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

This is to certify that Capital Area Counseling Services located at 2001 Eastgate Avenue, Pierre, SD 57501 is hereby granted this license to conduct and maintain a Child Placement Agency for the period from October 1, 2024 to September 30, 2025.

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 September 2024.



License Number R52

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 CHILD PLACEMENT AGENCY ARSD 67:42:01, 67:42:05, 67:42:09

| AG  | ENCY   | NAME: Capital Area Counseling Service, Inc. (R52)   |                 |                  |  |  |
|-----|--|---|-----------------|------------------|--|--|
| DIF | RECTO  | DR:Carrie Ward  |                 |                  |  |  |
| 1.  | 1. <u>Licensing Requirements</u> - 67:42:01:02, 67:42:01:04, 67:42:01:13; 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  | N/A             |                  |  |  |
|     | B.   | A statement of compliance with the Civil Rights Act of 1964 is included in the agency's policies.   | ✓               |                  |  |  |
|     | Com  | <u>nments</u> :   |                 |                  |  |  |
|     |  | application for license renewal dated September 19, 2024 is on file with the ed statement of compliance with the Civil Rights Act of 1964.  | licensing recor | d. It contains a |  |  |
| 2.  | Age  | ncy Responsibilities - 67:42:01:28  | <u>YES</u>      | <u>NO</u>        |  |  |
|     | A.   | The building and equipment needs of the organization are adequately met.  | $\checkmark$    |                  |  |  |
|     | B.   | The agency has sufficient funds to meet the needs of the community.   | <b>√</b>        |                  |  |  |
|     | Com  | ments:  |                 |                  |  |  |
|     |  | Ital Area Counseling Service (CACS) offices were found to be adequately furnishe needs of the program.  | shed and maint  | ained to provide |  |  |
| 3.  | Insu   | rance - 67:42:01:35   | <u>YES</u>      | <u>NO</u>        |  |  |
|     | A.   | Vehicles used to transport children have appropriate passenger liability insurance.   | ✓               |                  |  |  |
|     | B.   | The agency carries public liability insurance.  | <b>─</b> ✓      |                  |  |  |
|     | Com  | ments:  |                 |                  |  |  |
|     | Confile i  | o, commercial, general, and professional liability coverage is purchased the pany. A copy of the current Certificate of Liability Insurance verifying cover in the licensing record. Proof of insurance coverage for employee's vehicles us e personnel files reviewed. | age through Ju  | ly 1, 2025 is on |  |  |
| 4.  | Acce   | ounting System - 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.   | See             | Comments         |  |  |
|     | Com  | aments:   |                 |                  |  |  |

The current audit was not available at the time of the on-site visit. Please provide the current audit when available.

| Staf | f Qua | alifications   |                  |                  |
|------|-------|--|------------------|------------------|
| A.   |       | <u>quirements for staff providing direct services and support to clients</u> 42:09:07.01                                   | <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.   | ✓                |                  |
|      |       | List supervisor's qualifications:  |                  |                  |
|      |       | Christine Bisek, MA Community/Agency Counseling, LPC provides over services to individuals with the program.               | sight to staff p | providing direct |
| B.   |       | quirements for staff providing direct services and support to clients 42:09:07.01  | <u>YES</u>       | <u>NO</u>        |
|      | 1.    | At a minimum an associate's degree in the social sciences or human services field.   | ✓                |                  |
|      | 2.    | Supervised according to 67:42:09:07.   | ✓                |                  |
| C.   | Par   | aprofessional Staff - 67:42:09:08  | YES              | NO               |
|      | 1.    | Works under the direct supervision of professional staff.  | N/A              |                  |
|      | 2.    | Does not assume full responsibilities or duties of a social worker.  | N/A              |                  |
| D.   | Vol   | <u>unteers</u> - 67:42:09:09   | <u>YES</u>       | <u>NO</u>        |
|      | Vol   | unteer records are kept and contain:   |                  |                  |
|      | 1.    | Evidence that the individual is supervised by a staff member.  | N/A              |                  |
|      | 2.    | Verification of social work licensure if performing social work functions.   |                  |                  |
|      |       | runctions.   | N/A              |                  |
|      | 3.    | A job description.   | N/A              |                  |
|      | 4.    | Three positive references.   | N/A              |                  |
|      | 5.    | 5. Verification of screening for substantiated reports of child abuse or neglect.  |                  |                  |
|      |       | <u>-</u>   | N/A              |                  |
|      | 6.    | Verification of submission of fingerprints to the DCI.   | N/A              |                  |
|      | 7.    | Documented orientation training.   | N/A              |                  |
|      | 8.    | Thirty hours in-service training if volunteering thirty or more hours each week.   | N/A              |                  |
|      | 9.    | Evidence of being informed of procedures for reporting suspected CA/N.   | N/A              |                  |

