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

This is to certify that McCrossan Boys Ranch is hereby granted this license to conduct and maintain an Independent Living Preparation Program located at 47135 260th Street, Sioux Falls, SD 57107 to provide care for a maximum of 24 male youth ages 16 to 21 years, for the period from August 1, 2021 to July 31, 2022.

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 28th day of July, 2021.



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

## INVESTIGATION REPORT AND LICENSING STUDY INDEPENDENT LIVING PREPARATION PROGRAMS ARSD 67:42:01, 67:42:13

| AGENCY NAME: McCrossan Boys Ranch (R133) |  |  |            |           |  |
|--|--|--|------------|-----------|--|
| DIRECTOR: Brian Roegiers                 |  |  |            |           |  |
| 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.  | ✓          |           |  |
|  |  | 2. Documentation of need.  | NA         |           |  |
|  |  | 3. Documentation that supervising agency is currently licensed as a Child Placement Agency, Group Care Center for Minors or a Residential Treatment Center.                      | NA         |           |  |
|  | В.   | 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.  | ✓          |           |  |
|  | Cor  | nments:  |            |           |  |
|  | state  | application for license renewal dated July 20, 2021 is on file in the licent ement of compliance with the Civil Rights Act of 1964, which is part of artment of Social Services. |            |           |  |
| 2.                                       | <u>Age</u>   | ncy Responsibilities – SDCL 26-6-11  | <u>YES</u> | <u>NO</u> |  |
|  | A.   | The building and equipment needs of the organization are adequately met.   | ✓          |           |  |
|  | B.   | The agency has sufficient funds to meet the needs of participants in the program.  | ✓          |           |  |
|  | Cor  | nments:  |            |           |  |
|  | part   | Crossan ILPP, facilities are adequately furnished and maintained to proceed to proceed the country of the country of the property of the program.                                |            |           |  |
| 3.                                       | Insu   | <u>rance</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.   | ✓          |           |  |
|  | Cor  | nments:  |            |           |  |
|  | Auto (policy #PHPK2102639); general ([policy #PHPK2102639), Excess liability (policy #PHUB7129 insurance is purchased from the Markel Insurance Agency. A copy of the Certificate of Liability Insura verifying coverage through March 1, 2022 was provided with the application materials and is on file in licensing record. |  |            |           |  |
| 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 past year by a CPA.  | ✓          |           |  |

## Comments:

An audit of McCrossan Boys Ranch financial statements for the period ending June 30<sup>th</sup>, 2019 and 2018 was completed by Eide Bailly LLP, CPA's on October 28, 2020. A copy of the audit report including a summary of significant accounting policies can be found in the licensing record.

| 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            | gram 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   | <b>✓</b>   |           |  |  |  |
|    |   | 2.              | Masters degree in an accredited behavioral or social science area<br>and two years of relevant alternative child care experience, or a<br>bachelors degree and four years experience if supervising agency<br>is a residential treatment center; or     | NA         |           |  |  |  |
|    |   | 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. | NA         |           |  |  |  |
|    | Con   | nmen            | <u>ts:</u>  |            |           |  |  |  |
|    | Brian Roegiers, MS Child & Youth Care Administration, is the Executive Director of McCrossan Boys Ranch. He has served in this capacity since June 1998 and has over thirty years of residential group care experience. |                 |   |            |           |  |  |  |
|    | Steve Wahl, MS Administrative Studies – Human Resource Specialization, is the Associate Director of McCrossan Boys Ranch and has served in this capacity since July 2008.   |                 |   |            |           |  |  |  |
|    | Ryan Kramer, BS, is the Independent Living Preparation Program Director. He has been employed with McCrossan since 2011 and took over this position in 2015.  |                 |   |            |           |  |  |  |
|    | B.  | Oth             | er 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.   | ✓          |           |  |  |  |
|    |   | 2.              | Meet the qualifications of child care or social work staff for the supervising agency.  | ✓          |           |  |  |  |
|    | Con   | nmen            | ts:   |            |           |  |  |  |
|    | on  | file i          | staff employed at the time of application for license renewal was submed to the licensing record. All staff employed by the McCrossan Botton Program are over the age of twenty-one.  |            |           |  |  |  |
| 6. |   | ervisi<br>42:13 | on Requirements - 67:43:07:03, 67:42:08:03, 67:42:13:06,  | <u>YES</u> | <u>NO</u> |  |  |  |
|    | A.  |                 | propriate staff/child ratios are observed for programs located in the living unit at a group care center or residential treatment center.   | NA         |           |  |  |  |
|    | В.  | No<br>unit      | more than four participants are placed together in an off-site living.  | <b>√</b>   |           |  |  |  |

