

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


This is to certify that New Beginnings Center is hereby granted this license to conduct and maintain a Group Care Center Minors located at 1601 Milwaukee Avenue NE, Aberdeen, SD, 57401 to provide care for a maximum of 14 children ages 10 to 18 years, for the period from April 1, 2023 to March 31, 2024.

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 17th day of April 2023.



License Number R 115



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
GROUP CARE CENTERS FOR MINORS
ARSD 67:42:01, 67:42:07**

AGENCY NAME: LSS New Beginnings Center (R115)

PROGRAM DIRECTOR: Courtney Dosch

1. Licensing Requirements - 67:42:07:11.01; SDCL 26-6-11

A. The following have been submitted to the Department:	<u>YES</u>	<u>NO</u>
1. Application materials for license.	<u>✓</u>	<u> </u>
2. Documentation of need.	<u>NA</u>	<u> </u>
3. A copy of the building plans (approved by the Fire Marshal and Department of Health).	<u>NA</u>	<u> </u>
B. A statement of compliance with the Civil Rights Act of 1964 is included in the agency's policies or is a part of the purchase of service contract with the Department.	<u>✓</u>	<u> </u>

Comments:

An application for license renewal dated March 3, 2023 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964, which is also a part of the agency agreement with the Department of Social Services.

2. Agency Responsibilities – SDCL 26-6-11

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

Comments:

New Beginnings Center is adequately furnished and maintained to provide for the needs of the residents. Financial reports provided prior to the licensing review indicate the availability of sufficient funds to provide for the needs of the program.

3. Insurance - 67:42:01:35

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

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, 2023 is on file in the licensing record (Policy Number # HHS857826112).

4. Accounting Systems - 67:42:01:34

A. An audit of the accounts has been done in the last year by a CPA.	<u>YES</u>	<u>NO</u>
	<u>✓</u>	<u> </u>

Comments:

An audit of Lutheran Social Services financial statements for the period ending June 30, 2022 and 2021 was completed by Eide Bailly LLP, CPA's on November 3, 2022. A copy of the audit report, including a summary of significant accounting policies is on file in the licensing record.

5. Staff Qualifications - 67:42:07:02, 67:42:07:07

	<u>YES</u>	<u>NO</u>
A. Program Director		
1. Bachelor's degree in an accredited behavioral or social sciences area, or	✓	
2. An equivalent combination of education and experience.	NA	
3. At least two years of relevant alternative child care experience.	✓	

Comments:

Courtney Dosch took over as the Program Director for New Beginnings Center Director in August of 2020. Courtney has a Masters in Human Services.

	<u>YES</u>	<u>NO</u>
B. Other Staff		
1. At least eighteen years of age.	✓	
2. If under age twenty-one, is under direct supervision of an experienced child care staff; and 3 years older than any children supervised.	NA	

Comments:

A list of staff, including their qualifications, was submitted with the application for license renewal.

6. Staff/Child Ratio - 67:43:07:03

	<u>YES</u>	<u>NO</u>
A. 1:8 during waking hours.	✓	
B. 1:25 in the building during sleeping hours.	✓	
C. One staff member present in each separate sleeping unit during sleeping hours.	✓	
D. Arrangements made for substitute staff during vacations, illness, or off-duty time of regular staff.	✓	
E. Certified special ed teachers are employed (when appropriate).	✓	
F. Provisions are made for auxiliary staff members, i.e., mental health professionals, physical therapist, and/or occupational therapist (when appropriate).	✓	
G. A shelter care facility maintains a staff/child ratio of 1:4 for children under the age of four years during waking hours.	NA	
H. Facility has a written plan to ensure that staff, law enforcement, or appropriate emergency responders are available at the center within a reasonable time in the event of an emergency.	✓	

Comments:

The staff schedule submitted with the application for license renewal indicates at least three staff on duty during waking hours and at least two staff on duty during normal sleeping hours. Interviews with staff indicated the staffing schedule is always followed and that supervision is stressed and made a priority. Employees interviewed indicated that they ensure they are within ratio at all times.

