South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Office of Licensing and Accreditation

LICENSING STUDY
for RESIDENTIAL TREATMENT CENTERS

ARSD 67:42:01, 67:42:08

September 14, 2026

Our Home - Huron

40354 210th St, Huron, SD 57350, USA

1.	**Licensing Requirements 67:42:07:11.01, 67:42:08:01.01, SDCL 26-6-11**	**Requirement Met**
A.	The following have been submitted to the Department	
	1. Application materials for license.	Yes
	2. Documentation of need.	N/A
	3. A copy of the building plans (approved by the Fire Marshal and Department of Health).	N/A
	4. Documentation to verify the agency/facility is currently accredited by CARF, COA, or Joint Commission or making progress in pursuit of accreditation.	Yes
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	Yes
	COMMENTS: Application materials were submitted with the application on June 17, 2026. A copy of documentation showing accreditation through November, 30, 2026 was submitted with the application materials.	

2.	**Agency Responsibilities SDCL 26-6-11**	**Requirement Met**
A.	The building and equipment needs of the organization are adequately met.	Yes
B.	The agency has sufficient funds to meet the needs of the community.	Yes
	COMMENTS: The facility is adequately furnished and maintained for residents.	

3.	**Insurance 67:42:01:35**	**Requirement Met**
A.	Vehicles used to transport clients have appropriate passenger liability insurance.	Yes
B.	The agency carries public liability insurance.	Yes
	COMMENTS: A copy of the certificate of insurance showing coverage through February 2, 2027 was submitted with the application materials.	

4.	**Accounting Systems 67:42:01:34**	**Requirement Met**

A.	An audit of the accounts has been done in the last year by a CPA. COMMENTS: A copy of an audit completed on May 19, 2026 was submitted with the application materials.	Yes

5.	**Staff Qualifications 67:42:07:02, 67:42:07:07**	**Requirement Met**
A.	Program Director	
	1. Master's degree in an accredited behavioral or social sciences area plus two years relevant alternative childcare experience; or	Yes
	2. Bachelor of Arts/Bachelor of Science in an accredited behavioral or social science area plus four years relevant alternative childcare experience.	Yes
B.	Other Staff	
	1. At least eighteen years of age.	Yes
	2. If under age twenty-one, is under direct supervision of an experienced childcare staff; and 3 years older than any children supervised.	Yes
	COMMENTS: Files reviewed contained documentation to support the items above.	

6.	**Staff/Child Ratio 67:43:07:03**	**Requirement Met**
A.	1:6 during waking hours.	Yes
B.	1:12 in the building during sleeping hours.	Yes
C.	One staff member present in each separate sleeping unit during sleeping hours.	Yes
D.	Arrangements made for substitute staff during vacations, illness, or off-duty time of regular staff.	Yes
E.	Certified special ed teachers are employed (when appropriate).	Yes
F.	Provisions are made for auxiliary staff members, i.e., mental health professionals, physical therapist, and/or occupational therapist (when appropriate).	Yes
G.	A minimum of two adults are on the grounds at all times when children are present.	Yes

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: Files reviewed contained documentation to support the items above. Staff interviewed stated the agency complies with the staff to child ratio at all times. If the staff schedule submitted with the application is followed, there is sufficient staff to meet the staff to child ratio requirements.	Yes

7.	**Personnel Records 67:42:07:04.01, 67:42:07:07, 67:42:07:08, 67:42:07:09, SDCL 26-6-14.11**	**Requirement Met**
A.	Personnel records are maintained and contain the following:	
	1. Resume or application that includes educational background, personal, and employment history.	Yes
	2. Job description.	Yes
	3. Annual Performance Appraisal.	Yes
	4. Verification of contact with at least three former employers or professional references if former employers not available.	Yes
	5. Verification of screening for substantiated reports of child abuse or neglect.	Yes
	6. Verification of submission of fingerprints to the DCI/FBI within fourteen days of employment.	Yes
	7. Verification of sex offender registry checks.	Yes
	8. Verification of current certification in basic 1st aid and CPR.	Yes
	9. At least one official onsite designated to authorize the Reasonable and Prudent Parent Standard.	Yes
	COMMENTS: Files reviewed contained documentation to support the items above.	

