

South Dakota Department of Social Services
CERTIFICATE OF LICENSE

as a
CHILD WELFARE AGENCY

This is to certify that Rosebud Sioux Tribe is hereby granted this license to conduct and maintain a Group Care Center (Spotted Tail Children's Home) located at 23 West 1st Street, Rosebud, SD

To provide care for a maximum of 16 children ages infancy to 16 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 NOVEMBER 2019.



License Number R 73

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: Spotted Tail Children's Home (R73)

DIRECTOR: Elizabeth Little Elk

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>
	<u> </u>	<u> </u>

Comments:

An application for license renewal dated August 26, 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>
	<u> </u>	<u> </u>
B. The agency has sufficient funds to meet the needs of the community.	<u> </u>	<u> </u>
	<u> </u>	<u> </u>

Comments:

The facility is adequately furnished and maintained to provide for the needs of the residents served. Financial reports submitted indicate the availability of sufficient funds to provide for the needs of the agency.

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>
	<u> </u>	<u> </u>
B. The agency carries public liability insurance.	<u> </u>	
	<u> </u>	

Comments:

Basic liability (Policy # NA00545-10) Insurance is purchased through Lexington Insurance Company. A copy of the current Certificate of Liability Insurance verifying coverage through November 8, 2019 was submitted with the application for license renewal and is on file in the licensing record. Copies of vehicle insurance cards verifying automobile insurance through November 8, 2019 were

provided with application materials. **Please provide updated certificates of insurance 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 the Sicangu Child and Family Services financial statements, which includes Spotted Tail Children's Home was provided with the application materials.

- | | | |
|--|------------|-----------|
| 5. <u>Staff Qualifications</u> - 67:42:07:02, 67:42:07:07 | <u>YES</u> | <u>NO</u> |
| 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:

Elizabeth Little Elk, MSW, is the Executive Director of Spotted Tail Children's Home (STCH) and is Responsible for program development. She has over thirty years of experience in child welfare.

Jodi Waln is the supervisor of the program. Jodi was appointed to her current position by the Sicangu Child and Family Services board. She oversees the day-to day operation of the facility. Jodi has worked for the facility since 2015 and has worked as a Community Health Representative for more than twenty years.

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

A list of staff, including their qualification, employed at the time of application for license renewal was submitted with the application.

- | | | |
|---|------------|-----------|
| 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	_____
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:

STCH is licensed to provide care for a maximum of sixteen children on an emergency basis. Staff are scheduled for twelve hour shifts which are either 7 a.m. to 7 p.m. or 7 p.m. to 7 a.m. There is typically one staff for each shift due to having less than 8 residents. The STCH Director and Supervisor fill in for shifts as needed.

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:

Four personnel records were reviewed and documentation was found to indicate the agency meets the above standards. The records were clearly tabbed out and the documentation was easily found in each record.

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:

STCH has a checklist, which includes the required training, to document completion of orientation. All files reviewed contained documentation of completion of the required orientation within one month of employment.

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:

STCH 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. Treatment – 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

A. There are written procedures relating to:	<u>YES</u>	<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:

STCH 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

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.	<u>See Comments</u>	
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:

STCH has written procedures for storage and administration of medications that relate to the above requirements. A copy of an agreement with Lucy Reifel Her Many Horses MD is on file in licensing record. The agreement states Dr. Lucy Lucy Reifel Her Many Horses will provide instructions on how to disperse medication to children who are placed at STCH. She will be on call 24 hours a day for staff if they have questions for children who are taking medication and if children miss a dose. Dr. Lucy Reifel Her Many Horses will conduct training annually for all new employees on how to do disperse medication and what to do in other medical emergencies. A copy of Dr. Lucy Reifel Her Many Horses' license for the South Dakota Board of Medical and Osteopathic Examiners is on file with the licensing record. **Please provide any updates or changes to the agreement.**

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:

STCH has written procedures which do not allow for the use of seclusion and the facility does not have a room used exclusively for seclusion. The agency has not utilized restraint or seclusion during this reporting period.

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.	<u>N/A</u>	<u> </u>
D. Documented orientation.	<u>N/A</u>	<u> </u>
E. Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week.	<u>N/A</u>	<u> </u>
F. Informed of obligation to report suspected CA/N.	<u>N/A</u>	<u> </u>
G. Verification of screening for substantiated reports of child abuse or neglect.	<u>N/A</u>	<u> </u>
H. Verification of submission of fingerprints to the DCI.	<u>N/A</u>	<u> </u>
I. Verification of sex offender registry checks.	<u>N/A</u>	<u> </u>

Comments:

The reviewer was informed the STCH 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.	<u>✓</u>	<u> </u>
B. There is a current health inspection.	<u>✓</u>	<u> </u>
C. A fire escape plan is posted.	<u>✓</u>	<u> </u>
D. A minimum of four fire drills held annually.	<u>✓</u>	<u> </u>
E. Children of opposite gender over the age of six have separate sleeping facilities.	<u>✓</u>	<u> </u>
F. Sleeping children are monitored.	<u>✓</u>	<u> </u>
G. Each child has their own bed with linens, blankets and pillows.	<u>✓</u>	<u> </u>

Comments:

A copy of the current fire/health inspection report signed and dated 8/12/19 was included in the application materials. The fire/health inspection report noted fire drills are conducted on a monthly basis. The Fire and Health Compliance Plan had a notation that stated there were no violations found during the inspection and no need for further follow up at this.

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.	<u>✓</u>	<u> </u>
B. Arrangements are made for children with a special prescribed diet.	<u>✓</u>	<u> </u>

Staff interviewed indicated the children enjoy the meals and they hear little in the form of complaints.

16. Recommendations:

Spotted Tail Children's 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 Insurance and Medications.

It is recommended that a satisfactory license be issued to the Rosebud Sioux Tribe to operate a Group Care Center for Minors-Shelter Care Facility to provide care for a maximum of 16 children age infant to sixteen years, on an emergency basis.

Completed By: Kevin Kanta 11/01/19
Kevin Kanta, Program Specialist

Date of On-Site Visit: 10/23/19