

**DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD PROTECTION SERVICES**

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Strong Families - South Dakota's Foundation and Our Future

September 13, 2019

OST Emergency Youth Shelter
Frankee White Dress, Director
PO Box 5056
Pine Ridge, SD 57770

Dear Frankee:

Enclosed is the current certificate of license that allows Oglala Sioux Tribe Emergency Shelter Home to operate as a Group Care Center for Minors – Shelter Care Facility in Pine Ridge, South Dakota. The license is effective from August 1, 2019 through July 31, 2020 and is issued on a satisfactory basis. It allows for the care of a maximum of 10 children, ages 12 to 17 years of age. South Dakota law requires the license to be posted in a conspicuous place in the facility.

A copy of the licensing study is enclosed. Please read it carefully and refer to it for details relating to compliance with each of the applicable licensing standards. Continued non-compliance with licensing rules or failure to submit any requested information may result in negative licensing action such as suspension or revocation of the license. Should you have any questions, feel free to contact Kevin Kanta at the telephone number above.

Thank you for the care Oglala Sioux Tribe Emergency Youth Shelter provides to South Dakota's children and families.

Sincerely,

Virgena Wieseler
Division Director

VW/kk

Enclosures

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

**as a
CHILD WELFARE AGENCY**

This is to certify that Oglala Sioux Tribe is hereby granted this license to conduct and maintain a Group Care Center for Minors—Shelter Care Facility located 3 blocks west of West US Hwy 18 in Pine Ridge, SD 57770 to provide care for

A maximum of 10 children ages 12 o 17 years,
for the period from August 1, 2019 to July 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 99

Virginia 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: Oglala Sioux Tribe Emergency Youth Shelter (R99)

DIRECTOR: Frankee White Dress

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:	<u>✓</u>	<u> </u>
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 July 31, 2019, is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964.

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. A financial report submitted with the application for license renewal indicates the availability of sufficient funds to provide for the needs of the program.

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 listing Commercial General Liability, Automobile and Umbrella Liability insurance coverage which expires on 08/01/2019 was included with the application materials. **Please provide an updated copy of proof of coverage through 8/01/20 when available.**

- | | | |
|--|------------|-----------|
| 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:

An audit of Oglala Sioux Tribe Governmental Department statements was completed by Clifton Larson Allen CPA's on September 29, 2018. A copy of the audit report, including a summary of significant accounting policies, was submitted with the application for license renewal.

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|--|------------|-----------|
| 5. <u>Staff Qualifications</u> - 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 | N/A | _____ |
| 2. An equivalent combination of education and experience. | ✓ | _____ |
| 3. At least two years of relevant alternative child care experience. | ✓ | _____ |

Comments:

Frankee White Dress is the Director of the Oglala Sioux Tribe Emergency Youth Shelter and has served in that capacity since April 30, 2018. She has her Masters in Education Administration.

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|---|------------|-----------|
| 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. All staff currently employed by the Oglala Sioux Tribe Emergency Youth Shelter are over the age of twenty-one.

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|---|------------|-----------|
| 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). | N/A | _____ |

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|--|-----|-------|
| 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. | N/A | _____ |
| 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:

Staff indicated that the facility generally runs with less than 8 children and that there is always at least one staff present when children are placed.

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. | See | Comments |
| 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 personal records were reviewed. Almost all of the staff files reviewed were for employees who had worked for the agency previously and often multiple times. Files reviewed did not contain an annual performance evaluation. **Please assure all personnel files contain an annual performance evaluation to comply with ARSD 67:42:07:09.**

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|---|------------|-----------|
| 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.	See	<u>Comments</u>

Comments:

Evidence was found in the three files reviewed to support compliance with the above requirements. None of the files contained a training plan based on a competency based evaluation. **Please be sure a training plan based on a competency based evaluation to comply with ARSD 67:42:07:04.**

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:

The Oglala Sioux Tribe Emergency Youth Shelter written procedures for reporting of suspected incidents of child abuse or neglect are found in the Policy and Procedures Handbook and are in compliance with licensing rules. Each record reviewed contained a signed statement verifying the individual has read agency policies 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	<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:

The Oglala Sioux Tribe Emergency Youth Shelter has written procedures which relate to all of the above required areas which can be found in the Oglala Sioux Tribe Emergency Youth Shelter Policy and Procedures Handbook.

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

Comments:

Oglala Sioux Tribe Emergency Youth Shelter residents attend the Pine Ridge Public Schools.

- 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. | N/A | _____ |
| 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 client records were reviewed and contained 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:

The Oglala Sioux Tribe Emergency Youth Shelter has written procedures for storage and administration of medications that are in compliance with the licensing rules and can be found in the Oglala Sioux Tribe Emergency Youth Shelter Policy and Procedures Handbook.

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:

The Oglala Sioux Tribe Emergency Youth Shelter written procedures for use of seclusion and restraint are in compliance with licensing rules and can be found in the Oglala Sioux Tribe Emergency Youth Shelter Policy and Procedures Handbook.

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 Oglala Sioux Tribe Emergency Shelter does not currently have any volunteers.

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 was completed on October 1, 2018. The inspection Compliance Plan listed several items to be addressed. **Please correct items listed and inform this office of completion.**

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.

✓	_____
✓	_____

Comments:

Staff described meals as sufficient quantity and quality.

16. Recommendations/Corrective Action:

OST Emergency Center is in substantial compliance with licensing requirements for a Group Care Center for Minors-Shelter Care Facility. Please refer to the body of this licensing study for comments and recommendations relating to Insurance, Personnel Records, Physical Facility, and In-Service Training.

It is recommended that a satisfactory license be issued to operate a Group Care Center for Minors-Shelter Care Facility to provide care for a maximum of 10 youth age twelve to seventeen years.

Completed By: Kevin Kanta 08/29/19

Kevin Kanta, Program Specialist

Date of On-Site Visit: 07/31/19