

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


This is to certify that Our Home is hereby granted a license to conduct and maintain a
Residential Treatment Program located at
103 West Maple St. Parkston, SD 57366 to provide care for a maximum
of 36 male youth ages 12 to 17 years, for the period from September 1, 2023 to August 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 30th day of August 2023.



License Number 130



Licensing & Accreditation Administrator

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

**LICENSING RENEWAL STUDY
RESIDENTIAL TREATMENT CENTERS
ARSD 67:42:01, 67:42:08**

AGENCY NAME: Our Home Parkston (R130)
 DIRECTOR: Jenise Pischel

1. Licensing Requirements – 67:42:07:11.01, 67:42:08:01.01, SDCL 26-6-11

| A. The following have been submitted to the Department: | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Application materials for license. | ✓ | _____ |
| 2. Documentation of need as per SDCL 26-6-11. | NA | _____ |
| 3. A copy of the building plans (approved by the Fire Marshal and Department of Health). | NA | _____ |
| 4. Documentation to verify the agency/facility is currently accredited by CARF, COA or Joint Commission or making progress in pursuit of accreditation. | ✓ | _____ |
| 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. | ✓ | _____ |

Comments:

An application for license renewal dated July 31, 2023 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964 which is also a part of the agency agreement with the Department of Social Services. A copy of the letter of accreditation from CARF stating Our Home, Inc. is accredited in the area of Residential Treatment: Integrated: AOD/MH (Children and Adolescents) through June 30, 2023 was included in the application materials.

2. Agency Responsibilities – SDCL 26-6-11

| A. The building and equipment needs of the organization are adequately met. | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| | ✓ | _____ |
| B. The agency has sufficient funds to meet the needs of the community. | ✓ | _____ |

Comments:

The reviewers found the facility to be adequately furnished and maintained to provide for the needs of the residents. Financial reports submitted with the application for license renewal indicate the availability of sufficient funds to provide for the needs of the program.

3. Insurance - 67:42:01:35

| A. Vehicles used to transport clients have appropriate passenger liability insurance. | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| | ✓ | _____ |
| B. The agency carries public liability insurance. | ✓ | _____ |

Comments:

Commercial auto liability insurance coverage is purchased from National Indemnity Company commercial general/professional liability insurance policy is purchased from Capitol Specialty Insurance Corporation. Policy declarations verifying coverage through February 9, 2024 were submitted with the application for license renewal.

- | | | |
|--|------------|----------------|
| 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 Our Home, Inc. financial statements for the period ending June 30, 2022 was completed by Schoenfish & Co., Inc. CPA's on November 14, 2022. A copy of the audit report, including a summary of significant accounting policies, was submitted with the Our Home application for license renewal and is on file in the licensing record.

- | | | |
|--|------------|----------------|
| 5. <u>Staff Qualifications</u> - 67:42:08:02, 67:42:07:07 | | |
| A. Program Director | <u>YES</u> | <u>NO</u> |
| 1. Masters Degree in an accredited behavioral or social science area plus two years relevant alternative child care experience; or | ✓ _____ | _____ _____ |
| 2. Bachelor of Arts/Bachelor of Science in an accredited behavioral or social science area plus four year's relevant alternative childcare experience. | ✓ _____ | _____ _____ |

Comments:

Jenise Pischel became the Executive Director of Our Home, Inc on July 1, 2018. She has a Masters of Science in Education (MSE) and Bachelor of Arts (BA) in Sociology. She has been employed with Our Home since 2004 serving as the Program Coordinator for the Parkston program.

Jade Hamilton is the Program Coordinator for Our Home Parkston. She became employed with Our Home on November 19, 2007 and has served in her current position since July 2018.

