South Dakota Department of Social Services CERTIFICATE OF LICENSE

as a CHILD WELFARE AGENCY

This is to certify that Abbott House is hereby granted this license to conduct and maintain a Independent Living Preparation Program located at 909 Court Merrill in Mitchell SD 57301 to provide care for a maximum of 4 female youth ages 16 to 21 years, for the period from June 1, 2020 to May 31, 2021. This facility satisfactorily complies with requirements of the South Dakota Compiled Laws of 1967, South Dakota Department of Social Services. This license is subject to revocation for Sections 26-6-1 through 26-6-27 and the Child Care Standards as established by the reasonable cause as cited in SDCL 1967; Section 26-6-23. Issued this 8th day of May, 2020.



Virgama Wisheler

Department of Social Services Child Protection Services 700 Governors Drive Pierre, S.D. 57501-2291 605-773-3227

License Number R 21593

LICENSING RENEWAL STUDY INDEPENDENT LIVING PREPARATION PROGRAMS ARSD 67:42:01, 67:42:13

| AG | ENCY | NAME: Abbott House - ILPP (R21593) | | | | |
|--|--|--|------------|---|--|--|
| DIRECTOR: Eric Klooz, Executive Director | | | | | | |
| 1. | Licensing Requirements - SDCL 26-6-11 | | | | | |
| | A. | The following have been submitted to the Department: | <u>YES</u> | NO | | |
| | | Application materials for license. | 1 | | | |
| | | 2. Documentation of need. | 1 | | | |
| | | Documentation that supervising agency is currently licensed as a Child Placement Agency, Group Care Center for Minors or a Residential Treatment Center. | J | | | |
| | B. | A statement of compliance with the Civil Rights Act of 1964 is included in the agency's policies or has been submitted to the Department. | | | | |
| | Con | ments: | | | | |
| | June | application of licensure of Abbott House to operate an Independent Live 2, 2020 is on file in the licensing record. It contains a signed statements Act of 1964. | | | | |
| The program serves youth 16 to 20 years of age. Potential participants are provided an asse independent living skills to determine their needs. Staff will assist with budgeting, personal instruction, transportation, job placement, school, vocational training, and mentor coordination. | | | | | | |
| 2. | Age | ncy Responsibilities – SDCL 26-6-11 | <u>YES</u> | NO | | |
| | A. | The building and equipment needs of the organization are adequately met. | J | | | |
| | B. | The agency has sufficient funds to meet the needs of participants in the program. | J | | | |
| | Comments: | | | | | |
| | One | There are four efficiency apartments available to residents attached to the rear of the Bridges Foster Homes. One resident is housed per apartment. Facilities are deemed to be adequately furnished and maintained to provide for the needs of the participants and program objectives. Financial reports submitted with the application for licensure indicate the availability of sufficient funds to provide for the needs of the program. | | | | |
| 3. | Inst | rance - 67:42:01:35 | YES | NO | | |
| | A. | Vehicles used to transport clients have appropriate passenger liability insurance. | <i>,</i> | *************************************** | | |
| | B. | The agency carries public liability insurance. | J | | | |
| | Cor | Comments: | | | | |
| | Abbott House submitted verification documentation of auto liability insurance coverage (# 47SPK14949604 commercial general liability (#47RWS14949504) and umbrella liability (#47SUM14949704) through July 1 | | | | | |

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2020, with their application materials and the documentation can be found in the licensing record. Staff who use their own vehicles to transport clients have proof of up to date auto insurance in their personnel file.

| 1. | Acco | ountin | g Systems - 67:42:01:34 | YES | <u>NO</u> | |
|--|--|--------|---|-----------------|-----------------------------|--|
| | A. | An a | udit of the accounts has been done in the past year by a CPA. | J | | |
| | An a |) Prot | of Abbott House's financial reports for the period ending June 30, 20 fessional L.L.C, on September 27, 2019. A copy of the audit retaccounting policies is on file in the licensing record. | 19, and 2018 wa | s completed by a summary of | |
| 5. | <u>Staff Qualifications</u> - 67:42:07:02, 67:42:07:07, 67:42:08:02, 67:42:09:07, 67:42:09:07.01, 67:42:09:08 | | | | | |
| | A. | Prog | ram Director | <u>YES</u> | <u>NO</u> | |
| | | 1. | Bachelor's degree in an accredited behavioral or social science area or equivalency and two years of relevant alternative child care experience if supervising agency is a group care center for minors; or | 1 | | |
| | | 2. | Masters degree in an accredited behavioral or social science area and two years of relevant alternative child care experience, or a bachelors degree and four years experience if supervising agency is a residential treatment center; or | J | | |
| | | 3. | Social work associate who works under supervision of a certified social worker or individual qualified to supervise a CSW-PIP candidate, who has two years administrative or supervisory experience, if supervising agency is a child placement agency. | 1 | | |
| Comments: Tyson Schultz (CSW #3200, exp. 12/31/2020) is the Director and provides social worker supervision. Tyson has a Master of Social Work Degree from the University of Iowa. Tyson began working with youth in 2001 at Volunteers of America, Dakotas where he worked until 2002. He then worked from 2002-2006 at Chamberlain Academy. Tyson has worked for the Abbott House since 2006. | | | | | | |
| | | | | | | |
| | Michael Wickwire (SWA #4666, exp. 12/31/2020) is an Assistant Director has a BS in Human Services with minor in Religion. Michael in located in Rapid City and was hired in November 2016. | | | | | |
| | B. | Oth | er Staff | YES | <u>NO</u> | |
| | | 1. | For a program supervised by a group or residential center, if under age twenty-one, is under direct supervision of an experienced staff; and 3 years older than any youth supervised. | NA | 2 | |
| | | 2. | Meet the qualifications of child care or social work staff for the supervising agency. | NA | | |

