

01UR059



WELLSPRING

A TREATMENT PROGRAM
FOR ADOLESCENTS AND THEIR FAMILIES

December 13, 2001

Rapid City Planning and Zoning Department
300 6th Street
Rapid City, South Dakota 57701

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Executive Director

Jay A. Van Hunnik

To Whom It May Concern,

Wellspring, Inc. is planning for program and facility expansion. As such, we are applying for a Use On Review permit. I am writing to provide you the information necessary for this process.

Wellspring is licensed by the South Dakota Department of Social Services as a Child Welfare Agency to provide Residential Treatment for youth ages 10-17 in its group home. A more detailed description of this service is attached.

When expansion is completed, Wellspring will have the capacity to provide Residential Treatment services to a total of 30 youth. 18 of these beds will be for emotionally disturbed youth, which is the population that has been served since January 1996. An additional 12 beds will be utilized for the same population of youth and programming will be similar to that currently being provided, except their will be a greater focus on Chemical Dependency issues and this program will be certified by the South Dakota Department of Human Services.

As a part of our licensure requirements, an annual fire, fire alarm and health inspections are conducted. Copies of the most recent inspection reports are attached. The South Dakota Department of Social Services will be provided copies of the building expansion plans for their review and review by the Department of Health.

The facility will be staffed and the youth supervised 24 hours a day according to Department of Social Services licensing requirements, which require a staff to resident ratio of 1/6 during waking hours and 1/12 during sleeping hours, with a minimum of four staff in the facility whenever youth are in the building. In addition, standard office hours are 8:00 AM to 5:00 PM Monday through Friday.



UNITED WAY OF
THE BLACK HILLS

Thus, including expansion program staff, there will be a total of 15 administrative and program staff on site during standard office business hours. During evening and weekend hours a total of 6-8 staff will be on-site. Overnight a total of 4-5 staff will be on-site.

It should be noted that youth participating in Wellspring programming are not allowed to have a vehicle on site. Parents, referral agency representatives or Wellspring staff provides transportation to and from school, medical appointments, etc. Referring agency representatives may visit youth and/or staff during standard office business hours, but due to space limitations, typically only 1-2 referring agency representatives would be on site at any given time. Additionally, family visitation is typically conducted off-site or outside of standard office business hours.

Wellspring is engaging in this expansion project due to need and a lack of other similar resources in the community. The nearest similar programs are the Black Hills Children's Home near Rockerville, which services a younger population, the Lutheran Social Services operated Canyon Hills Center in Spearfish, which serves only boys and the Black Hills Special Services Cooperative's Timberline program, which also only serves boys with drug or alcohol problems at this time.

Thank you for your consideration of our request and the needs of youth and families in our community. Please notify me if you require any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay A. Van Hunnik". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Jay A. Van Hunnik, MA
Executive Director



WELLSPRING, INC.
A FAMILY BASED PROGRAM

Family Reconciliation Center (FRC)

A short-term residential facility for youth ages 10 – 18. Here the child works with trained professionals in group and individuals settings to develop more constructive thinking patterns, to change inappropriate responses to anger, and develop behaviors that are more positive. The following are services that you can anticipate receiving and included in the Family Reconciliation Center daily rate:

1. An Initial Assessment and Treatment Plan within the first three (3) weeks.
2. Monthly Progress Reports each month following completions of the Initial Assessment and Treatment Plan.
3. A completion of Services Report including progress and follow-up recommendations.
4. Twice each day group therapy totaling approximately two (2) hours provided by or under the supervision of a Master's degree or higher level counselor. Some of the groups that individual will participate in are: Moral development, Social Skills, anger management, problem solving, chemical dependency, Sexual Abuse Survivors, Independent Living, Positive Peer Culture, Destructive and Empowered thinking, and other groups as appropriate.
5. Two (2) individual counseling contacts by or under the supervision of a Master's degree or higher level counselor, each week the youth is in residence.
6. Daily milieu therapy using daily activities of the youth and making them applicable to the youth's treatment goals and skills being learned.
7. Recommendations for additional psychiatric, psychological and/or medical /dental services as appropriate.
8. Wellspring will provide academic support to youth by providing a structured learning environment and ongoing contact with the youth's home school for youth unable to attend a public school. Wellspring staff will work cooperatively with educational staff for those youth enrolled in public schools.
9. Wellspring staff will regularly consult parent(s)/guardian(s) and or referral agency representative regarding progress of the youth and any other appropriate issues.
10. Youth will be offered the opportunity to learn and practice life skills/chores such as meal preparation, meal clean up, general housekeeping, laundry, etc.
11. Wellspring is not a locked facility, but youth will have adult supervision, according to South Dakota State Licensing regulations, twenty-four (24) hours a day.

