

**DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF CHILD PROTECTION SERVICES**

811 East 10<sup>th</sup> Street Dept. 3

Sioux Falls, SD 57103

**PHONE:** 605-367-5444 ext. 272

**FAX:** 605-367-5618

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**Strong Families - South Dakota's Foundation and Our Future**

April 8, 2019

Marlys Ubben  
New Horizon Adoption Agency  
PO Box 188  
Blue Earth, MN 56013

Dear Marlys:

Enclosed is the current certificate of license that allows New Horizons Adoption Agency to operate as a Child Placement Agency in South Dakota with an office at 2500 West 49<sup>th</sup> Street, Suite 213 in Sioux Falls, SD. The license is effective from April 1, 2019 through March 31, 2020 and is issued on a satisfactory basis.. South Dakota law requires the license to be posted in a conspicuous place in the facility.

A copy of the licensing study is enclosed. Please read it carefully and refer to it for details relating to compliance with each of the applicable licensing standards. Continued non-compliance with licensing rules or failure to submit any requested information may result in negative licensing action such as suspension or revocation of the license. Should you have any questions, feel free to contact Kevin Kanta at the telephone number above.

Thank you for the care New Horizons Adoption Agency provides to South Dakota's children and families.

Sincerely,

Virgena Wieseler  
Division Director

VW/kk

Enclosures

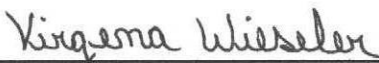
**South Dakota Department of Social Services**  
**CERTIFICATE OF LICENSE**  
as a  
**CHILD WELFARE AGENCY**

This is to certify that New Horizons Adoption Agency is hereby granted  
this license to conduct and maintain a Child Placement Agency  
located at 2500 West 49th Street, Suite 213 in Sioux Falls, SD 57109  
for the period from April 1, 2019 to March 31, 2020.

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 8th day of April 2019.



License Number R 64

  
CPS Division Director

Department of Social Services  
Child Protection Services  
700 Governors Drive  
Pierre, S.D. 57501-2291  
605-773-3227

**INVESTIGATION REPORT AND LICENSING STUDY  
CHILD PLACEMENT AGENCY  
ARSD 67:42:01, 67:42:05, 67:42:09**

AGENCY NAME: New Horizons Adoption Agency (R64)

DIRECTOR: Marlyss Ubben

1. Licensing Requirements - 67:42:01:02, 67:42:01:04, 67:42:01:13; SDCL 26-6-11

- |                                                                                                      | <u>YES</u>             | <u>NO</u>         |
|------------------------------------------------------------------------------------------------------|------------------------|-------------------|
| A. The following have been submitted to the Department:                                              | <u>          </u>      | <u>          </u> |
| 1. Application materials for license                                                                 | <u>      ✓      </u>   | <u>          </u> |
| 2. Documentation of need                                                                             | <u>      N/A      </u> | <u>          </u> |
| B. A statement of compliance with the Civil Rights Act of 1964 is included in the agency's policies. | <u>      ✓      </u>   | <u>          </u> |

Comments:

An application for license renewal dated February 1, 2019 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964.

2. Agency Responsibilities - 67:42:01:28

- |                                                                             | <u>YES</u>           | <u>NO</u>         |
|-----------------------------------------------------------------------------|----------------------|-------------------|
| A. The building and equipment needs of the organization are adequately met. | <u>      ✓      </u> | <u>          </u> |
| B. The agency has sufficient funds to meet the needs of the community.      | <u>      ✓      </u> | <u>          </u> |

Comments:

The New Horizons Adoption Agency (NHAA) is located in an office building in Sioux Falls that was found to be 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. Insurance - 67:42:01:35

- |                                                                                        | <u>YES</u>           | <u>NO</u>         |
|----------------------------------------------------------------------------------------|----------------------|-------------------|
| A. Vehicles used to transport children have appropriate passenger liability insurance. | <u>      ✓      </u> | <u>          </u> |
| B. The agency carries public liability insurance.                                      | <u>      ✓      </u> | <u>          </u> |

Comments:

Staff uses their own vehicles for transportation and personnel records contained documentation of current auto liability insurance coverage. Commercial general and professional liability insurance coverage is purchased through NPIA, INC. Nonprofits' Insurance Agency. A copy of the Certificate of Liability Insurance that expires 06/01/19 was submitted with the application for license renewal.

