

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

AGENCY NAME: Volunteers of America, Dakotas (R)107

DIRECTOR: Dennis Hoffman

1. Licensing Requirements - SDCL 26-6-11

A. The following have been submitted to the Department:	<u>YES</u>	<u>NO</u>
1. Application materials for license.	<u>✓</u>	<u>          </u>
2. Documentation of need.	<u>✓</u>	<u>          </u>
3. Documentation that supervising agency is currently licensed as a Child Placement Agency, Group Care Center for Minors or a Residential Treatment Center.	<u>✓</u>	<u>          </u>
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.	<u>✓</u>	<u>          </u>

Comments:

An application for license renewal dated July 22, 2024 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964, which is part of the agency agreement with the Department of Social Services.

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>
	<u>✓</u>	<u>          </u>
B. The agency has sufficient funds to meet the needs of participants in the program.	<u>✓</u>	<u>          </u>

Comments:

Volunteers of America, Dakotas, and facilities are adequately furnished and maintained to provide for the needs of program participants. Financial reports submitted 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>
	<u>✓</u>	<u>          </u>
B. The agency carries public liability insurance.	<u>✓</u>	<u>          </u>

Comments:

Auto (policy# AHXH669160), commercial general liability (policy# ZHXXH66915802), and excess umbrella (policy# UHXH66915902) coverage is purchased from Hanover Insurance Company. A copy of the Certificate of Insurance verifying coverage through July 1, 2025 was submitted with the application.

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 past year by a CPA.	✓	_____

Comments:

An audit of Volunteers of America, Dakotas' financial reports for the period ending June 30, 2023 was completed by McGladrey LLP, CPA's on November 22, 2023. A copy of the audit report, including a summary of significant accounting policies was submitted with the application.

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. <u>Staff Providing Supervision</u> - 67:42:09:07	<u>YES</u>	<u>NO</u>
1. At least a master's degree in psychology, social work, counseling, or nursing and currently holds a license in that field.	✓	_____
2. Two years supervisory experience in a family or child welfare field.	✓	_____

Comments:

List supervisor's qualifications:

Dr. Tracy Williams, (M.A., PHD, Licensed Phycologist) is providing supervision.

B. Other Staff	<u>YES</u>	<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.	N/A	_____
2. Meet the qualifications of childcare or social work staff for the supervising agency.	✓	_____

Comments:

A list of staff, including their qualifications, employed at the time of application for license renewal was submitted. All individuals for whom staff personnel records were reviewed were twenty-one years of age or older.

6. <u>Supervision Requirements</u> - 67:43:07:03, 67:42:08:03, 67:42:13:06, 67:42:13:07	<u>YES</u>	<u>NO</u>
A. Appropriate staff/child ratios are observed for programs located in the same living unit at a group care center or residential treatment center.	N/A	_____
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.	✓	_____
Documentation of supervision includes:		
1. No reasonable cause to believe the residence or lifestyle presents a risk to the participants health or safety;	✓	_____

- |   |   |  |
|---|---|--|
| 2. The participant is receiving necessary medical care;   | ✓ |  |
| 3. The treatment program provides for appropriate and sufficient services for the participant.          | ✓ |  |
| D. Arrangements made for substitute staff during vacations, illness, or off-duty time of regular staff. | ✓ |  |

Comments:

Participant records reviewed contained documentation to verify compliance with the above requirements.

7. Personnel Records - 67:42:07:07, 67:42:07:08, 67:42:07:09, 67:42:09:08.11, 67:42:09:11

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| A. Personnel records are maintained and contain the following:  |            |           |
| 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 DCI within fourteen days of employment.                                      | ✓          |           |
| 7. Verification of sex offender registry checks.  | ✓          |           |
| 8. Verification of current certification in basic 1 <sup>st</sup> aid and CPR.  | ✓          |           |

Comments:

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

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 8. <u>Inservice Training</u> - 67:42:07:04, 67:42:08:04, 67:42:09:10  |            |           |
| 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 agency 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 at least the minimum number of hours of annual in-service training as required for staff of the supervising agency or facility.   | ✓          |           |
| 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 or 67:42:09:10.  | ✓          |           |
| E. Training for all employees after the first year of employment is determined by an annual evaluation and is competency based.   | ✓          |           |

Comments:

Volunteers of America, Dakotas uses orientation checklists as an orientation training plan and to document completion of the agency orientation by new staff.

