South Dakota Department of Social Services CERTIFICATE OF LICENSE

as a

CHILD WELFARE AGENCY

This is to certify that Lutheran Social Services is hereby granted this license to conduct and maintain a Child Placement Agency in South Dakota for the period from March 1, 2024 to February 28, 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 26th day of April 2024.



License Number R 65

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

AGENCY NAME: Lutheran Social Services(LSS) (R65)

PROGRAM DIRECTOR: Jill Jensen

| 1. | Lice | ensing Requirements - 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: | YES | NO |
| | | 1. Application materials for license | ✓ | |
| | B. | A statement of compliance with the Civil Rights Act of 1964 is included in the agency's policies. | ✓ | |

Comments:

An application for license renewal dated February 15, 2024 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964.

| 2. | Age | ncy Responsibilities - 67:42:01:28 | YES | NO |
|----|-----|--|-----|----|
| | A. | The building and equipment needs of the organization are adequately met. | ✓ | |
| | B. | The agency has sufficient funds to meet the needs of the community. | ✓ | |

Comments:

LSS offices are adequately furnished and maintained to provide for the needs of the agency. Financial reports submitted with the application for license renewal indicate the availability of sufficient funds to provide for the needs of the program.

| 3. | Insu | <u>rrance</u> - 67:42:01:35 | YES | NO |
|----|------|---|--------------|----|
| | A. | Vehicles used to transport children have appropriate passenger liability insurance. | \checkmark | |
| | B. | The agency carries public liability insurance. | \checkmark | |

Comments:

Auto Liability, Commercial General Liability, and Umbrella Liability coverage is purchased from Marsh & McLennan Agency LLC. A copy of the Certificate of Insurance verifying coverage through July 1, 2024 is on file in the licensing record (Policy Number # HHS857826113).

| 4. | Acc | counting System - 67:42:01:33, 67:42:01:34 | <u>YES</u> | <u>NO</u> |
|----|-----|---|--------------|-----------|
| | A. | The accounting system used clearly identifies the cost of services and other expenses of operation. | \checkmark | |
| | B. | An audit of the accounts has been done in the last year by a CPA. | ✓ | |

Comments:

An audit of LSS financial statements for the period ending June 30, 2023 and 2022 was completed by Eide Bailly LLP, CPA's on November 6, 2023. A copy of the audit report, including a summary of significant

accounting policies is on file in the licensing record.

5. <u>Staff Qualifications</u>

| A. | Soc | ial Work Supervisor - 67:42:09:07 | YES | NO |
|----|-----|--|--------------|----|
| | 1. | Licensed as a certified social worker. | \checkmark | |
| | 2. | Two years supervisory experience in a family or child welfare field. | ✓ | |
| | | | | |

List supervisor's qualifications:

Crystal Trevino, MSW, LCSW-PIP (license #6306, exp. 12/31/24) is the Program Manager and was hired March 7, 2022.

| В. | Soc | al Workers - 67:42:09:07.01 | YES | NO |
|----|------|---|--------------|----|
| | 1. | Licensed as a social worker; or | \checkmark | |
| | 2. | Licensed as a social work associate. | \checkmark | |
| | | | | |
| C. | Para | professional 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. Volunteers - 67:42:09:09

Volunteer records are kept and contain:

| | | YES | <u>NO</u> |
|----|--|-----|-----------|
| | | | |
| 1. | Evidence that the individual is supervised by a staff member. | N/A | |
| 2. | Verification of social work licensure if performing social work functions. | | |
| | | N/A | |
| 3. | A job description. | N/A | |
| 4. | Three positive references. | N/A | |
| 5. | Verification of screening for substantiated reports of child abuse or | | |
| | neglect. | N/A | |
| 6. | Verification of submission of fingerprints to the DCI. | N/A | |
| 7. | Documented orientation training. | N/A | |
| 8. | Thirty hours inservice 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:

There were no volunteers utilized in the last year to determine compliance with the rules above.

| 6. | Fee | <u>s for Services</u> - 67:42:09:04 | YES | NO |
|----|-----|---|--------------|----|
| | 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. | \checkmark | |
| | D. | The agency has a procedure for reimbursing foster parents. | ✓ | |

Comments:

LSS has a contract with the Department of Social Services to provide family treatment home care and case management services. A copy of the fee schedule was submitted with the application for license renewal and is on file in the licensing record.