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Comments:

| A. Appropriate staff/child ratios are observed for programs located in the same living unit at a group care center or residential treatment center. B. No more than four participants are placed together in an off-site living unit. C. Participants meet with their supervisor at least once every two weeks with at least a monthly meeting in their living environment. | NA J | | | | | |
|--|------|----|--|--|--|--|
| unit. C. Participants meet with their supervisor at least once every two weeks with at least a monthly meeting in their living environment. | 1 | | | | | |
| with at least a monthly meeting in their living environment. | r | | | | | |
| Documentation of supervision includes: | | | | | | |
| Documentation of supervision includes: | | | | | | |
| No reasonable cause to believe the residence or life style presents a risk to the participants health or safety; | J | W | | | | |
| The participant is receiving necessary medical care; | J | | | | | |
| The treatment program provides for appropriate and sufficient services for the participant. | J | | | | | |
| Arrangements made for substitute staff during vacations, illness, or off- duty time of regular staff. | J | | | | | |
| Personnel Records - 67:42:07:07, 67:42:07:08, 67:42:07:09, 67:42:09:08.11, 7:42:09:11 | | | | | | |
| A. Personnel records are maintained and contain the following: | YES | NO | | | | |
| The same of the sa | | | | | | |
| Resume or application that includes educational background, personal, and employment history. | J | | | | | |
| | J | | | | | |
| personal, and employment history. | J | | | | | |
| personal, and employment history. 2. Job description. | J | | | | | |
| personal, and employment history. 2. Job description. 3. Annual Performance Appraisal. 4. Verification of contact with at least three former employers or | J | | | | | |
| 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 | J | | | | | |
| 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 finger prints to DCI within fourteen | J | | | | | |

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| 8. | Inse | rvice | <u>Training</u> - 67:42:07:04, 67:42:08:04, 67:42:09:10 | <u>YES</u> | NO | | |
|-----|--|--|--|------------|-----------|--|--|
| | A. | There is a written plan for orientation and training for staff and volunteers. | | | | | |
| | B. | ager | n employee has a documented record of an initial orientation to the acy within one month of the date of hire that includes the facility's tions, services, community resources and specific job functions. | J | | | |
| | C. | num | n employee has a documented record of at least the minimum ber of hours of annual in-service training as required for staff of supervising agency or facility. | J | | | |
| | D. | emp | n employee receives in-service training during the first year of loyment that includes all of the areas required in 67:42:07:04 or 2:09:10. | NA | | | |
| | E. | | ning for all employees after the first year of employment is rmined by an annual evaluation and is competency based. | J | | | |
| | Comments: | | | | | | |
| | Ann Afte | Abbott House written procedures relating to in-service training are in compliance with licensing rules. An Annual In-service Training Plan for Foster Home and ILPP Staff was included in the application for renewal. After review of the training plan it appears the scheduled annual training meets all of the requirements of licensing rule. | | | | | |
| 9. | Reporting Suspected Child Abuse or Neglect and Changes in Circumstances - 67:42:01:12, 67:42:07:05, 67:42:07:15, 67:42:07:16 | | | YES | <u>NO</u> | | |
| | A. | . Each employee is aware of the requirement to immediately report incidents of suspected child abuse or neglect. | | J | - | | |
| | B. | | facility is aware of its need to report any changes of circumstances may affect its licensed status. | J | | | |
| | Comments: | | | | | | |
| | Abbott House written procedures relating to reporting of suspected incidents of child abuse or neglect are in compliance with licensing rules. | | | | | | |
| 10. | <u>Treatment</u> - 67:42:01:01(3), 67:42:01:21, 67:42:13:03, 67:42:13:04, 67:42:13:05, 67:42:13:08 | | | | | | |
| | A. | The | re are written procedures relating to: | <u>YES</u> | <u>NO</u> | | |
| | | 1. | Criteria used to select participants in the program. | J | | | |
| | | 2. | The approach used to assess the appropriateness of the placement. | J | | | |
| | | 3. | The nature and frequency of supervision provided to participants. | J | | | |
| | | 4. | Services available to participants. | J | | | |
| | | 5. | An explanation of living environments provided by the program. | 1 | | | |
| | | 6. | The crisis response system ensuring participant's 24-hour access to program personnel. | 1 | | | |
| | B. | A full assessment of participant's life skills is completed prior to placement. | | | - | | |
| | C. | Cas | e records are maintained and include the following: | | | | |