7. Personnel Records - 67:42:07:07, 67:42:07:08, 67:42:07:09, 67:42:07:04.01, 26-6-14.5

A. Personnel 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.	✓	
5. Verification of screening for substantiated reports of child abuse or neglect.	✓	
6. Verification of submission of fingerprints to the DCI/FBI.	See	Comments
7. Verification of sex offender registry checks.	✓	
8. Verification of current certification in basic 1 st aid and CPR.	✓	
9. At least one official onsite designated to authorize the Reasonable and Prudent parent Standard	✓	

Comments:

Records reviewed contained documentation to verify compliance with the above requirements, except personnel files reviewed did not contain documentation of when the FBI and DCI fingerprint background requests were sent. Verification of background checks being sent to be processed within fourteen days of employment must be in each personnel file to comply with SDCL 26-6-14.5. See attached Corrective Action Plan.

8. In-service Training - 67:42:07:04

A. There is a written plan for orientation and training for staff and volunteers.	<u>YES</u>	<u>NO</u>
A. There is a written plan for orientation and training for staff and volunteers.	✓	
B. Each employee has a documented record of an initial orientation to the center within one month of the date of hire that includes the facility's functions, services, community resources and specific job functions.	✓	
C. Each employee has a documented record of a minimum of twenty-four hours annual in-service training.	✓	
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.	✓	
E. Training for all employees after the first year of employment is determined by an annual evaluation and is competency based.	✓	

Comments:

Interviews with staff indicated they had all participated in an orientation process within thirty days after initial start of their employment and felt the orientation process prepared them do their job.

<u>9. Reporting Suspected Child Abuse or Neglect and Changes in Circumstances</u> - 67:42:01:12, 67:42:07:15, 67:42:07:16, 67:42:07:05	<u>YES</u>	<u>NO</u>
A. The facility has a written procedures for handling and reporting suspected in-house CA/N. It includes:	✓	_____
1. A definition of what constitutes CA/N;	✓	_____
2. Immediate reporting to DSS or law enforcement;	✓	_____
3. A procedure for assuring the incident will not recur pending the investigation;	✓	_____
4. A procedure for evaluating the continued employability of any staff member involved in an incident of CA/N.	✓	_____
B. Each employee has signed a statement acknowledging and understanding the reporting procedure.	✓	_____
C. The facility is aware of its need to report any changes of circumstances that may affect its licensed status.	✓	_____

Comments:

New Beginnings Center written procedures for reporting suspected incidents of child abuse or neglect relate to the above areas.

<u>10. Treatment</u> – 67:42:01:01(3), 67:42:01:21, 67:42:07:01, 67:42:07:01.01, 67:42:07:01.02, 67:42:07:04.01, 67:42:07:05, 67:42:07:10, 67:42:07:28, 67:42:07: 29	<u>YES</u>	<u>NO</u>
A. There are written procedures relating to:		
1. Intake.	✓	_____
2. Treatment.	✓	_____
3. Discharge.	✓	_____
4. Discipline	✓	_____
5. Confidentiality.	✓	_____
6. Health care of children	✓	_____
7. Emergency procedures in case a child is injured.	✓	_____
8. Reasonable and prudent parent standard	✓	_____

Comments:

New Beginnings Center has written procedures relating to the above required areas that are in compliance with licensing rules.

B. Children attend a local school.	✓	
<u>Comments:</u>		
Residents unable to attend public school attend the on-site educational program staffed by teachers from the Aberdeen School District.		
C. Case records are maintained and include the following:		
1. Face sheet/application form with identifying information.	✓	
*2. Development of the treatment plan must involve the child in care, the facility staff working with the child, the placement agency and if appropriate the parents.	✓	
*3. Treatment plans are developed within one month of placement and updated at least every three months.	See	Comments
*4. Treatment plans must contain the child's needs and strengths.	✓	
*5. Treatment goals for the child and family, including a description of how family and aftercare services will be provided, and projected times for achieving goals;	✓	
*6. A discharge plan that includes the projected length of stay and the conditions under which the child will be discharged.	✓	
*7. Monthly progress reports submitted to placement agency.	✓	
*8. Progress reports reflect the treatment plan.	✓	
9. Physical exam (twelve months prior to or thirty days following admission).	See	Comments
10. Current immunization record.	✓	
11. A signed authorization for medical care.	✓	
12. On-going records of medical/dental/eye/hearing care.	✓	
13. Signed statement verifying the child's parent or guardian was informed of agency written policies.	✓	
14. Evidence of application of the Reasonable and Prudent Parent Standard.	✓	
D. Records are kept in a locked file.	✓	
*E. A shelter care facility that does not provide short term assessment services is exempt from numbers 2, 3, 4, 5, 6, 7 and 8 but submits a summary report to the placement agency upon discharge of the child.	NA	
F. Children do not remain in a shelter care facility longer than thirty days unless an extension of time is needed not to exceed thirty days for the plan to be implemented or needed assessment services completed.	NA	
G. The interstate compact administrator has been contacted before acceptance of an out-of-state child.	NA	
H. A facility that provides alternative services to children in custody of the department has a signed alternative service agreement with the department.	NA	

