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

This is to certify that Children's Home Society is hereby granted this license to conduct and maintain a Group Care Center for Minors-Shelter Care Facility (Children's Inn) located at 409 N. Western Ave., Sioux Falls, SD 57104 to provide care for a maximum of 8 children 0 to 17 years, for the period from July 1, 2022 to June 30, 2023.

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 29th day of June 2022.



License Number R3421

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: Children's Inn (R102)

DIRECTOR: Amy Carter

| 1. | Lice | ensing | Requirements - 67:42:07:11.01; SDCL 26-6-11 | | |
|----|---|------------|---|------------------|-----------|
| | Α. | The | following have been submitted to the Department: | YES | <u>NO</u> |
| | | 1. | Application materials for license. | ✓ | |
| | | 2. | Documentation of need. | N/A | |
| | | 3. | A copy of the building plans (approved by the Fire Marshal and Department of Health). | N/A | |
| | В. | in tl | atement of compliance with the Civil Rights Act of 1964 is included ne agency's policies or is a part of the purchase of service contract n the Department. | ✓ | |
| | <u>Con</u> | nmen | ts: | | |
| | | | ation for license renewal dated April 26, 2022 is on file in the licensin atement of compliance with the Civil Rights Act of 1964. | ig record. It co | ntains a |
| | | | | YES | <u>NO</u> |
| 2. | <u>Age</u> | ency R | esponsibilities – SDCL 26-6-11 | | |
| | A. | The met | building and equipment needs of the organization are adequately | ✓ | |
| | В. | The | agency has sufficient funds to meet the needs of the community. | \checkmark | |
| | Con | nmen | <u>ts:</u> | | |
| | The reviewers found the facility to be adequately furnished and maintained to provide for the needs of the residents served. Children's Home Society financial information provided indicates the availability of sufficient funds to provide for the needs of the program. | | | | |
| | | | | <u>YES</u> | <u>NO</u> |
| 3. | <u>Insı</u> | urance | <u>e</u> - 67:42:01:35 | | |
| | A. | | icles used to transport clients have appropriate passenger liability rrance. | ✓ | |
| | B. | The | agency carries public liability insurance. | ✓ | |

Comments:

Auto liability, professional liability, and commercial general liability insurance is purchased from Marsh and McLennan Agency LLC policy # 853102210. A copy of the Certification of Liability Insurance verifying coverage through February 1, 2023 was submitted with the application materials.

| 4. | <u>Acc</u> | ounting 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. | \checkmark | |

An audit of Children's Home Society of South Dakota's financial reports for the period ending June 30th, 2021 and 2020 was completed by Eide Bailly LLP, CPA's on October 27, 2021 was submitted with the agency's application.

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

| Α. | 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. | N/A | |
| | 3. | At least two years of relevant alternative child care experience. | ✓ | |

Comments:

Amy Carter, BSD Human Development & Family Studies is the Operations Director for Children's Inn and is responsible for day to day operation of the facility. She has served in this capacity since August 2008.

Other Staff Β.

| Oth | Other Staff | | <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:

A list of staff including date of employment, position and education was submitted with the application for renewal. Personnel records were reviewed for individuals aged twenty-one or older.

| | | | <u>YES</u> | <u>NO</u> |
|----|-------------|---|------------|-----------|
| 6. | <u>Staf</u> | f/Child Ratio - 67:43:07:03 | | |
| | Α. | 1:8 during waking hours. | ✓ | |
| | В. | 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. | ✓ | |
| | Н. | Facility has a written plan to ensure that staff, law enforcement, or | | |
| | | | | |

Comments:

A staff schedule was submitted with the application for license renewal and indicates staff to client ratio is met at all times if the staff schedule is followed accordingly. The staff schedule notes additional staff in the form of Case Managers, Assistant Program Supervisors and Social Worker Crisis Intervention staff in the building at various hours for additional staff.

✓

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

| Α. | 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. | ✓ | |
| | 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. | ✓ | |
| | C | - | | |

Comments:

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

| 8. | <u>In-se</u> | ervice 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. | ✓ | |
| | В. | 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:

Each record reviewed contained documentation to verify compliance with the above requirements. Interviews with staff indicated that they were receiving sufficient training in appropriate areas and they noted that they receive more than the mandated yearly hours.

| 9. | | | g Suspected Child Abuse or Neglect and Changes in Circumstances 1:12, 67:42:07:15, 67:42:07:16, 67:42:07:05 | <u>YES</u> | <u>NO</u> |
|----|----|----|--|------------|-----------|
| | A. | | facility has a written procedures for handling and reporting pected in-house CA/N. It includes: | 1 | |
| | | 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. | ✓ | |
| | В. | | h employee has signed a statement acknowledging and erstanding the reporting procedure. | ✓ | |
| | C. | | facility is aware of its need to report any changes of circumstances may affect its licensed status. | ~ | |
| | | | | | |

Comments:

Agency written procedures for reporting of suspected incidents of child abuse or neglect are in compliance with licensing rules. Each 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), 67:42:01:21, 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

| Α. | The | There are written procedures relating to: | | <u>NO</u> |
|----|-----|--|-----|-----------|
| | 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:

Children's Inn has written procedures which relate to all the above required areas that are in compliance with licensing rules. A copy of changes to policy and procedures in the area of Child Placement was submitted with the application materials and can be found in the licensing record.