4. Accounting 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. | <u>      ✓      </u> | <u>          </u> |
| B. An audit of the accounts has been done in the last year by a CPA.                                   | <u>      ✓      </u> | <u>          </u> |

Comments:

The reviewer was provided a financial audit for the period ending December 31, 2017 and was completed

March 30, 2018. Please submit a copy of the audit for the period ending December 31, 2018 when available.

5. Staff Qualifications

A. <u>Social Work Supervisor</u> - 67:42:09:07	<u>YES</u>	<u>NO</u>
1. Licensed as a certified social worker.	<u>✓</u>	<u>      </u>
2. Two years supervisory experience in a family or child welfare field.	<u>✓</u>	<u>      </u>

List supervisor's qualifications:

Mari Beth Van Zanten, CSW (#1817, exp. 12/31/20) provides social work supervision for the agency. She has been employed by NHAA since November 2001, serving as social work supervisor since March 2003.

B. <u>Social Workers</u> - 67:42:09:07.01	<u>YES</u>	<u>NO</u>
1. Licensed as a social worker; or	<u>✓</u>	<u>      </u>
2. Licensed as a social work associate.	<u>N/A</u>	<u>      </u>

List social worker qualifications:

Kim Shemon, LSW (#1970, exp. 12/31/19) has been employed by NHAA since August 2004.

Heidi De Kruyf, SW (#3122, exp. 12/31/19), has been employed since May, 4, 2012.

C. <u>Paraprofessional Staff</u> - 67:42:09:08	<u>YES</u>	<u>NO</u>
1. Works under the direct supervision of professional staff.	<u>N/A</u>	<u>      </u>
2. Does not assume full responsibilities or duties of a social worker.	<u>N/A</u>	<u>      </u>

D. <u>Volunteers</u> - 67:42:09:09	<u>YES</u>	<u>NO</u>
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Volunteer records are kept and contain:

1. Evidence that the individual is supervised by a staff member.	<u>N/A</u>	<u>      </u>
2. Verification of social work licensure if performing social work functions.	<u>N/A</u>	<u>      </u>
3. A job description.	<u>N/A</u>	<u>      </u>
4. Three positive references.	<u>N/A</u>	<u>      </u>
5. Verification of screening for substantiated reports of child abuse or neglect.	<u>N/A</u>	<u>      </u>
6. Verification of submission of fingerprints to the DCI.	<u>N/A</u>	<u>      </u>
7. Documented orientation training.	<u>N/A</u>	<u>      </u>
8. Thirty hours inservice training if volunteering thirty or more hours each week.	<u>N/A</u>	<u>      </u>
9. Evidence of being informed of procedures for reporting suspected CA/N.	<u>N/A</u>	<u>      </u>

Comments:

NHAA does not use paraprofessional staff or volunteers to provide services for their program.

- |                                                                                      |            |           |
|--------------------------------------------------------------------------------------|------------|-----------|
| 6. <u>Fees 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.               | ✓          | _____     |
| 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. | ✓          | _____     |
| D. The agency has a procedure for reimbursing foster parents.                        | ✓          | _____     |

Comments:

Copies of NHAA fees for services were submitted with the application for license renewal.

- |                                                                                                                                                                                                                                                    |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 7. <u>Inservice Training</u> - 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.                                                                                          | ✓          | _____     |
| 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:

NHAA 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. The agency did not hire any new staff in the last year.