Comments:

Records reviewed contained documentation to verify compliance with the above requirements, except it was not clear on the date the treatment plans were initiated and several files did not contain a physical completed within thirty days of admission. See attached Corrective Action Plan.

11. Medications - 67:42:07:19, 67:42:07:20, 67:42:07:22, 67:42:07:23

	<u>YES</u>	<u>NO</u>
A. The facility has written procedures relating to the storage and administration of medication which include:		
1. Conditions under which medications may be given.	✓	
2. Procedures for documenting the administration of medication.	✓	
3. Procedures for immediately notifying the facility's nurse in cases of medication errors or drug reactions. The nurse assesses the situation and determines whether there is a need to report the incident to the attending physician.	✓	
4. Procedures for evaluating and recording each child's reactions to prescribed medication.	✓	
B. A licensed nurse is responsible for administration of medications.	✓	
C. Psychotropic drugs are prescribed by a MD, CNP or PA with ongoing quarterly follow-up.	✓	
D. Medicine is kept in a locked cabinet.	✓	
E. A medication record is kept on each child.	✓	

Comments:

New Beginnings Center written procedures for storage and administration of medications are in compliance with licensing rules. New Beginnings Center has a full time Registered Nurse on staff.

12. Seclusion and Restraint - 67:42:07:05, 67:42:07:24, 67:42:07:25, 67:42:07:26, 67:42:07:27

	<u>YES</u>	<u>NO</u>
A. The facility has written procedures relating to the use of seclusion and restraint.	✓	
B. Use of seclusion and restraint is included in the treatment plan.	✓	
C. Placement agency/parental/guardian approval of seclusion and restraint is obtained prior to its use.	✓	
D. Staff continuously observe and monitor a child who has been placed in a room for the purposes of seclusion.	✓	
E. Placement in seclusion or restraint does not exceed two hours if the child is age 9 to 17 or one hour if the child is under the age of 9.	✓	
F. Placement in seclusion or restraint is documented.	✓	
G. A room used for seclusion meets the physical specifications of 67:42:07:25.	NA	

Comments:

New Beginnings Center written procedures for use of restraint and seclusion are in compliance with licensing rules. Incidents of the use of restraint were reviewed and evidence was found that met all of the above criteria. New Beginnings Center does not have a room used exclusively for seclusion.

13. <u>Volunteers</u> - 67:42:07:14	<u>YES</u>	<u>NO</u>
A. Have a written job description with specific responsibilities.	✓	_____
B. Supervised and evaluated by an experienced staff member.	✓	_____
C. Three documented non-related references.	✓	_____
D. Documented orientation.	✓	_____
E. Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week.	NA	_____
F. Informed of obligation to report suspected CA/N.	✓	_____
G. Verification of screening for substantiated reports of child abuse or neglect.	✓	_____
H. Verification of submission of fingerprints to the DCI.	✓	_____
I. Verification of sex offender registry checks.	✓	_____

Comments:

Lutheran Social Services written procedures for use of volunteers are in compliance with licensing rules. New Beginnings did not have volunteers in the last year.