- | | | |
|--|------------|----------------|
| 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 childcare staff; and 3 years older than any children supervised. | ✓ _____ | _____ _____ |

Comments:

A list of staff, including their qualifications at the time of application for license renewal was submitted with the application. All staff for whom a personnel record was reviewed were over the age of twenty-one.

| 6. <u>Staff/Child Ratio</u> - 67:42:08:03 | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| A. 1:6 during waking hours. | ✓ | |
| B. 1:12 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). | ✓ | |
| F. Provisions are made for auxiliary staff members, i.e., mental health professionals, physical therapist, and/or occupational therapist (when appropriate). | ✓ | |
| G. A minimum of two adults are on the grounds at all times when children are present. | ✓ | |
| H. The 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:

The staff schedule submitted with the application for license renewal indicates Our Home-Parkston meets staff to child ratio at all times with additional staff scheduled in the facility Monday through Friday.

7. Personnel Records - 67:42:07:07, 67:42:07:08, 67:42:07:09; SDCL 26-6-14.11

| 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/FBI. | ✓ | |
| 7. Verification of sex offender registry checks. | ✓ | |
| 8. Verification of current certification in basic 1 st aid and CPR. | ✓ | |
| 9. At least one official onsite designated to authorize the Reasonable and Prudent parent Standard. | ✓ | |

Comments:

Personnel records reviewed contained documentation to verify compliance with the above requirements. Our Home designates the Program Coordinators to be the officials who authorize the Reasonable and Prudent Parent Standard for youth in care.

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 8. <u>In-service Training</u> – 67:42:07:04, 67:42:08:04, 42 CFR 483.376 | | |
| 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 during their first month of employment that includes the facility's functions, services, community resources and specific job functions. | ✓ | |
| C. Each employee has a documented record of a minimum of forty 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:

Records reviewed contained documentation to support compliance with the items above.

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 9. <u>Reporting Suspected Child Abuse or Neglect, Changes in Circumstances</u> - 67:42:01:12, 67:42:07:15, 67:42:07:16 | | |
| A. The facility has a written procedure 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:

Our Home written procedures for reporting suspected incidents of child abuse and neglect relate to the above requirements. Each personnel record reviewed contained a signed statement defining child abuse and neglect and outlined agency reporting procedures for suspected incidents

of child abuse or neglect.

10. Treatment - 67:42:01:01(7), 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

| A. There are written procedures relating to: | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Intake. | ✓ | _____ |
| 2. Treatment. | ✓ | _____ |
| 3. Discharge. | ✓ | _____ |
| 4. Discipline. | ✓ | _____ |
| 5. Confidentiality. | ✓ | _____ |
| 6. Health care of children. | ✓ | _____ |
| 7. Emergency procedures in case a child is injured. | ✓ | _____ |
| 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. | ✓ | _____ |
| 9. Reasonable and prudent parent standard | ✓ | _____ |

Comments:

Our Home written procedures are in compliance with the areas above.

| | | |
|--|---|-------|
| B. Children attend an on grounds school. | ✓ | _____ |
|--|---|-------|

Comments:

Residents attend the in-house education program operated in cooperation with the Parkston Public Schools until they are approved to attend the public schools.

| | | |
|--|---|-------|
| C. Case records are maintained and include the following: | | |
| 1. Face sheet/application form with identifying information. | ✓ | _____ |
| 2. Documentation to verify the child meets Residential Treatment eligibility. | ✓ | _____ |
| 3. Treatment plans developed and signed by the treatment team that includes the child, parent or guardian if appropriate, facility staff working with the child, and placing agency staff. | ✓ | _____ |
| 4. Treatment plans are established within fourteen days of placement. | ✓ | _____ |
| 5. Treatment plans are based on assessment of the child's medical, psychological, social, behavioral and developmental needs and strengths, projected length of | | _____ |

