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

This is to certify that Sotera Youth and Family Services is hereby granted this license extension to conduct and maintain a Shelter Care Facility located at 2306 Flag Mountain Dr., Pierre, SD to provide care for a maximum of 8 children ages 0 to 17 years, for the period from January 1, 2024 to April 30, 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 8th day of December 2023.



License Number R 33039

Licensing & Accreditation Administrator

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

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

This is to certify that Sotera Youth and Family Services is hereby granted this license to conduct and maintain a Group Care Center for Minors-Shelter Care Facility located at 2306 Flag Mountain Dr., Pierre, SD to provide care for a maximum of 8 children ages 0 to 17 years, for the period from January 1, 2024 to December 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 3rd day of February 2024.



Licensing & Accreditation Administrator

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

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

AGENCY NAME: Sotera Youth and Family Services (SYFS)					
EXE	CUT:	IVE DIRECTOR: Carrie Sanderson			
1.	Lice	ensing Requirements - 67:42:07:11.01; SDCL 26-6-11			
			<u>YES</u>	<u>NO</u>	
	A.	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	nments:			
	An application for a Shelter Care Program for male and female youth ages zero to seventeen located at 2306 Flag Mountain Drive, Pierre, SD, dated February 7, 2024 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. The agency was given and extension to provide 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.	✓		
	В.	The agency has sufficient funds to meet the needs of the community.	See	Comments	
	Con	nments:			
		e SYFS is located in Pierre. Agency offices are adequately furnished needs of the agency. Financial reports were not available. See corr			
3.	Inst	<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	nments:			
	and	opy of the Certificate of Liability Insurance was included with the ap is on file in the licensing record. Commercial Liability is purchased in Documentation verifying current coverage expiring December 15, ord.	from USG Insura	ance Company,	
4.	Acc	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.	See	Comments	

An annual audit of SFYS was not available at the time of renewal. See Corrective Action.

5.	Stat	ff Qu	<u>alifications</u> - 67:42:07:02, 67:42:07:07			
	A.	Pro	gram 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.	✓		
		3.	At least two years of relevant alternative child care experience.	✓		
		<u>mmei</u> e Pro	nts: gram Director position is currently vacant.			
	В.	Oth	ner 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.	✓		
	Cor	nme	nts:			
			SYFS employees was included in the application materials. are staff to accept placements.	There current	tly is not enc	ugh
6.	<u>Stat</u>	ff/Ch	<u>ild Ratio</u> - 67:43:07:03	<u>YES</u>	<u>NO</u>	
	A.	1:8	during waking hours.	✓		
	B.	1:2	5 in the building during sleeping hours.	✓		
	C.		e staff member present in each separate sleeping unit during eping hours.	✓		
	D.		angements made for substitute staff during vacations, illness, off-duty time of regular staff.	✓		
	E.	Cer	tified special ed teachers are employed (when appropriate).	N/A		
	F.	hea	visions are made for auxiliary staff members, i.e., mental alth professionals, physical therapist, and/or occupational rapist (when appropriate).	✓		
	G.		helter care facility maintains a staff/child ratio of 1:4 for dren under the age of four years during waking hours.	N/A		
	H.	or a	cility has a written plan to ensure that staff, law enforcement, appropriate emergency responders are available at the center hin a reasonable time in the event of an emergency.	✓		

SYFS has requested a license capacity of 8 residents on their application for license. An SYFS example of a weekly schedule submitted with the application materials indicates at least one staff on duty at all times. SYFS will utilize volunteers to supplement their staff. There currently is not enough direct care staff to accept placements.

7.	Per	sonn	el Records - 67:42:07:07, 67:42:07:08, 67:42:07:09					
	A.	Per	sonnel 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.	✓				
8.			reviewed contained documentation to support the items above ce Training - 67:42:07:04		NO			
8.	<u>In-s</u> A.	The	ce Training - 67:42:07:04 ere is a written plan for orientation and training for staff and	<u>YES</u>	<u>NO</u>			
			unteers.	√				
	В.	to t	ch employee has a documented record of an initial orientation the center within one month of the date of hire that includes a facility's functions, services, community resources and exific job functions.	✓				
	C.		ch employee has a documented record of a minimum of enty-four hours annual in-service training.	✓				
	D.	of e	ch employee receives in-service training during the first year employment that includes all of the areas required in 42:07:04.	✓				
	E.		nining for all employees after the first year of employment is termined by an annual evaluation and is competency based.	<u> </u>				

Orientation and annual training requirements are detailed in the SYFS employee handbook.