14. <u>Physical Facility</u> - 67:42:07:11, 67:42:07:12	<u>YES</u>	<u>NO</u>
A. There is a current fire inspection.	3/16/23	_____
B. There is a current health inspection.	3/16/23	_____
C. A fire escape plan is posted.	✓	_____
D. A minimum of four fire drills held annually.	✓	_____
E. Children of opposite gender over the age of six have separate sleeping facilities.	✓	_____
F. Sleeping children are monitored.	✓	_____
G. Each child has their own bed with linens, blankets and pillows.	✓	_____

Comments:

A copy of the current fire/health inspection report is on file in the licensing report. No issues were identified.

15. <u>Nutrition</u> - 67:42:07:13	<u>YES</u>	<u>NO</u>
A. Meals are of sufficient quantity to meet children's nutritional needs.	✓	_____
B. Arrangements are made for children with a special prescribed diet.	✓	_____

Comments:

Interviews with staff and youth supported the meals provided to be of sufficient quality and quantity.

16. Recommendations:

New Beginnings Center is found to be in substantial compliance with licensing rules for Group Care Centers for Minors. Please see comments on Personnel Files and Treatment.

It is recommended that a satisfactory license be issued to Lutheran Social Services to operate New Beginnings Center as a Group Care Center for Minors at 1601 Milwaukee Avenue, Aberdeen, South Dakota to provide care for a maximum of fourteen residents age ten to seventeen years.

Completed By: Kevin Kanta 3/17/23
Kevin Kanta, Program Specialist

Date of On-Site Visit: 3/7/23

Program Manager: Muriel Nelson

The Department of Social Services, Office of Licensing & Accreditation is requiring the implementation of a Corrective Action Plan (CAP). The CAP is established to ensure changes are made to achieve and maintain compliance with the identified Administrative Rule(s) of South Dakota (ARSD).

Agency:

New Beginnings Center

ARSD – Out of Compliance

New Beginnings Center was found to be out of compliance with the underlined portion of the following Administrative Rules of South Dakota:

67:42:07:09. Personnel record. A facility must maintain a personnel record on each employee and volunteer. The record must include the employee's or volunteer's educational background, job description, previous work history, annual performance appraisals together with the employee's or volunteer's comments on the appraisal, a record of orientation and in-service training, the annual assessment of training needs, documentation of the provider's contact with references, verification of screening for substantiated reports of child abuse or neglect, and verification that a criminal record check was completed.

The facility must make its personnel records available to the department for verification of the contents.

Source: SL 1975, ch 16, § 1; transferred from § 67:14:22:20, 4 SDR 10, effective August 28, 1977; transferred from § 67:41:05:12, 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred from § 67:42:06:07, 12 SDR 4, effective July 25, 1985; 20 SDR 223, effective July 7, 1994; 39 SDR 220, effective June 27, 2013; 47 SDR 24, effective September 10, 2020.

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

26-6-14.5. Waiver, fingerprinting, and declaration as condition of employment--Time--Immediate termination of employee.

Subsequent to initial licensure, any person specified in § 26-6-14.4 shall, as a condition to employment, residence, or presence in a child welfare agency sign the waiver set forth in § 23-5-12, be fingerprinted and sign a declaration under penalty of perjury regarding any prior criminal conviction and military history. The licensee shall submit these fingerprints to the South Dakota Division of Criminal Investigation and the Federal Bureau of Investigation Identification Division not later than fourteen calendar days following employment, residence, or initial presence in the child welfare agency. If it is determined that the person has been convicted of a crime specified by rules of the department, the licensee shall act immediately to terminate the person's employment and remove the person from the child welfare agency or bar the person from entering the child welfare agency.

Source: SL 1988, ch 208, § 3; SL 1993, ch 197, § 2.

Cross-References: Screening for substantiated reports of abuse and neglect, § 67:42:01:05.02.

Issuance of child welfare license -- Criminal record of applicant to be secured -- Waiver by applicant -- When application denied, SDCL 26-6-14.3.

Persons to whom criminal record requirement applies, SDCL 26-6-14.4.