| C.            |             | ticipants meet with their supervisor at least once every two weeks h at least a monthly meeting in their living environment.  | ✓                |           |  |  |  |
|---------------|-------------|---|------------------|-----------|--|--|--|
|               | Do          | Documentation of supervision includes:  |                  |           |  |  |  |
|               | 1.          | No reasonable cause to believe the residence or life style 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.            |             | rangements made for substitute staff during vacations, illness, or off-<br>y time of regular staff.   | ✓                |           |  |  |  |
| Co            | mmer        |   |                  |           |  |  |  |
| Re            | ecords      | reviewed for staff contained documentation to verify compliance with  | the above requir | ements.   |  |  |  |
|               |             | el Records - 67:42:07:07, 67:42:07:08, 67:42:07:09, 67:42:09:08.11,   |                  |           |  |  |  |
| 67            | :42:09      | :11   |                  |           |  |  |  |
| 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.  | <b>✓</b>         |           |  |  |  |
|               | 5.          | Verification of screening for substantiated reports of child abuse or neglect.  | ✓                |           |  |  |  |
|               | 6.          | Verification of submission of finger prints 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.   | ✓                |           |  |  |  |
| Co            | mmer        | <u>-</u><br>its:  |                  |           |  |  |  |
| Re            | ecords      | reviewed for staff contained documentation to verify compliance with  | the above requir | ements.   |  |  |  |
| 3. <u>Ins</u> | service     | e Training - 67:42:07:04, 67:42:08:04, 67:42:09:10  | <u>YES</u>       | <u>NO</u> |  |  |  |
| A.            |             | There is a written plan for orientation and training for staff and  |                  |           |  |  |  |
|               | volunteers. |   | ✓                |           |  |  |  |
| В.            | age         | ch employee has a documented record of an initial orientation to the ency within one month of the date of hire that includes the facility's ctions, services, community resources and specific job functions. | ✓                |           |  |  |  |
| C.            |             | ch employee has a documented record of at least the minimum nber 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.  | <b>√</b>   |  |
|     | E.               | Training for all employees after the first year of employment is determined by an annual evaluation and is competency based.   | ✓  |  |
|     | Con              | nments:  |  |  |
|     | progrene<br>prov | Crossan Boys Ranch has an orientation checklist that is used as an orientation of the orientation by new staff. All records reviewed indicated corram. The McCrossan Boys Ranch Training Calendar August 1, 2021-Jiewal application materials and is on file in the Group Care Center for Middles for twenty-four hours of in-service training and relates to all areas of of employment. McCrossan Boys Ranch is using Relias Training to be using for employees. | ompletion of an<br>uly 31, 2022 wa<br>linors licensing<br>required for state | orientation to the as submitted with record. The plan off during the first |
| 9.  |                  | orting Suspected Child Abuse or Neglect and Changes in Circumstances :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.   | ✓  |  |
|     | В.               | The facility is aware of its need to report any changes of circumstances that may affect its licensed status.  | ✓  |  |
|     | Con              | nments:  |  |  |
|     | com              | Crossan Boys Ranch written procedures for reporting suspected incidents upliance with licensing rules. Each personnel record reviewed contained as and neglect and outlining agency reporting procedures.  |  |  |
| 10. |                  | <u>atment</u> - 67:42:01:01(3), 67:42:01:21, 67:42:13:03, 67:42:13:04, 22:13:05, 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>✓</b>   |  |
|     | B.               | A full assessment of participant's life skills is completed prior to placement.  | <b>✓</b>   |  |
|     | 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.  | <b>✓</b>             |           |
|     |     | 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.  | Rec         | ords are kept in a locked file.   | ✓                    |           |
|     | E.  |             | interstate compact administrator has been contacted before ptance of an out-of-state child.   | ✓                    |           |
|     |     | nmen        |   |                      |           |
|     | You | ıth int     | nt records reviewed contained documentation to verify compliance terviewed were able to describe their treatment plan, stated they had es them numerous opportunities in the community. |                      |           |
| 11. | Vol | untee       | <u>rs</u> - 67:42:07:14, 67:42:09:09  | <u>YES</u>           | <u>NO</u> |
|     | A.  | Hav         | e a written job description with specific responsibilities.   | NA                   |           |
|     | B.  | Sup         | ervised and evaluated by an experienced staff member.   | NA                   |           |
|     | C.  | Thre        | ee documented unrelated references.   | NA                   |           |
|     | D.  | Scre        | ening for substantiated reports of child abuse or neglect.  | NA                   |           |
|     | E.  | Crin        | ninal record checks completed if appropriate.   | NA                   |           |
|     | H.  | Doc         | umented orientation.  | NA                   |           |
|     | I.  | Doc<br>ager | umented inservice training as per requirements for supervising acy.   | NA                   |           |
|     | J.  | Info        | rmed of obligation to report suspected CA/N.  | NA                   |           |
|     | K.  | Veri        | fication of sex offender registry checks.   | NA                   |           |
|     | Con | nmen        | ts:   |                      |           |
|     | Mc  | Cross       | an Boys Ranch Independent Living Program did not use any voluntee.  | rs in the last year. |           |
| 12. | Phy | sical l     | Facility - 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.  |             | re is a current approved fire inspection for the supervising agency n living environment is on-site.  | NA                   |           |
|     | C.  | The         | re is a current approved health inspection for the supervising  |                      |           |

|               | agency when living environment is   | on-site.                                   | _                      | NA                     |               |
|---------------|---|--|------------------------|------------------------|---------------|
| D.            | A fire escape plan is posted.   |  | _                      | <b>✓</b>               |               |
| E.            | Each participant has his own bed.   |  | _                      | ✓                      |               |
| Alth<br>to b  | nments:  nough located on the McCrossan Boy e an off-site facility and an annual fir ord reviewed contained documentati 12:13:07.               | re/health inspection                       | on is not required for | r the building. Eacl   | h participant |
| Rec           | ommendations  |  |                        |                        |               |
| licei<br>issu | Crossan Boys Ranch Independent Livesing rules for Independent Living Pred to McCrossan Boys Ranch to openty-four male youth ages sixteen to two | reparation Program<br>erate an Independent | ms. It is recommend    | led that a satisfactor | y license be  |
|               |   | Completed By:                              | Kevin Kan              |                        | 7/29/21       |
|               |   | Date of On-Site                            | , ,                    | 7/21/20                |               |

Program Manager: Muriel Nelson

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