## Comments:

CACS doesn't use paraprofessional staff or volunteers in the Therapeutic Foster Care Program.

| 6. | Fee   | <u>s for Services</u> - 67:42:09:04   | <u>YES</u>      | <u>NO</u>     |  |  |  |  |  |
|----|---|---|-----------------|---------------|--|--|--|--|--|
|    | A.  | There is a written policy regarding the fees charged by the agency.   | $\checkmark$    |               |  |  |  |  |  |
|    | B.  | Fees are based on the cost of services that are provided.   | ✓               |               |  |  |  |  |  |
|    | C.  | If applicable, the policy includes any conditions under which fees may be waived.   | <b>√</b>        |               |  |  |  |  |  |
|    | D.  | The agency has a procedure for reimbursing foster parents.  | $\checkmark$    |               |  |  |  |  |  |
|    | Cor   | mments:   |                 |               |  |  |  |  |  |
|    | lice  | CS written policies relating to fees for services and reimbursement of foster passing rules. The agency has a contract with the Department of Social Services are care and negotiates a rate with the department for payment of those services.   |                 |               |  |  |  |  |  |
| 7. | <u>In-s</u>   | service Training - 67:42:09:10  | <u>YES</u>      | <u>NO</u>     |  |  |  |  |  |
|    | A.  | Each employee has a documented record of an initial orientation within one month of employment that includes all of the areas required in 67:42:09:10.  | ✓               |               |  |  |  |  |  |
|    | В.  | There is a written plan for orientation and training for staff and volunteers. For staff beyond the first year of employment, the plan provides for competency-based training based on an annual evaluation of the staff member's competencies.   | <b>√</b>        |               |  |  |  |  |  |
|    | C.  | Each employee has a documented record of a minimum of 30 hours annual in-service training.  | <b>✓</b>        |               |  |  |  |  |  |
|    | Comments:   |   |                 |               |  |  |  |  |  |
|    | the   | CS written policies contain an orientation plan for new staff as does the Annua application for license renewal. Documentation in records reviewed for staff en icated thirty hours of in-service training during the past year and documentation | ployed for more | than one year |  |  |  |  |  |
| 8. | Per   | sonnel Records - 67:42:09:08.01, 67:42:09:11  | <u>YES</u>      | <u>NO</u>     |  |  |  |  |  |
|    | Personnel records are kept and include the following: |   |                 |               |  |  |  |  |  |
|    | A.  | Resume or application that includes educational background, personal and employment history.  | ✓               |               |  |  |  |  |  |
|    | B.  | Job Description.  | $\checkmark$    |               |  |  |  |  |  |
|    | C.  | Annual performance appraisal.   | ✓               |               |  |  |  |  |  |
|    | D.  | Verification of at least three reference checks.  | ✓               |               |  |  |  |  |  |
|    | E.  | Verification of past employer checks.   | ✓               |               |  |  |  |  |  |
|    | F.  | Verification of screening for substantiated reports of child abuse or neglect.  | ✓               |               |  |  |  |  |  |
|    | G.  | Verification of screening of sexual offender registry.  | <b>√</b>        |               |  |  |  |  |  |

|     | H.   | Ver   | ification of submission of fingerprints to the DCI.  | ✓             |           |
|-----|------|---|--|---------------|-----------|
|     |      | nmen<br>cumer   | ts:  ntation was found in records reviewed to verify compliance with the above r   | requirements. |           |
| 9.  | Clie | ent Se  | rvices - 67:42:09:13, 67:42:09:17  | <u>YES</u>    | <u>NO</u> |
|     | A.   | There are written policies and procedures that provide for the following: |  |               |           |
|     |      | 1.  | A task centered, time framed case service planning process that is implemented within thirty days of intake.   | ✓             |           |
|     |      | 2.  | Preplacement prevention services.  | ✓             |           |
|     |      | 3.  | The placement of children in the least restrictive setting available to the child.   | <b>√</b>      |           |
|     |      | 4.  | Permanency planning to help children in foster care achieve a permanent placement.   | <b>√</b>      |           |
|     |      | 5.  | A process that assures continued services to the birth parents (when applicable).  | ✓             |           |
|     |      | 6.  | A process that assures at least monthly contacts with children in care or their foster parents.  | <b>√</b>      |           |
|     |      | 7.  | Assurances to allow continued contacts between birth parents and their children when this is appropriate.  | <b>√</b>      |           |
|     |      | 8.  | Regular educational instruction for children of school age.  | ✓             |           |
|     |      | 9.  | Termination of services occurs only after a permanent plan has been achieved, or the agency's services are no longer required.                       | ✓             |           |
|     |      | 10.   | A process to recruit and develop adoptive and foster homes, and to license foster homes.   | <b>√</b>      |           |
|     |      | Con   | nments:  |               |           |
|     |      |   | CS written procedures relating to their treatment program are in com-<br>rumentation in records reviewed indicates compliance with each of the above |               |           |
| 10. | Ado  | <u>optive</u>   | <u>Services</u> - 67:42:09:14, 67:42:09:15, 67:42:09:16  | <u>YES</u>    | <u>NO</u> |
|     | A.   |   | re is a written policy stating that adoptive services are provided only in the parents are either unwilling or unable to care for the child.         | N/A           |           |
|     | B.   |   | re is a written policy that reflects the following qualifications for adoptive licants and is documented in adoptive home records:                   |               |           |
|     |      | 1.  | Income requirements.   | N/A           |           |
|     |      | 2.  | Housing requirements.  | N/A           |           |
|     |      | 3.  | Physical health.   | N/A           |           |
|     |      | 4.  | Mental health.   | N/A           |           |
|     |      | 5   | Religious beliefs in relation to best interests of the child   | N/A           |           |