8.	**In-service Training 67:42:07:04, 67:42:08:04, 42 CFR 483.376**	**Requirement Met**
A.	There is a written plan for orientation and training for staff and volunteers.	Yes
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.	Yes

C.	Each employee has a documented record of a minimum of forty hours annual in-service training.	Yes
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.	Yes
E.	Training for all employees after the first year of employment is determined by an annual evaluation and is competency based.	Yes

COMMENTS:
Files reviewed contained documentation to support the items above.

9.	**Reporting Suspected Child Abuse or Neglect, Changes in Circumstances, and Serious Occurrences 67:42:01:12, 67:42:07:15, 67:42:07:16, 42 CFR 483.374**	**Requirement Met**
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;	Yes
	2. Immediate reporting to DSS or law enforcement;	Yes
	3. A procedure for assuring the incident will not recur pending the investigation;	Yes
	4. A procedure for evaluating the continued employability of any staff member involved in an incident of CA/N.	Yes
B.	Each employee has signed a statement acknowledging and understanding the reporting procedure.	Yes
C.	The facility is aware of its need to report any changes of circumstances that may affect its licensed status.	Yes
D.	The facility has written procedures for reporting serious occurrences to CPS and Disability Rights South Dakota and to the parent or legal guardian within 24 hours after the serious occurrence.	Yes
	1. The death of a resident is reported to CMS by the close of business the day after the death.	N/A
	2. A copy of the report of a serious occurrence is retained in the resident's record.	Yes

COMMENTS:
Files reviewed contained documentation to support the items above.

10.	**Treatment 67:42:01:01(7), 67:42:07:04.01, 67:42:08:01, 67:42:08:01.01, 67:42:08:05, 67:42:08:07, 67:42:07:10, 67:42:01:21, 42 CFR 441 Subpart D**	**Requirement Met**
A.	There are written procedures relating to:	
	1. Intake.	Yes

2.	Treatment.	Yes
3.	Discharge.	Yes
4.	Discipline.	Yes
5.	Confidentiality.	Yes
6.	Health care of children.	Yes
7.	Emergency procedures in case a child is injured.	Yes
8.	The child's parent or guardian has signed and dated a statement that lists the specific policies covered as verification that the facility provided the required information.	Yes
9.	Reasonable and prudent parent standard.	Yes
B.	Children attend an on-grounds school.	Yes
C.	Case records are maintained and include the following:	
1.	Face sheet/application form with identifying information.	Yes
2.	Documentation to verify the child meets Residential Treatment eligibility.	Yes
3.	Treatment plans are developed and signed by the treatment team that includes the child, parent or guardian if appropriate, facility staff working with the child, placing agency staff, and those required by 42 CFR 441.156.	Yes
4.	Treatment plans are established within fourteen days of placement.	Yes
5.	Treatment plans are based on assessment of the child's medical, psychological, social, behavioral, and developmental needs and strengths, projected length of stay, and conditions for discharge with discharge plans to ensure continuity of care and that reflect the need for care at the Residential Treatment level.	Yes
6.	Treatment plans contain treatment goals and objectives for the child and their family with an integrated program of therapies, activities, and experiences designed to meet the goals.	Yes
7.	Treatment plans include conditions for discharge, and a discharge plan that includes:	
a.	Projected date of discharge;	Yes
b.	Responsibilities of provider, child, family, and placing agency	Yes
c.	Transitional services to be provided and by whom;	Yes
d.	Crisis and emergency plans;	Yes
e.	Links with resources and preparation to navigate adult system if 16 or older;	Yes
f.	Aftercare services;	Yes

	g. List of responsible persons; and	Yes
	h. Involvement of Tribe in aftercare planning if Native American.	Yes
	8. Treatment plan is reviewed at least every 30 days and a progress report sent to placement agency.	Yes
	9. Treatment plan is updated every three months to include progress toward achieving goals and amendments to the plan and sent to the placement agency (meets requirement for progress report).	Yes
	10. Evidence of application of the Reasonable and Prudent Parent Standard.	Yes
	11. Physical exam (12 months prior to or thirty days following admission).	Yes
	12. Current immunization record.	Yes
	13. A signed authorization for medical care at the time of placement.	Yes
	14. On-going records of medical/dental/eye/hearing care.	Yes
D.	Records are kept in a locked file.	Yes
E.	The interstate compact administrator has been contacted before acceptance of an out-of-state child.	Yes

COMMENTS:
Files reviewed contained documentation to support the items above.