Families of youth admitted into Wellspring's FRC are typically asked to accept Wellspring's Family Based Services. These services are important to augment the residential treatments services, assist Wellspring staff in completely understanding the youth's/family's situation and assist parent(s)/guardian(s) in reinforcing necessary change at home.



FIRE ALARM INSPECTION SHEET

SHEET 1 OF 2

GENERAL

Date: 6-14-01
Job Name: WELL SPRINGS TREATMENT City: 1205 E. ST LOUIS, RC State: SD
Installer: _____ Installation Date: _____

PANEL:

Manufacturer: SIMPLEX Voltage: 120

Model #: 4001 Serial #: _____

Initiating Zones: 3 Class: A Type: Smoke Contact

Signal Zones: 1 Class: A Voltage: 24

Supervised Alarm Relay: _____ # Unsupervised Alarm Relay: _____

Supervised Alarm Relay Purpose: _____

Unsupervised Alarm Relay Purpose: _____

Supervised Trouble Relay: _____ # Unsupervised Trouble Relay: _____

Supervised Trouble Relay Purpose: _____

Unsupervised Trouble Relay Purpose: _____

Initiating EOL Device: _____ Rating: _____

Signal EOL Device: _____ Rating: _____

Backup Power: Batteries 120 Volt Line Generator

Other: _____

Battery Type: Dry Cell Gel Cell Wet Cell NI CAD

Battery Rating: 37 AMP/Hour

Battery Condition: GOOD

#1: _____ / _____ V #2: _____ / _____ V #3: _____ / _____ V #4: _____ / _____ V

City Tie: Reverse Polarity Contact Other: _____

ANNUNCIATOR:

Manufacturer: _____ Voltage: _____

Model #: _____ Serial #: _____

Supervised Annunciators: _____ # TBL Zones _____ # ALM Zones _____

Type: Window LED Lamp Graphic

Controls: _____

Control Type: Key Pushbutton Toggle Other

Manufacturer: _____ Voltage: _____

Model #: _____ Serial #: _____

Supervised Annunciators: _____ # TBL Zones _____ # ALM Zones _____

Type: Window LED Lamp Graphic

Controls: _____

Control Type: Key Pushbutton Toggle Other

COMMENTS:

panels OK

DEVICES:

ZONE	DEVICE TYPE	MODEL #	LOCATION	TBL	ALM	COMMENTS
	SMOKE					
1	PULLSTATION	BB10	SW EDTRY		X	
1	" "	BB10	NDWENTRN		X	
1	" "	RR-10	ND BOOK ENTRY		X	
	FLEW	WFD-1/2	N HALL closet	X	X	
	TRIPAL	BBSC50	N HALL closet	X	X	
	TRIPAL	BBSC50	N HALL closet		X	
1	SMOKE	RR-10	N HALL		X	
1	" "	" "	N HALL		X	
1	" "	" "	S HALL	X	X	
1	" "	" "	S HALL		X	
1	" "	" "	DAY ROOM		X	
1	" "	" "	DAY ROOM		X	



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5000 API Road
Black Hawk, South Dakota 57118
605-787-6755

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REPORT TO WELLSPRING INC.
STREET 1305 E. 1ST JAMES STREET
CITY & STATE RAPID CITY, SD ZIP 57701
ATT. DON MURRAY