|     |      | 6.             | Other children in the home and family composition, needs and relationships.  | N/A                 |                |
|-----|------|----------------|--|---------------------|----------------|
|     |      | 7.             | Verification of screening for substantiated reports of child abuse or neglect.   | N/A                 |                |
|     |      | 8.             | Verification of a criminal record check.   | N/A                 |                |
|     |      | 9.             | Ability to parent a child.   | N/A                 |                |
|     | C.   |                | re is a written policy regarding adoptive placements that reflects the owing:  |                     |                |
|     |      | 1.             | Priority is given to place a child with relatives when in the best interest of the child.  | N/A                 |                |
|     |      | 2.             | Adoptive placement shall occur as soon as possible after the child is legally free for adoption.                                     | N/A                 |                |
|     |      | 3.             | Current medical reports on an adoptive child are supplied to the adoptive parents.   | N/A                 |                |
|     |      | 4.             | When indicated, continued services (including an adoption subsidy) shall be provided to assist the child and family after placement. | N/A                 |                |
|     |      |                | nments: CS does not provide adoptive services.   |                     |                |
| 11. | Fost | ter Ho         | ome Services - 67:42:09:18, 67:42:09:25  | <u>YES</u>          | <u>NO</u>      |
|     | A.   | Fos            | ter homes are approved on an annual basis.   | $\checkmark$        |                |
|     | B.   |                | ter homes meet state standards (ARSD 67:42:01 & 67:42:05) or meet dards approved in accordance with tribal law.                      | <b>√</b>            |                |
|     | Con  | nmen           | ts:  |                     |                |
|     |      | h rec<br>12:05 | ord reviewed contained documentation to verify the home met the require.   | rements of ARSD     | 0 67:42:01 and |
| 12. | Med  | dical a        | and Dental Services - 67:42:09:19  | <u>YES</u>          | <u>NO</u>      |
|     | A.   | The            | re is a written policy for the health care of every child in care.   | ✓                   |                |
|     | B.   | Chi            | ldren receive physical and dental exams as required by 67:42:09:19.  | ✓                   |                |
|     | C.   | Chi            | ldren are currently immunized.   | <b>√</b>            |                |
|     | D.   | Chi            | ldren receive physical and dental exams prior to adoptive placement.   | <b>√</b>            |                |
|     |      | nmen<br>CS w   | ts: ritten policies relating to medical and dental care of children placed in the  | neir care are in co | empliance with |

licensing rules. Documentation in records reviewed indicates compliance with each of the above required areas.