| 7. | Inservice Training - 67:42:09:10 | | YES | NO |
|----|----------------------------------|--|-----|----|
| | 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. | ✓ | |
| | B. | 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. | ✓ | |
| | C. | Each employee has a documented record of a minimum of 30 hours annual in-service training. | ✓ | |

Comments:

The agency has a written plan for orientation for new staff to the agency and uses a checklist to document completions of the orientation by new staff. Personnel records reviewed contained documentation to verify the requirements above.

| 8. | Pers | sonnel Records - 67:42:09:08.01, 67:42:09:11 | <u>YES</u> | <u>NO</u> |
|----|------|--|--------------|-----------|
| | Pers | sonnel 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. | \checkmark | |
| | | | | |

| 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. | ✓ | |
| H. | Verification of submission of fingerprints to the DCI and FBI. | ✓ | |
| | | | |

Comments:

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

| 9. | 0. <u>Client Services</u> - 67:42:09:13, 67:42:09:17 | | | YES | <u>NO</u> |
|----|---|--------------|--|--------------|-----------|
| | A. | The | re 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. | \checkmark | |
| | | 2. | Preplacement prevention services. | \checkmark | |
| | | 3. | The placement of children in the least restrictive setting available to the child. | \checkmark | |
| | | 4. | Permanency planning to help children in foster care achieve a permanent placement. | \checkmark | |
| | | 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. | ✓ | |
| | | 7. | Assurances to allow continued contacts between birth parents and their children when this is appropriate. | \checkmark | |
| | | 8. | Regular educational instruction for children of school age. | \checkmark | |
| | 9. Termination of services occurs only after a permanent plan has been achieved, or the agency's services are no longer required. | \checkmark | | | |
| | | 10. | A process to recruit and develop adoptive and foster homes, and to license foster homes. | ~ | |

Comments:

Each record reviewed contained documentation to verify compliance with the above requirements.

| 10. | . <u>Adoptive Services</u> - 67:42:09:15, 67:42:09:16 | | | NO |
|-----|---|--|---|----|
| | A. | There is a written policy stating that adoptive services are provided only when the parents are either unwilling or unable to care for the child. | ✓ | |
| | B. | There is a written policy that reflects the following qualifications for adoptive applicants and is documented in adoptive home records: | | |

| | | 1. | Income requirements. | \checkmark | |
|-----|-----------|--------|--|------------------|-----------|
| | | 2. | Housing requirements. | ✓ | |
| | | 3. | Physical health. | ✓ | |
| | | 4. | Mental health. | ✓ | |
| | | 5. | Religious beliefs in relation to best interests of the child. | \checkmark | |
| | | 6. | Other children in the home and family composition, needs and relationships. | \checkmark | |
| | | 7. | Verification of screening for substantiated reports of child abuse or neglect. | \checkmark | |
| | | 8. | Verification of a criminal record check. | ✓ | |
| | | 9. | Ability to parent a child. | ✓ | |
| | 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. | ✓ | |
| | | 2. | Adoptive placement shall occur as soon as possible after the child is legally free for adoption. | ✓ | |
| | | 3. | Current medical reports on an adoptive child are supplied to the adoptive parents. | ✓ | |
| | | 4. | When indicated, continued services (including an adoption subsidy) shall be provided to assist the child and family after placement. | √ | |
| | | Con | ments: | | |
| | | Rec | ords reviewed contained documentation to verify compliance with the above | ve requirements. | |
| 11. | Fost | ter Ho | ome Services - 67:42:09:18, 67:42:09:25 | YES | <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. | \checkmark | |
| | Comments: | | | | |

Each record reviewed contained documentation to verify the home met the requirements of ARSD 67:42:01 & 05.

| 12. | Me | dical and Dental Services - 67:42:09:19 | YES | NO |
|-----|----|--|--------------|----|
| | A. | There is a written policy for the health care of every child in care. | \checkmark | |
| | B. | Children receive physical and dental exams as required by 67:42:09:19. | ✓ | |
| | C. | Children are currently immunized. | ✓ | |

| D. | Children receive physical and dental exams prior to adoptive placement. | \checkmark | |
|-----|---|--------------|--|
| Cor | amanta | | |

Comments:

13.