BUILDING OR LOCATION SAME
INSPECTOR RANDY REHRICK
DATE 5-23-01

	Yes	N.A. ‡	No*
1. GENERAL			
a. Is the building occupied according to information furnished by owner or owner's representative?	X		
b. Is occupancy same as previous inspection according to information furnished by owner or owner's representative?	X		
c. Are all systems in service?	X		
d. Are all fire protection systems same as last inspection according to information furnished by owner or owner's representative?	X		
e. Is building completely sprinklered?	X		X
f. Are all new additions and building changes properly protected according to information furnished by owner or owner's representative?	X		
g. Is all stock or storage properly below sprinkler piping?	X		
h. Was property free of fire since last inspection according to information furnished by owner or owner's representative? (Explain any fire on separate sheet)	X		
i. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?	X		
2. CONTROL VALVES (See Section 16)			
a. Are all sprinkler system main control valves open?	X		
b. Are all other valves in proper position?	X		
c. Are all control valves in good condition sealed <input type="checkbox"/> supervised <input checked="" type="checkbox"/>	X		
WATER SUPPLIES (See Section 17)			
a. Was a water flow test made and results satisfactory?	X		
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?			X
b. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight?	X		
5. WET SYSTEMS (See Section 13)			
a. Are cold weather valves open or closed as necessary?			X
b. Have anti-freeze systems been tested and left in satisfactory condition?	X		
c. Are alarm valves, water-flow indicators and retards in satisfactory condition?	X		
6. DRY SYSTEMS (See Section 14)			
a. Is dry valve in service and in good condition?			X
b. Is air pressure and priming water level normal?			X
c. Is air compressor in good condition?			X
d. Were low points drained during fall and winter inspections?			X
e. Are quick-opening devices in service?			X
f. Have dry valves been trip tested satisfactorily as required?			X
g. Are dry valves adequately protected from freezing?			X
h. Are valve house and heater condition satisfactory?			X
7. SPECIAL SYSTEMS (See Section 18)			
a. Were valves tested as required?			X
b. Were all heat responsive systems tested and results satisfactory?			X
c. Were supervisory features tested and results satisfactory?			X
8. ALARMS			
a. Are water motor and gong test satisfactory?	X		
b. Is electric alarm test satisfactory? <u>LOCAL ALARM ONLY</u>	X		
c. Is supervisory alarm service test satisfactory?	X		
9. SPRINKLERS — PIPING			
a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading?	X		
b. Are all sprinklers less than 50 years old?	X		
c. Are extra sprinklers readily available?	X		
d. Is condition of piping, drain valves, check valves, hangers, pressure gages, open sprinklers, strainers satisfactory?	X		
e. Have sprinklers been checked for proper temperature rating?	X		
f. Are portable fire extinguishers in good condition? <u>INSPECTED AUG. 2000</u>	X		
g. Is hand hose on sprinkler systems satisfactory?	X		

*Explain "No" answers on Page 2 ‡Not Applicable



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- 10. Date Dry System Piping last checked for stoppage N/A
11. Date Dry System Piping last checked for proper pitch 1
12. Date Dry Pipe Valve last trip tested
13. Wet Systems: No? 1 Make and Model? 1 1/2" SYSTEM SENSOR WATER FLOW INDICATOR
14. Dry Systems: No? N/A Make and Model?
15. Special Systems: No? 1 Type
Make and Model?

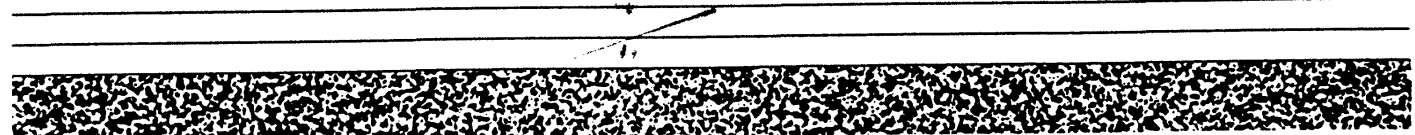
CONTROL VALVES table with columns: No?, Type?, Open (Yes/No), Secured (Yes/No), Closed (Yes/No), Signs (Yes/No), Condition. Includes entries for City Connection, Tank, Pump, Sectional, and System Control Valves.