B. Children attend a local school.

Comments:

School age residents at Children's Inn attend school in the Sioux Falls School District.

✓

| C. | Case | 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 | |
| | *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. | Reco | ords are kept in a locked file. | ✓ | |
| *E. | serv | nelter care facility that does not provide short term assessment ices is exempt from numbers 2, 3, 4, 5, 6, 7 and 8 but submits a mary report to the placement agency upon discharge of the child. | ✓ | |
| F. | unle | dren do not remain in a shelter care facility longer than thirty days ass an extension of time is needed not to exceed thirty days for the to be implemented or needed assessment services completed. | ✓ | |
| G. | | interstate compact administrator has been contacted before ptance of an out-of-state child. | N/A | |
| Н. | the | cility that provides alternative services to children in custody of department has a signed alternative service agreement with the artment. | N/A | |
| _ | | | | |

Comments:

Records reviewed for children in care and documentation was found in each to verify

compliance with licensing rules. In two of the records the need for an extension past the initial thirty days was needed for further evaluation and transition into a more permanent placement setting.

11. <u>Medications</u> - 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> | NO |
|----|---|--|------------|----|
| | 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. | ✓ | |
| В. | A lic | ensed 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 m | edication record is kept on each child. | ~ | |

Comments:

Children's Inn has written procedures for storage and administration of medications that are in compliance with licensing rules and can be found in the Children's Inn Policies & Procedures Manual.

| 12. | | usion and Restraint - 67:42:07:05, 67:42:07:24, 67:42:07:25, 2:07:26, 67:42:07:27 | <u>YES</u> | NO |
|-----|----|---|------------|----|
| | A. | The facility has written procedures relating to the use of seclusion and restraint. | ✓ | |
| | В. | 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. | ✓ | |
| | D. | Staff continuously observes and monitors a child who has been placed in a room for the purposes of seclusion. | ✓ | |
| | 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. | N/A | |

Comments:

Children's Inn written procedures for use of restraint and seclusion are in compliance with licensing requirements. It was noted that restraints are not happening on a regular basis and staff interviewed noted

that the use of restraint and seclusion is used only as a last resort to protect staff and residents from injury.

| 13. | <u>Volu</u> | <u>Volunteers</u> - 67:42:07:14 <u>YES</u> | | <u>NO</u> |
|-----|-------------|---|--------|-----------|
| | A. | Have a written job description with specific responsibilities. | ✓ | |
| | В. | 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. | ✓ | |
| | Н. | Verification of submission of fingerprints to the DCI. | ✓ | |
| | I. | Verification of sex offender registry checks. | ✓ | |
| | Two | ments: volunteer records were reviewed and documentation was found in each to pliance with licensing rules. | verify | |
| | | | YES | NO |
| | | | | |

| 14. | <u>Physical Facility</u> - 67:42:07:11, 67:42:07:12 | | | | |
|-----|---|--|---|---|--|
| | Α. | There is a current fire inspection. | ✓ | | |
| | В. | 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. | 1 | | |
| | G. | Each child has their own bed with linens, blankets and pillows. | ~ | | |
| | | _ | | | |

Comments:

A copy of the fire/health inspection report dated 10/1/2021 is on file in the licensing record. Documentation of work done to meet compliance was noted on the inspection report.

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

Comments:

Staff interviewed stated the food is good quality and sufficient quantity.

16. <u>Recommendations:</u>

Children's Inn is found to be in substantial compliance with licensing rules for a Group Care Center for Minors-Shelter Care Facility.

It is recommended that a satisfactory license be issued to operate Children's Inn as a Shelter Care Facility at 409 N Western Ave., Sioux Falls, South Dakota to provide care for a maximum of eight youth ages zero to seventeen.

| Completed By: | Kevin Kanta | 6/29/22 |
|----------------------|---------------------------------|---------|
| | Kevin Kanta, Program Specialist | |
| Date of On-Site Visi | t: 6/22/22 | |

Program Manager: <u>Muriel Nelson</u>