- |                                                                                                 |            |           |
|-------------------------------------------------------------------------------------------------|------------|-----------|
| 8. <u>Personnel Records</u> - 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.                                                                             | ✓          | _____     |
| 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.                                       | ✓          | _____     |
| H. Verification of submission of fingerprints to the DCI and FBI.                               | ✓          | _____     |

Comments:

Three records were reviewed, all of whom have been employed with the agency for more than one year, and documentation was found in each to verify compliance with the above requirements.

9. <u>Client Services</u> - 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.	✓	_____
4. Permanency planning to help children in foster care achieve a permanent placement.	✓	_____
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.	✓	_____
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.	✓	_____

Comments:

Two birth parent records were reviewed and contained documentation to verify compliance with the relevant requirements above. NHAA has written policies and procedures relating to the above requirements that are in compliance with licensing rules. The agency did not have children placed in foster care during the past year so it was not possible to verify compliance with the above requirements. Previous reviews have indicated the agency complies with the above requirements in provision of services to children.

10. <u>Adoptive Services</u> - 67:42:09:14, 67:42:09:15, 67:42:09:16	<u>YES</u>	<u>NO</u>
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.	✓	_____
2. Housing requirements.	✓	_____
3. Physical health.	✓	_____
4. Mental health.	✓	_____
5. Religious beliefs in relation to best interests of the child.	✓	_____
6. Other children in the home and family composition, needs and relationships.	✓	_____

- |    |                                                                                                                                      |            |       |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| 7. | Verification of screening for substantiated reports of child abuse or neglect.                                                       | ✓<br>_____ | _____ |
| 8. | Verification of a criminal record check.                                                                                             | ✓<br>_____ | _____ |
| 9. | Ability to parent a child.                                                                                                           | ✓<br>_____ | _____ |
| C. | There is a written policy regarding adoptive placements that reflects the following:                                                 |            |       |
| 1. | Priority is given to place a child with relatives when in the best interest of the child.                                            | ✓<br>_____ | _____ |
| 2. | Adoptive placement shall occur as soon as possible after the child is legally free for adoption.                                     | ✓<br>_____ | _____ |
| 3. | Current medical reports on an adoptive child are supplied to the adoptive parents.                                                   | ✓<br>_____ | _____ |
| 4. | When indicated, continued services (including an adoption subsidy) shall be provided to assist the child and family after placement. | ✓<br>_____ | _____ |

Comments:

NHAA written procedures for provision of services to adoptive families are in compliance with the above requirements. Four adoptive home records were reviewed and documentation was found to verify compliance with the above requirements, except two files did not contain sex offender screenings for household members. **Please assure all files contain a sex offender registry screening to comply with ARSD 67:42:09:15 and SDCL 26-6-14.10.**

- |     |                                                                                                                        |            |           |
|-----|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 11. | <u>Foster Home Services</u> - 67:42:09:18, 67:42:09:25                                                                 | <u>YES</u> | <u>NO</u> |
| A.  | Foster homes are approved on an annual basis.                                                                          | ✓<br>_____ | _____     |
| B.  | Foster homes meet state standards (ARSD 67:42:01 & 67:42:05) or meet standards approved in accordance with tribal law. | ✓<br>_____ | _____     |

Comments:

New Horizons does not currently have any homes that the agency licenses for placement of youth in their program and did not use homes from another agency to provide care for a child whom they have responsibility. Past licensing reviews have verified the agency approves homes in compliance with the requirements of ARSD 67:42:01 and 05.

- |     |                                                                         |            |           |
|-----|-------------------------------------------------------------------------|------------|-----------|
| 12. | <u>Medical and Dental Services</u> - 67:42:09:19                        | <u>YES</u> | <u>NO</u> |
| A.  | There is a written policy for the health care of every child in care.   | ✓<br>_____ | _____     |
| B.  | Children receive physical and dental exams as required by 67:42:09:19.  | ✓<br>_____ | _____     |
| C.  | Children are currently immunized.                                       | ✓<br>_____ | _____     |
| D.  | Children receive physical and dental exams prior to adoptive placement. | ✓<br>_____ | _____     |

Comments:

NHAA written policy for health care of children in care is in compliance with licensing rules. There were no children placed in foster care by the agency during the past year so no records to review to verify compliance with the above requirements, however past reviews have provided documentation to verify the agency assures

appropriate medical and dental services are provided for children in their care.