17. WATER FLOW TEST
Water Pressure? CITY 100 PSI TANK N/A PSI FIRE PUMP N/A PSI
Water Flow Test? YES (If none made, Why?)

Water Flow Test results table with columns: Test Pipe Located, Size Test Pipe, Pressure Before, Flow Pressure, Pressure After, Test Pipe Located, Size Test Pipe, Pressure Before, Flow Pressure, Pressure After. Includes entry for MAIN DRAIN.

18. Heat Responsive Devices: Type? Valve No. A...B...C...D...E...F...
N/A Valve No. A...B...C...D...E...F...
Valve No. A...B...C...D...E...F...
Valve No. A...B...C...D...E...F...
Auxiliary Equipment: No? Type? Location? Test Results?

19. Explanation of any "No" answers.
AS ALLOWED IN A 13R SYSTEM THE RESIDENTIAL BUILDING HAS NO SPRINKLERS IN THE ATTIC & CRAWL SPACE. THE RECENTLY ATTACHED OFFICE BUILDING HAS NO SPRINKLERS.



20. Recent changes in building occupancy or fire protection equipment.
NONE KNOWN

21. Adjustments or corrections made.
NONE

Desirable Improvements.
REFRAIN FROM HANGING ITEMS FROM FIRE SPRINKLERS WHICH COULD CAUSE AN ACCIDENTAL SPRINKLER ACTIVATION.

SOUTH DAKOTA

DEPARTMENT OF HEALTH

FOOD SERVICE INSPECTION

TELEPHONE: OFFICE OF HEALTH PROTECTION
(605)773-3364 FAX: (605)773-5904

DEPARTMENT OF HEALTH - FOOD SERVICE INSPECTION

Establishment Name <i>Wellspring House Family</i>		Owner Name _____		License #	
Address <i>1205 9th Avenue St</i>		City <i>Hamden City</i>	Zip Code <i>57701</i>	Month <i>7</i>	Day <i>30</i>
District #: <i>1</i>		Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow-up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-Othe.		Inspector Number <i>441</i>	

Item	Weight	Item	Weight	Item	Weight
PERSONNEL		FOOD PROTECTION (Continued)		FOOD EQUIP. & UTENSILS (Cont.)	
01	4	15	5	29	2
* Person in Charge: Available, knowledgeable, certified manager		* Food Display, Service, & Transport: Hot holding & cold holding temperatures maintained, unwrapped food not reserved		30	4
02	4	16	5	* Sanitization: Method, clean, temp, concentration, exposure time, equipment/utensils sanitized	
* Employee Health: Healthy, restrictions & exclusions followed		* Cooling of Potentially Hazardous Food: Method, temperature & time		31	1
03	5	17	1	Storage/Handling Clean Equipment & Utensils: Clean dry location, protected	
* Employee Hygiene: Handwashing, good hygienic practices		Food Prep: Fruits & vegetables washed, handling, sink provided		32	1
04	1	18	1	Single-Use/Single-Service Articles: Proper storage, no-reuse	
* Employee Practices: Clean clothes, hair restraints, fingernail maint., jewelry, eating/drinking		Milk Products & Nondairy Products: Proper dispensing methods		33	1
FOOD		19	2	Linens: Laundered, proper handling, & storage	
05	4	* Food Source: Approved, safe, unadulterated, approved additives, proper receiving temperature		PLUMBING	
FOOD PROTECTION		FOOD EQUIPMENT & UTENSILS		34	4
06	3	20	2	* Water Supply: Safe, adequate, tested	
* Contamination by Employees: Bare hand contact avoided, single-use gloves and utensils used		Food-Contact Surfaces: Designed, constructed, installed, & maintained		35	1
07	2	21	1	Plumbing System: Installed, maint.	
Contamination During Storage: Clean/dry location, protected, covered, original containers, labeled		Nonfood-Contact Surfaces: Designed, constructed, installed, & maintained		36	3
08	5	22	2	* Cross-connection, Backflow prevention, Back siphonage	
* Cross Contamination: Prevented, separated, segregated		Food-Contact Surfaces: Cleaning frequency, maintained clean		37	3
09	1	23	1	* Handwashing Lavatories & Supplies: Number, location, accessibility, soap and paper towels provided	
In-Use Utensils: Storage, properly handled		Nonfood-Contact Surfaces: Cleaning frequency, maintained clean		38	1
10	2	24	1	Toilet Facilities: Clean, maintained, tissue, vented, self-closing door	
Contamination from Wiping Cloths: Clean, proper use, storage, sanitizing solution		Ventilation Hood System: Provided as required, designed, constructed, installed, maintained, & cleaned		OTHER OPERATIONS	
11	1	25	1	39	1
Contamination by Consumers: Food display protection, condiment protection, clean tableware usage, sign posted		Dispensing Equipment: Design, installation, clean, & maintained		40	1
12	4	26	1	Floors, Walls, Ceilings: Design, construction, clean, maintained	
* Cold and Hot Storage Equipment: Available, adequate capacity, able to maintain proper temperature		Temperature Measuring Devices: Thermometers provided, used, clean, & accurate		41	1
13	2	27	2	Lighting: Adequate, shielded, maint.	
Thawing Potentially Hazardous Food: Appropriate procedures		Dishwashing Facilities: Properly designed, located, constructed, operated, maintained, cleaned, & chemical test kit provided		42	1
14	5	28	1	Premises: Clean, employee dressing area, cleaning equipment storage, living/sleeping quarters separate	
* Cooking Potentially Hazardous Food: Cooking & reheating to the proper time & temperature		Wash Pretreatment: Utensils scraped, preflushed, soaked		43	1
				* Poisons/Toxic Materials & Medicine: Proper storage, labeling, use	
				44	3
				* Insect, Rodent, Animal Control: Provided, maintained	