9. <u>Reporting Suspected Child Abuse or Neglect and Changes in Circumstances</u> - 67:42:01:12, 67:42:07:05, 67:42:07:15, 67:42:07:16	<u>YES</u>	<u>NO</u>
A. Each employee is aware of the requirement to immediately report incidents of suspected child abuse or neglect.	✓ _____	_____ _____
B. The facility is aware of its need to report any changes of circumstances that may affect its licensed status.	✓ _____	_____ _____

Comments:

Volunteers of America, Dakotas' written policies relating to reporting of suspected incidents of child abuse and neglect are in compliance with licensing rules. Each record reviewed contained a statement signed by staff indicating they had read and understood agency policy relating to identification and reporting of child abuse and neglect.

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. There are written procedures relating to:	<u>YES</u>	<u>NO</u>
1. Criteria used to select participants in the program.	✓ _____	_____ _____
2. The approach used to assess the appropriateness of the placement.	✓ _____	_____ _____
3. The nature and frequency of supervision provided to participants.	✓ _____	_____ _____
4. Services available to participants.	✓ _____	_____ _____
5. An explanation of living environments provided by the program.	✓ _____	_____ _____
6. The crisis response system ensuring participant's 24-hour access to program personnel.	✓ _____	_____ _____
B. A full assessment of participant's life skills is completed prior to placement.	✓ _____	_____ _____
C. Case records are maintained and include the following:		
1. Face sheet/application form with identifying information.	✓ _____	_____ _____
2. A copy of the assessment of the participant's life skills.	✓ _____	_____ _____
3. Case service plan is signed and involves the placing agency, adolescent, ILPP and parent or guardian.	✓ _____	_____ _____
4. Case service plans are established within 14 days of placement.	✓ _____	_____ _____
5. Case service plans state roles and responsibilities, goals and services, financial plan, and projected length of stay.	✓ _____	_____ _____
6. Case service plan is reviewed and updated and progress reports are submitted to placement agency every three months.	✓ _____	_____ _____
7. Documentation of Supervision.	✓ _____	_____ _____
8. A signed authorization for medical care.	✓ _____	_____ _____

9. Residents are provided training in emergency procedures.	✓	_____
D. Records are kept in a locked file.	✓	_____
E. The interstate compact administrator has been contacted before acceptance of an out-of-state child.	N/A	_____

Comments:

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

11. <u>Volunteers</u> - 67:42:07:14, 67:42:09:09	<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 unrelated references.	N/A	_____
D. Screening for substantiated reports of child abuse or neglect.	N/A	_____
E. Criminal record checks completed if appropriate.	N/A	_____
H. Documented orientation.	N/A	_____
I. Documented inservice training as per requirements for supervising agency.	N/A	_____
J. Informed of obligation to report suspected CA/N.	N/A	_____
K. Verification of sex offender registry checks.	N/A	_____

Comments:

Volunteers of America, Dakotas' written policies relating to use of volunteers are in compliance with licensing rules. Volunteers were not used by the agency during the past year.

12. <u>Physical Facility</u> - 67:42:07:11, 67:42:07:12, 67:42:13:07	<u>YES</u>	<u>NO</u>
A. Off-site facilities meet the requirements of 67:42:13:07.	✓	_____
B. There is a current approved fire inspection for the supervising agency when living environment is on-site.	N/A	_____
C. There is a current approved health inspection for the supervising agency when living environment is on-site.	N/A	_____
D. A fire escape plan is posted.	✓	_____
E. Each participant has his own bed.	✓	_____

Comments:

The agency's living arrangements are not located in a licensed group or residential program and are considered off-site facilities.

13. Recommendations

Volunteer of America, Dakotas Independent Living Preparation Program is found to be in compliance with licensing rules for an Independent Living Program.

It is recommended that a satisfactory license be issued to Volunteers of America, Dakotas to operate an Independent Living Preparation Program in South Dakota with offices in Sioux Falls, for twenty one youth ages sixteen to twenty years.

Completed By: Kevin Kanta 07/31/24  
Kevin Kanta, Program Specialist

Date of On-Site Visit: 07/23/24

Program Manager: Muriel Nelson