11. Medications 67:42:07:19, 67:42:07:20, 67:42:07:22, 67:42:07:23		**Requirement Met**
A.	The facility has written procedures relating to the storage and administration of medication which include:	
	1. Conditions under which medications may be given.	Yes
	2. Procedures for documenting the administration of medication.	Yes
	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.	Yes
	4. Procedures for evaluating and recording each child's reactions to prescribed medication.	Yes
B.	A licensed nurse is responsible for administration of medications.	Yes
C.	Psychotropic drugs are prescribed by a MD, CNP, or PA with ongoing quarterly follow-up.	Yes
D.	Medicine is kept in a locked cabinet.	Yes
E.	A medication record is kept on each child.	Yes

COMMENTS:
Files reviewed contained documentation to support the items above.

12.	**Emergency Safety Interventions (ESI) 67:42:07:24, 67:42:07:25, 67:42:07:26, 67:42:08:05**	**Requirement Met**
A.	The facility has a written procedure relating to the use of ESIs that allows for use only to ensure safety of the child or others and by order of a physician or other licensed practitioner.	Yes
B.	Use of ESIs is incorporated into the treatment plan.	Yes
C.	Placement agency/parent/guardian are informed of policies, give written approval for use of ESIs at the time of admission, and are notified of use of ESIs as soon as possible.	Yes
D.	Only qualified staff give and receive orders, monitor, and provide assessments following ESIs.	Yes
E.	Trained clinical staff continually monitor children while involved in ESIs.	Yes
F.	ESIs do not exceed times allowed in orders.	Yes
G.	Required reports are completed following ESIs.	Yes
H.	Staff involved in an ESI meets with the child involved to discuss the ESI and with administrative staff within 24 hours after use of the ESI.	Yes
I.	Medical treatment is provided for the resident injured during an ESI.	Yes
J.	Seclusion rooms meet the physical specifications of 67:42:07:25.	Yes

COMMENTS:
Reviewed files contained documentation supporting the items above. When an additional staff member not involved in the restraint was unavailable, the agency failed to complete the monitoring documentation. However, additional records clearly show that staff involved in the restraint *were* monitoring the youth. This was documented in both the debriefing reports and the staff accounts of the incident. The agency has since modified its procedures; staff involved in a restraint will now document the monitoring information if uninvolved staff are unavailable.

13.	**Volunteers 67:42:07:14**	**Requirement Met**
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 agency did not use volunteers in the last year.

14. **Physical Facility** 67:42:07:11, 67:42:07:12		Requirement Met
A.	There is a current fire inspection.	Yes
B.	There is a current health inspection.	Yes
C.	A fire escape plan is posted.	Yes
D.	A minimum of four fire drills held annually.	Yes
E.	Children of opposite gender over the age of six have separate sleeping facilities.	Yes
F.	Sleeping children are monitored.	Yes
G.	Each child has their own bed with linens, blankets and pillows.	Yes

COMMENTS:
Items noted on the inspection completed June 17, 2026 were corrected.

15. **Nutrition** 67:42:07:13		Requirement Met
A.	Meals are of sufficient quantity to meet children's nutritional needs.	Yes
B.	Arrangements are made for children with a special prescribed diet.	Yes

COMMENTS:
Staff and youth interviewed described the meals to be of adequate quality and quantity.

Recommendations

COMMENTS:
It is recommended a license is issued to provide residential treatment services.

Signatures



9/1/2026, 2:23:37 PM

Kevin Kanta, Program Specialist

September 01, 2026
Date

September 27, 2026
Date of Site Visit



9/4/2026, 10:19:41 AM

Muriel Nelson, Program Manager

September 04, 2026
Date