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| 13. | Ser  | vices | to Birth Parents - 67:42:09:20  | <u>YES</u>     | <u>NO</u>       |  |  |  |
|-----|--|-------|---|----------------|-----------------|--|--|--|
|     | A.   | Wı    | ritten policies reflect the following:  |                |                 |  |  |  |
|     |  | 1.    | The agency will respect parental rights and obligations.  | N/A            |                 |  |  |  |
|     |  | 2.    | The agency will provide services to birth parents whether or not they choose to relinquish the child.   | N/A            |                 |  |  |  |
|     |  | 3.    | The agency will not entice the birth parent to relinquish the child.  | N/A            |                 |  |  |  |
|     |  | 4.    | The decision to relinquish the child shall be made by the birth parent.   | N/A            |                 |  |  |  |
|     |  | 5.    | The agency shall assist with the legal termination of parental rights.  | N/A            |                 |  |  |  |
|     |  | Co    | mments:   |                |                 |  |  |  |
|     | CACS does not provide counseling services to unmarried parents regarding planning for children.    |       |   |                |                 |  |  |  |
| 14. | <u>Leg</u>   | al Se | ervices and Responsibilities - 67:42:09:21  | <u>YES</u>     | <u>NO</u>       |  |  |  |
|     | A.   | Th    | e agency employs/retains legal staff.   | $\checkmark$   |                 |  |  |  |
|     | Con  | nmei  | ats:  | _              |                 |  |  |  |
|     | _  | •     | policy states the agency attorney will provide legal services for children in cices of Rob Anderson of the May, Adam, Gerdes, & Thompson law firm.          | care when need | ed. CACS uses   |  |  |  |
| 15. | <u>Oth</u>   | er A  | gency Services - 67:42:09:22  | <u>YES</u>     | <u>NO</u>       |  |  |  |
|     | A. The agency provides for clothing, incidental and educational expenses for children in its care. |       |   | ✓              |                 |  |  |  |
|     | B.   |       | ner services (i.e., psychiatric, religious, special ed, etc.) are available as eded.  | ✓              |                 |  |  |  |
|     | Comments:  |       |   |                |                 |  |  |  |
|     |  |       | entation found in records reviewed for children in foster care indicate CACS the needs of children in their care.   | provides appro | priate services |  |  |  |
| 16. | Interstate Placement of Children - 67:42:09:23, 67:14:24   |       |   |                | <u>NO</u>       |  |  |  |
|     | A.   |       | itten policies reflect appropriate procedures to follow in the interstate cement of children.   | ✓              |                 |  |  |  |
|     | B.   | Ch    | ildren's records contain evidence that ICPC is followed.  | N/A            |                 |  |  |  |
|     | Comments:  |       |   |                |                 |  |  |  |
|     | thar   | ı the | written policies reflect the need to comply with ICPC requirements when p ir state of residence. None of the records reviewed were for a child placed ince. |                |                 |  |  |  |
| 17. | Clie   | ent C | ase Records - 67:42:09:24, 67:42:01:21  | <u>YES</u>     | <u>NO</u>       |  |  |  |
|     | A.   | Ca    | se records are current and systematically filed.  | ✓              |                 |  |  |  |

|     | B.  | Rec   | cords are kept in locked, fire resistant filing cabinets.  | $\checkmark$ |           |
|-----|-----|-------|--|--------------|-----------|
|     | C.  | The   | ere is a master card file on all case records.   | ✓            |           |
|     | D.  | Rec   | cords contain the following:   |              |           |
|     |     | 1.    | Face sheet.  | $\checkmark$ |           |
|     |     | 2.    | Medical records with significant family health history.  | ✓            |           |
|     |     | 3.    | Medical/surgical authorization.  | ✓            |           |
|     |     | 4.    | Correspondence.  | ✓            |           |
|     |     | 5.    | Legal documents.   | ✓            |           |
|     |     | 6.    | Agency agreements/contracts.   | ✓            |           |
|     |     | 7.    | Reports from schools, specialists and other agencies.  | ✓            |           |
|     |     | 8.    | Case service plan.   | ✓            |           |
|     |     | 9.    | Dated, narrative record.   | ✓            |           |
|     |     |       | CS uses an electronic record keeping system that contains safeguards to a system is easy to navigate and find information. |              | ·         |
| 18. | Ado | ptive | <u>e Home Record</u> - 67:42:09:26   | <u>YES</u>   | <u>NO</u> |
|     | A.  | Ado   | optive home records contain the following:   |              |           |
|     |     | 1.    | Signed application.  | N/A          |           |
|     |     | 2.    | Physical exams.  | N/A          |           |
|     |     | 3.    | Correspondence.  | N/A          |           |
|     |     | 4.    | Home study.  | N/A          |           |
|     |     | 5.    | Written references.  | N/A          |           |
|     |     | 6.    | Signed agreement regarding terms of the placement.   | N/A          |           |
|     |     | 7.    | Narrative record (regarding placement and evaluation of progress).   | N/A          |           |
|     |     | 8.    | Legal documents.   | N/A          |           |
|     |     |       | mments:  CS is not licensed to provide adoptive services.  |              |           |

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## 19. Recommendations:

Capital Area Counseling Service is found to be in substantial compliance with licensing rules for Child Placement Agencies. Please refer to the body of this licensing study for comments relating to Accounting System.

It is recommended that a satisfactory license be issued to Capital Area Counseling Service to operate a Child Placement Agency in Pierre, South Dakota to provide family foster home services only.

Date of On-Site Visit: 9/24/2024

Completed By: Kevin Kanta 9/30/2024

Kevin R. Kanta, Program Specialist

Program Manager: Muriel J Nelson