| | | |
|--|----|--|
| stay, conditions for discharge with discharge plans to ensure continuity of care and reflect the need for care at the Residential Treatment level. | ✓ | |
| 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, and projected times for achieving the stated goals. | ✓ | |
| 7. Treatment plans include conditions for discharge, and discharge plan that includes: | | |
| a. Projected date of discharge; | ✓ | |
| b. Responsibilities of provider, child, family and placing agency. | ✓ | |
| c. Transitional services to be provided and by whom; | ✓ | |
| d. Crisis and emergency plans. | ✓ | |
| e. Links with resources and preparation to navigate adult system if 16 or older. | ✓ | |
| f. Aftercare services | ✓ | |
| g. List of responsible persons; and | ✓ | |
| h. Involvement of Tribe in aftercare planning if Native American. | ✓ | |
| 8. Treatment plan is reviewed at least every 30 days and a progress report sent to placement agency. | ✓ | |
| 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). | ✓ | |
| 10. Evidence of application of the Reasonable and Prudent Parent Standard. | ✓ | |
| 11. Physical exam (twelve months prior to or thirty days following admission). | ✓ | |
| 12. Current immunization record. | ✓ | |
| 13. A signed authorization for medical care at the time of placement. | ✓ | |
| 14. On-going records of medical/dental/eye/hearing care. | ✓ | |
| D. Records are kept in a locked file. | ✓ | |
| E. The interstate compact administrator has been contacted before acceptance of an out-of-state child. | NA | |

Comments:

Records reviewed contained documentation to verify compliance with the above requirements.

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:

Our Home, Inc. written procedures for storage and administration of medications are in compliance with licensing rules. Records reviewed were for youth prescribed a psychotropic medication contained a quarterly review signed for by the prescribing physician detailing the reasons the psychotropic medication is being continued, discontinued, or changed, as well as any recommended changes in the treatment goals and plan were found in the record.

12. Emergency Safety Interventions (ESI) - 67:42:07:24, 67:42:07:25, 67:42:07:26, 67:42:08:05

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| A. The facility has a written procedure relating to the use of ESI's that allows for use only to ensure safety of the child or others and by order of a physician or other licensed practitioner. | ✓ | _____ |
| B. Use of ESI's is incorporated into the treatment plan. | ✓ | _____ |
| C. Placement agency/parent/guardian are informed of policies, give written approval for use of ESI's at the time of admission and are notified of use of ESI's as soon as possible. | ✓ | _____ |
| D. Only qualified staff give and receive orders and monitor and provide assessments following ESI's. | ✓ | _____ |
| E. Trained clinical staff continually monitors children while involved in ESI's. | ✓ | _____ |
| F. ESI's do not exceed times allowed in orders. | ✓ | _____ |
| G. Required reports are completed following ESI's. | ✓ | _____ |
| 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.

✓

I. Medical treatment is provided for a resident injured during an ESI.

NA

J. Seclusion rooms meet the physical specifications of 67:42:07:25.

✓

Comments:

Our Home written procedures for use of Emergency Safety Interventions (ESI) are in compliance with licensing rules. Incidents of the use of restraint reviewed contained documentation indicating compliance with the above requirements.

13. Volunteers - 67:42:07:14

YES

NO

A. Have a written job description with specific responsibilities.

✓

B. Supervised and evaluated by an experienced staff member.

✓

C. Three documented unrelated references.

✓

D. Documented orientation.

✓

E. Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week.

NA

F. Informed of obligation to report suspected CA/N.

✓

G. Verification of screening for substantiated reports of child abuse or neglect.

✓

H. Verification of submission of fingerprints to the DCI/FBI.

✓

I. Verification of sex offender registry checks.

✓

Comments:

Our Home written procedures for use of volunteers relate to the above requirements.

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 are held annually.

✓

E. Children of opposite genders over the age of six have separate sleeping facilities.

✓

F. Sleeping children are monitored.

✓

G. Each child has his own bed with linens, blankets and pillows.

✓

Comments:

A fire/health inspection was completed on August 24, 2023 and is on file in the licensing record.

| 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. | ✓ _____ | _____ |
| B. Arrangements are made for children with a special prescribed diet. | ✓ _____ | _____ |

Comments:

The facility utilizes a rotating menu for meals. Staff and residents interviewed described the meals to be of sufficient quality and quantity.

16. Recommendations

Our Home Parkston is found to be in substantial compliance with licensing rules for Residential Treatment Centers.

Completed By: Kevin Kanta 8/25/23
Kevin Kanta, Program Specialist Date

Date of On-Site Visit: 8/16/23

Program Manager: Muriel Nelson