Documentation found in the records reviewed for children in foster care contained the items above.

| . <u>Ser</u> | Services to Birth Parents - 67:42:09:20 | | YES | NO |
|--------------|---|---|--------------|----|
| A. | Wr | itten policies reflect the following: | | |
| | 1. | The agency will respect parental rights and obligations. | \checkmark | |
| | 2. | The agency will provide services to birth parents whether or not they choose to relinquish the child. | ~ | |
| | 3. | The agency will not entice the birth parent to relinquish the child. | \checkmark | |
| | 4. | The decision to relinquish the child shall be made by the birth parent. | \checkmark | |
| | 5. | The agency shall assist with the legal termination of parental rights. | ✓ | |

Comments:

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

| 14. | Lega | al Services and Responsibilities - 67:42:09:21 | YES | NO |
|-----|------|--|--------------|----|
| | A. | The agency employs/retains legal staff. | \checkmark | |

Comments:

Legal services for LSS CPA are provided by agency attorney Dwayne Anderson and the agency provides options of available attorneys for birth parents to confer with regarding legal issues relating to termination of parental rights. Payment for attorney services is built into agency fees.

| 15. | Oth | er Agency Services - 67:42:09:22 | YES | <u>NO</u> |
|-----|-----|---|--------------|-----------|
| | A. | The agency provides for clothing, incidental and educational expenses for children in its care. | \checkmark | |
| | B. | Other services (i.e., psychiatric, religious, special ed, etc.) are available as needed. | ✓ | |

Comments:

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

| 16. | Interstate Placement of Children - 67:42:09:23, 67:14:24 | | YES | NO |
|-----|--|--|--------------|----|
| | A. | Written policies reflect appropriate procedures to follow in the interstate placement of children. | \checkmark | |
| | B. | Children's records contain evidence that ICPC is followed. | \checkmark | |

Comments:

LSS written policy requires compliance with ICPC requirements. There were no files to review which involved

ICPC.

| 17. | Client Case Records - 67:42:09:24, 67:42:01:21 | | YES | NO | |
|-----|--|-----------------------------|---|--------------|--|
| | A. | Cas | se records are current and systematically filed. | \checkmark | |
| | B. | Rec | cords are kept in locked, fire resistant filing cabinets. | \checkmark | |
| | C. | The | ere is a master card file on all case records. | \checkmark | |
| | D. Records contain the following: | | cords contain the following: | | |
| | | 1. | Face sheet. | \checkmark | |
| | | 2. | Medical records with significant family health history. | \checkmark | |
| | | 3. | Medical/surgical authorization. | \checkmark | |
| | | 4. | Correspondence. | \checkmark | |
| | | 5. | Legal documents. | \checkmark | |
| | | 6. | Agency agreements/contracts. | \checkmark | |
| | | 7. | Reports from schools, specialists and other agencies. | \checkmark | |
| | | 8. Case service plan. | | \checkmark | |
| | | 9. Dated, narrative record. | | \checkmark | |
| | | Co | mmonte | | |

Comments:

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

| 18. | 8. <u>Adoptive Home Record</u> - 67:42:09:26 | | YES | NO |
|-----|--|--|--------------|----|
| Ĺ | A. Ad | optive home records contain the following: | | |
| | 1. | Signed application. | ✓ | |
| | 2. | Physical exams. | \checkmark | |
| | 3. Correspondence. | | \checkmark | |
| | 4. | Home study. | \checkmark | |
| | 5. | Written references. | \checkmark | |
| | 6. | Signed agreement regarding terms of the placement. | \checkmark | |
| | 7. | Narrative record (regarding placement and evaluation of progress). | \checkmark | |
| | 8. | Legal documents. | \checkmark | |
| | | | | |

Comments:

Adoptive home records reviewed contained the above required documentation.

19. <u>Recommendations:</u>

Lutheran Social Services is found to be in substantial compliance with licensing rules for Child Placement Agencies.

It is recommended that a satisfactory license be issued to Lutheran Social Services to operate a Child Placement Agency in South Dakota with offices located in Sioux Falls, Rapid City, Aberdeen, and Watertown.

| Completed By: | Kevin Kanta | 2/28/24 |
|---------------|-------------|---------|
| | | |

Kevin Kanta, Program Specialist

Date of On-Site Visit: 2/22/24

Program Manager ______ MULTIEL NELSON