9. Reporting Suspected Child Abuse or Neglect and Changes in Circumstances - 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.	✓	_	
	В.		h employee has signed a statement acknowledging and lerstanding the reporting procedure.	✓		
	C.		e facility is aware of its need to report any changes of umstances that may affect its licensed status.	✓	_	
Con	nmer	nts:				
			itten procedures for identification and reporting of child abuse ements and are in compliance with licensing rules.	e and neglect	that	address the
10.	67:	42:0	<u>nt</u> – 67:42:01:01(3), 67:42:01:21, 67:42:07:01, 7:01.01, 67:42:07:01.02, 67:42:07:05, 67:42:07:10, 7:28, 67:42:07: 29			
	A.	The	ere 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:

The SYFS has written procedures which relate to all of the above required areas and are in compliance with licensing rules.

В.	Children attend a local school.	•
	idents will attend their home school when possible. If the resident	cannot remain in their school
or origin	the agency must make other arrangements for the youth.	
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.	
	Physical exam (twelve months prior to or thirty days following admission).	→
	10. Current immunization record.	✓
	11. A signed authorization for medical care.	<u> </u>
	12. On-going records of medical/dental/eye/hearing care.	<u> </u>
	13. Signed statement verifying the child's parent or guardian was informed of agency written policies.	✓
D.	Records are kept in a locked file.	<u> </u>
*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
Н.	A facility that provides alternative services to children in custody	

		of the department has a signed alternative service agreement with the department.	N/A	
Con	nmen	<u>-</u> ts:		
The	re we	ere no records to review due to the facility not having any placemen	ts yet.	
11.	Med	<u>ications</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>	<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.	✓	
	D.	Medicine is kept in a locked cabinet.	✓	
	E.	A medication record is kept on each child.	✓	
Con	nmen	<u>-</u> <u>ts:</u>		
		written procedures for storage and administration of medications thrules.	hat are in comր	oliance with
12.		usion and Restraint - 67:42:07:05, 67:42:07:24, 67:42:07:25, 12:07:26, 67:42:07:27	<u>YES</u>	<u>NO</u>
	A.	The facility has written procedures relating to the use of seclusion and restraint.	✓	
	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 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 mosts the physical specifications of		

		6/:42:0/:25.	N/A	
Con	nme	nts:		
SYF	S ha	as written policies for restraint or seclusion that comply with licensility may not use locked seclusion.	sing requiremer	its. The shelter
13.	<u>Vol</u>	<u>unteers</u> - 67:42:07:14	<u>YES</u>	<u>NO</u>
	A.	Have a written job description with specific responsibilities.	N/A	
	В.	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	
	Н.	Verification of submission of fingerprints to the DCI.	N/A	
	I.	Verification of sex offender registry checks.	N/A	
SYF		nts: s written procedures for use of volunteers that are in compliance winteers utilized in the last year.	th licensing rule	s. There were
14.	<u>Ph</u> y	vsical Facility - 67:42:07:11, 67:42:07:12	<u>YES</u>	<u>NO</u>
	A.	There is a current fire inspection.	12/13/23	
	В.	There is a current health inspection.	12/13/23	
	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.	✓	

67:42:07:25.

Comments:

The shelter care program occupies a duplex in Pierre. No issues were identified on the fire and health inspection.

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

SYFS has written policies regarding Nutrition Standards.

16. Recommendations:

SYFS has established policies and procedures for the operation of a Shelter Care Facility that have been found to be in substantial compliance with licensing rule and has indicated their intent to continue to meet compliance with licensing rules for a Group Care Center for Minors-Shelter Care Facility. See comments on Agency Responsibilities, Accounting Systems, and Staff/Child Ratio.

It is recommended that a satisfactory license be issued to SYFS to operate a Group Care Center for Minors-Shelter Care Facility at Pierre, SD, to provide care for a maximum of 8 youth age zero to seventeen years.

Completed By: Ka	vin Kanta	3/16/24
Kevi	n Kanta , Program Specialist	Date
Program Manager	Muriel Nelson	