* CRITICAL ITEMS REQUIRE IMMEDIATE ACTION

Overall Inspection Rating SCORE: 98
(100 less weight of items violated)

VIOLATIONS IDENTIFIED:

#1 Repair counter top
#23 Defrost freezer

Repaired 7-13-01
Defrosted 8-20-01

IMMEDIATE ACTION & DEADLINE DATES

VIOLATION NUMBER	CORRECTION DUE DATE

Received By:

Don Murray

Inspected By:

[Signature]

FIRE & LIFE SAFETY SURVEY
DAY OR GROUP CARE OCCUPANCIES

Date 7/2/0 Facility Name Wellspring House Phone - 342-0343
Address 1975 E St James City Equinix Zip Code 57701
Director/Owner _____ Licensed Capacity 12

Yes/No/NA

- ✓ 1. Waste and combustibles removed each day?
- ✓ 2. Required fire extinguishers serviced? (Minimum of one fire extinguisher on each level of building and one near food processing equipment?)
- ✓ 3. Fire sprinkler system tested and certified during the past 12 months?
- ✓ 4. Fire alarm systems operable? (Alarm and drill should be conducted. Discuss drill results with director.)
- ✓ 5. Exit signs provided at each exit?
- ✓ 6. If illuminated exit signs are provided, are they operating?
- ✓ 7. Exits free of obstacles?
- NO 8. If emergency lighting is required, are they operable? *no Flood light*
(Occupant load exceeding 100 requires emergency lighting.)
- ✓ 9. Child-proof electrical covers on all outlets?
- ✓ 10. Walls in areas providing access to exits may not be covered with combustible materials. Combustible decorations covering walls may not exceed 10% of the wall area. Is the facility in compliance?
- ✓ 11. If portable heaters are being used, are non-combustible partitions or screens being used to prevent contact with children?
- ✓ 12. Electrical system being used properly? (Overloads or frayed extension cords.)
- NO 13. Main floor separated from basement or any story above, by a conforming door? (Conforming door self-closing non-combustible or 1 3/4" thick solid wood door.)

Facility is in compliance with the items identified above:
YES [] NO [] PENDING [] (See remarks)

FIRE & LIFE SAFETY SURVEY
DAY OR GROUP CARE OCCUPANCIES

Comments:

1st - Flood light - Repaired 7-20-01

Immediate Action Necessary:

Operator/Owner Signature:

Don Murrey

Inspected By:

[Signature]

Phone:

399-1241