67:42:07:05. Treatment plan. The facility shall develop a written treatment plan for each child in care within one month after admission. The development of the treatment plan must involve the child in care, the facility staff working with the child, the placement agency, and if appropriate, the parent or guardian. The treatment plan must contain the following:

- (1) An assessment of the child's needs and strengths, including implementation of the reasonable and prudent parent standard;
- (2) Treatment goals for the child and family, including a description of how family and aftercare services will be provided, and projected times for achieving goals; and
- (3) A discharge plan that includes the projected length of stay and the conditions under which the child will be discharged.

A shelter care facility that does not provide short-term assessment services is exempt from the requirement for establishing a written case treatment plan.

Source: 7 SDR 66, 7 SDR 89, effective July 1, 1981; 12 SDR 4, effective July 25, 1985; portions of this rule were transferred to § 67:42:07:29, 34 SDR 200, effective January 30, 2008; 39 SDR 220, effective June 27, 2013; 42 SDR 97, effective January 4, 2016.

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

67:42:07:10. Health care of children. If a child is in care for 30 days or longer, the facility shall maintain the following health information in the child's record:

- (1) A record of a physical examination made within twelve months before or 30 days after admission;
- (2) A written, continuing health and medical history including illnesses, hospitalization, and surgery;
- (3) A record of current immunizations against diphtheria, whooping cough, tetanus, polio, measles, mumps, and rubella;
- (4) Reports of dental and hearing examinations and treatments; and
- (5) A signed authorization for regular and emergency medical and surgical care and for securing any medical reports. The facility shall obtain this authorization at the time the child is placed into the facility.

Source: SL 1975, ch 16, § 1; transferred from § 67:14:22:26, 4 SDR 10, effective August 28, 1977; transferred from § 67:41:05:18, 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred

from § 67:42:06:10, 12 SDR 4, effective July 25, 1985; 21 SDR 206, effective June 4, 1995; 34 SDR 200, effective January 30, 2008; 39 SDR 220, effective June 27, 2013.

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

Cross-Reference: Tests and immunizations for communicable diseases required for admission to school -- Exceptions -- Rules, SDCL 13-28-7.1.

Non-Compliance Finding:

Personnel files reviewed did not contain documentation of when the FBI and DCI fingerprint background requests were sent.

Although Client treatment plans reviewed showed the correct individuals were involved with creating the plan, it was not clear on the date the treatment plan was initiated.

Client files contained documentation for physicals that were not completed within 30 days of the youth arriving at the facility.

Action Needed:

Submit a plan to correct the deficiencies above.

Submit plan by:

March 23, 2023

Corrective Action Plan (Attach documents if needed):

Personnel files reviewed did not contain documentation of when the FBI and DCI fingerprint background requests were sent.

Plan for compliance: The Program Director and Associate Director will keep a copy of the letter submitted to DSS with the request for fingerprint processing. This letter will include the date the request is being mailed and the name of the individual whose fingerprints are being processed. This letter will be kept in the staff member's personnel file. This process has been implemented.

Although Client treatment plans reviewed showed the correct individuals were involved with creating the plan, it was not clear on the date the treatment plan was initiated.

Plan for compliance: The start date for the treatment plan will be clearly noted on the first page of treatment plan document. The initiation of the treatment plan will coincide with the date of the initial treatment team meeting which will include at a minimum the client, the client's parent/guardian/placement agency, and the NBC Case Manager. If attendance by a team member is via phone or virtual, attendance for the date of the meeting will be documented on the treatment plan and an original signature will be sought after the phone or virtual attendance. This process has been implemented.

Client files contained documentation for physicals that were not completed within 30 days of the youth arriving at the facility.

Plan for compliance: A Corrective Action Plan was completed with the facility nurse on 3/15/2023 due to medical files not being in compliance. Files were reviewed to ensure all youth had physicals completed. The Program Director will monitor the scheduling and completion of youth physicals to ensure completion within 30 days throughout the Nurse's CAP period and longer if needed to ensure compliance. This process has been implemented.

Date Corrective Action Plan Implemented: 3/7/2023

Date of Expected Completion: 3/22/2023

Your signature below certifies you have read and understand the non-compliance findings and submitted a plan to comply with the identified portions of ARSD to the Department of Social Services, Office of Licensing and Accreditation.



3/22/2023

Signature of Agency Director

Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.



3/23/23

Signature of Licensing Staff

Date