u>	above requiremer <u>YES</u> ✓	nts.			
Each	nment n reco Service The vol Eac the faci	ts:  ord reviewed contained documentation to verify compliance with the accentaining - 67:42:07:04  ere is a written plan for orientation and training for staff and	YES				
Each <u>In-se</u> A.	The vol  Each fun  Each fun	ts:  ord reviewed contained documentation to verify compliance with the active Training - 67:42:07:04  ere is a written plan for orientation and training for staff and lunteers.  ch employee has a documented record of an initial orientation to ecenter within one month of the date of hire that includes the cility's functions, services, community resources and specific job	YES				
Each  In-se A. B.	The vol  Eac fun  Eac fou  Eac fou	ts:  ord reviewed contained documentation to verify compliance with the active Training - 67:42:07:04  ere is a written plan for orientation and training for staff and lunteers.  ch employee has a documented record of an initial orientation to center within one month of the date of hire that includes the cility's functions, services, community resources and specific job actions.  ch employee has a documented record of a minimum of twenty-	YES  ✓				

## 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.			1 Child Abuse or Neglect and Changes in 42:01:12, 67:42:07:15, 67:42:07:16, 67:42:07:05	<u>YES</u>	<u>NO</u>	
	A.		s a written procedures for handling and reporting ouse CA/N. It includes:	✓		
		1. A definiti	on of what constitutes CA/N;	✓		
		2. Immediat	e reporting to DSS or law enforcement;	✓		
		3. A procedinvestigat	ure for assuring the incident will not recur pending the ion;	✓		
			ure for evaluating the continued employability of any aber involved in an incident of CA/N.	✓		
	B.		has signed a statement acknowledging and the reporting procedure.	✓	-	
	C.		aware of its need to report any changes of that may affect its licensed status.	✓		
	uiren	ents.	er Home written policies for reporting suspected child about 1:01(3), 67:42:07:01, 67:42:07:01.01, 67:42:07:01.02,	use or neglect re	late to the above	
			07:10, 67:42:07:28, 67:42:07: 29			
	A.	There are written procedures relating to:		<u>YES</u>	<u>NO</u>	
		1. Intake.		✓		
		2. Treatmen	t.	N/A		
		3. Discharge	2.	✓		
		4. Discipline	2	✓		
		5. Confiden	tiality.	✓		
		6. Health ca	re of children	✓		
		7. Emergence	y procedures in case a child is injured.	✓		
		Comments:				
		CRST Emerger	cy Shelter Home written procedures relate to the above re	equired areas.		
	B.	Children attend	l a local school.	✓		
	C.	Case records a	re maintained and include the following:			
		1. Face shee	t/application form with identifying information.	✓		
		care, the	nent of the treatment plan must involve the child in facility staff working with the child, the placement and if appropriate the parents.	N/A		
		*3 Treatmen	t 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	
	<ol><li>Physical exam (twelve months prior to or thirty days following admission).</li></ol>	✓	
	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.	<b>✓</b>	
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	
	nments: ords reviewed contained documentation to verify compliance with licensin	g rules.	
11. <u>Me</u>	dications - 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.	✓	
Con	nmen	<u>ts:</u>		
		nergency Shelter has written procedures for storage and administration of a quirements.	medications tha	t relate to the
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>	NO
	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	
Con	nmen	<u>-</u> ts:		
		nergency Shelter has written procedures which do not allow for the use of a room used exclusively for seclusion.	of seclusion and	the facility does
13.	Vol	<u>unteers</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	
Cor	nmen	<u>-</u> i <u>ts:</u>		
Γhe	revie	wer was informed the CRST Shelter does not utilize volunteers as part of p	rogramming at thi	is time.
14.	<u>Phy</u>	sical Facility - 67:42:07:11, 67:42:07:12	<u>YES</u>	<u>NO</u>
	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.	<b>✓</b>	
	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.	✓	
Cor	nmen	ts:		
A fi	re/he	alth inspection was completed on September 3, 2024 and issues noted were	e corrected.	
15.	Nut	<u>rition</u> - 67:42:07:13	<u>YES</u>	<u>NO</u>
	A.	Meals are of sufficient quantity to meet children's nutritional needs.	<b>√</b>	
	B.	Arrangements are made for children with a special prescribed diet.	✓	
A t	wo-w	veek menu was submitted with the application materials. Changes to menu	are changed as ne	eded.
CR: for I	ST Sl Mino	nelter Home is found to be in substantial compliance with licensing require rs-Shelter Care Facility.  mmended that a satisfactory license be issued to the Cheyenne River Sious or Minors-Shelter Care Facility to provide care for a maximum of seven	x Tribe to operate	a Group Care
yea	rs, on	an emergency basis.		0/17/04
		Completed By: Kevin Kanta Kevin Kanta, Program S	necialist	9/7/24
		Date of On-Site Visit:	8/8/24	
		Program Manager: Muviel J Nel	 Lson	