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| | | 1. | Face sheet/application form with identifying information. | J | | | |
|-----|---|--|--|------------|--|--|--|
| | | 2. | A copy of the assessment of the participant's life skills. | J | | | |
| | | 3. | Case service plan is signed and involves the placing agency, adolescent, ILPP and parent or guardian. | 1 | | | |
| | | 4. | Case service plans are established within 14 days of placement. | 1 | | | |
| | | 5. | Case service plans state roles and responsibilities, goals and services, financial plan, and projected length of stay. | J | | | |
| | | 6. | Case service plan is reviewed and updated and progress reports are submitted to placement agency every three months. | J | The contract of the contract o | | |
| | | 7. | Documentation of Supervision. | J | | | |
| | | 8. | A signed authorization for medical care. | J | | | |
| | | 9. | Residents are provided training in emergency procedures. | J | | | |
| | D. | Rec | ords are kept in a locked file. | J | | | |
| | E. | | interstate compact administrator has been contacted before eptance of an out-of-state child. | J | 8 | | |
| | <u>Comments:</u> Abbott House written procedures relating to the program are in compliance with licensing rules. Three participant records were reviewed, and documentation was found in each to verify compliance with the above requirements. | | | | | | |
| 11. | Vol | untee | <u>rs</u> - 67:42:07:14, 67:42:09:09 | <u>YES</u> | NO | | |
| | A. | Hav | ve a written job description with specific responsibilities. | NA | | | |
| | B. | Sup | pervised and evaluated by an experienced staff member. | NA | | | |
| | C. | Thr | ee documented unrelated references. | NA NA | | | |
| | D. | Scr | eening for substantiated reports of child abuse or neglect. | NA NA | | | |
| | E. | Cri | minal record checks completed if appropriate. | NA | - | | |
| | H. | Do | cumented orientation. | NA NA | | | |
| | I. | | cumented in-service training as per requirements for supervising ncy. | NA | | | |
| | J. | Info | ormed of obligation to report suspected CA/N. | NA NA | | | |
| | K. | Vei | rification of sex offender registry checks. | NA | | | |
| | Comments: | | | | | | |
| | Abbott House has written policies relating to the use of volunteers that are in compliance with licensing rules. There was no indication that the program utilized any volunteers. | | | | | | |
| 12. | Phy | sical | Facility - 67:42:07:11, 67:42:07:12, 67:42:13:07 | <u>YES</u> | <u>NO</u> | | |
| | A. | Off | F-site facilities meet the requirements of 67:42:13:07. | | | | |
| | B. | | ere is a current approved fire inspection for the supervising agency en living environment is on-site. | NA | | | |
| | C | C. There is a current approved health inspection for the supervising | | | | | |

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| | agency when living environment is on-site. | NA | *************************************** | | | | |
|---|--|---------------------------------|---|--|--|--|--|
| D. | D. A fire escape plan is posted. NA | | | | | | |
| E. | Each participant has his own bed. NA | | | | | | |
| Comments: Abbott house has written policies relating to 67:42:13:07 that are in compliance with licensing rules. Documentation of regular inspections of the off-site living facilities were found in the records as well as documentation of residents signing off that they have inspected the residence and it meets all of the requirements of ARSD 67:42:13:07. | | | | | | | |
| Recommendations Abbott House has been found to be in substantial compliance with licensing rules. It is recommended that a satisfactory license be issued to Abbott House to operate an Independent Living Preparation Program in Mitchell, South Dakota and Rapid City, South Dakota to provide services for youth ages sixteen to twenty years. Please refer to the body of this study for comments and recommendations. | | | | | | | |
| | Completed By: | Kevin Kanta, Program Specialist | 07/13/20 | | | | |
| | Date of On-Site | Visit: 06/30/20 | | | | | |

13.