- |                                                                                                          |            |                |
|----------------------------------------------------------------------------------------------------------|------------|----------------|
| 13. <u>Services to Birth Parents</u> - 67:42:09:20                                                       | <u>YES</u> | <u>NO</u>      |
| A. Written policies reflect the following:                                                               |            |                |
| 1. The agency will respect parental rights and obligations.                                              | ✓<br>_____ | _____<br>_____ |
| 2. The agency will provide services to birth parents whether or not they choose to relinquish the child. | ✓<br>_____ | _____<br>_____ |
| 3. The agency will not entice the birth parent to relinquish the child.                                  | ✓<br>_____ | _____<br>_____ |
| 4. The decision to relinquish the child shall be made by the birth parent.                               | ✓<br>_____ | _____<br>_____ |
| 5. The agency shall assist with the legal termination of parental rights.                                | ✓<br>_____ | _____<br>_____ |

Comments:

NHAA written policies relating to services provided to birth parents are in compliance with licensing rules. Two birth parent records were reviewed and documentation was found in each to verify the agency provides appropriate services to birth parents to assist them in making their own decisions relating to the future of the child. The records reviewed for birth parents the agency placed for adoption contained documentation to verify legal services were provided to assist the birth parent in termination of their legal rights.

- |                                                              |            |                |
|--------------------------------------------------------------|------------|----------------|
| 14. <u>Legal Services and Responsibilities</u> - 67:42:09:21 | <u>YES</u> | <u>NO</u>      |
| A. The agency employs/retains legal staff.                   |            |                |
|                                                              | ✓<br>_____ | _____<br>_____ |

Comments:

NHAA retains the legal services of Lisa Marso.

- |                                                                                                    |            |                |
|----------------------------------------------------------------------------------------------------|------------|----------------|
| 15. <u>Other Agency Services</u> - 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. |            |                |
|                                                                                                    | ✓<br>_____ | _____<br>_____ |
| B. Other services (i.e., psychiatric, religious, special ed, etc.) are available as needed.        |            |                |
|                                                                                                    | ✓<br>_____ | _____<br>_____ |

Comments:

There were no children placed in foster care by the agency during the past year so there were no records to review to verify compliance with the above requirements, however past reviews have provided documentation to verify the agency provides appropriate services to meet the needs of children in their care.

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

Comments:

NHAA written policies require compliance with ICPC requirements.



17. <u>Client Case Records</u> - 67:42:09:24, 67:42:01:21	<u>YES</u>	<u>NO</u>
A. Case records are current and systematically filed.	✓	_____
B. Records are kept in locked, fire resistant filing cabinets.	✓	_____
C. There is a master card file on all case records.	✓	_____
D. Records contain the following:		
1. Face sheet.	✓	_____
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.	✓	_____

Comments:

Two birth parent records and one record of a child in care were reviewed and the above required documentation was found in each where appropriate.

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

Comments:

The four adoptive home records reviewed contained the above required documentation, except the files reviewed did not contain a sex offender check for adults living in the house hold.

19. Recommendations:

New Horizons Adoption Agency 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 and recommendations relating to Adoptive Services.

It is recommended that a satisfactory license be issued to New Horizons Adoption Agency to operate a Child Placement Agency in South Dakota with an office located at 2500 W. 49<sup>th</sup> Street, Sioux Falls, SD.

Completed By: Kevin Kanta 04/08/19

Kevin Kanta, Program Specialist

Date of On-Site Visit: 3/28/19