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

This is to certify Children's Home Society is hereby granted a license extension to conduct and maintain a Residential Treatment Center located at 801 N. Sycamore Ave. in Sioux Falls, SD 57101 to provide care for a maximum of 62 children (42 Vandermark House, 12 Madsen House, 8 Intensive Unit) ages 4 to 14 years, for the period from July 1, 2022 to August 31, 2022.

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 15th day of July 2022.



Licensing & Accreditation Administrator

Department of Social Services
Office of Licensing & Accreditation
910 E. Sioux Avenue
Pierre, S.D. 57501-3940
605-773-4766

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# LICENSING RENEWAL STUDY RESIDENTIAL TREATMENT CENTERS ARSD 67:42:01, 67:42:08

Y NAME:			Sioux Falls Children's Home (R44, 45 & 4915)							
	DIRECTOR:		Michelle Lavallee							
1.	<u>Lice</u>	ensing Requ	<u>uirements</u> – 67:42:07:11.01, 67:42:08:01.01, SDCL 26-6-11							
	A.	The follow	ving have been submitted to the Department:	<u>YES</u>	<u>NO</u>					
		1. Appli	ication materials for license.	<b>✓</b>						
		2. Docu	imentation of need as per SDCL 26-6-11.	✓						
			py of the building plans (approved by the Fire Marshal and artment of Health).	N/A						
		accre	imentation to verify the agency/facility is currently edited by CARF, COA or Joint Commission or making ress in pursuit of accreditation.	<b>✓</b>						
	B.	included	ent of compliance with the Civil Rights Act of 1964 is in the agency's policies or is a part of the purchase of ontract with the Department.	<b>✓</b>						
	Comments:									
	stat veri	cement of of of figures.	for license renewal dated May 5, 2022 is on file in the licenscompliance with the Civil Rights Act of 1964. A copy of a leditation is on file in the licensing record. The certificate stated and is customarily valid for up to thirty-six months.	etter from the Joi	nt Commission					
2.	<u>Age</u>	ency Respoi	nsibilities – SDCL 26-6-11	<u>YES</u>	<u>NO</u>					
	A.	The buildi adequatel	ing and equipment needs of the organization are ly met.	✓						
	В.	The agend communit	cy has sufficient funds to meet the needs of the ty.	✓						
	Con	nments:								
	the Falls	needs of t s Children's	nd the Sioux Falls Children's Home to be adequately furnished the residents. Children's Home Society of South Dakota find the Home were submitted with the application for licensure re to provide for the needs of the program.	ancial reports tha	t include Sioux					
3.	Insu	urance - 67	':42:01:35	YES	<u>NO</u>					
	A.	Vehicles u	used to transport diente have appropriate passanger							
		liability in:	used to transport clients have appropriate passenger surance.	✓						

## Comments:

Auto liability, professional liability, and commercial general liability insurance is purchased from Marsh and McLennan Agency LLC policy # 853102210. A copy of the Certification of Liability Insurance verifying coverage through February 1, 2023 was submitted with the application materials.

4.	<u>Acc</u>	ount	ing Systems - 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.	✓					
	Con	nmer	<u>nts:</u>						
	202	1 ar	t of Children's Home Society of South Dakota's financial reports for a 2020 was completed by Eide Bailly LLP, CPA's on October 27, application.						
5.	Staf	ff Qu	alifications - 67:42:08:02, 67:42:07:07						
	A.	Pro	gram Director	<u>YES</u>	<u>NO</u>				
		1.	Masters Degree in an accredited behavioral or social science area plus two years relevant alternative child care experience; or	✓					
		2.	Bachelor of Arts/Bachelor of Science in an accredited behavioral or social science area plus four year's relevant alternative child care experience.	N/A					
	Comments:								
	has Dev	a ba elop	nson, LPC (#1185; exp. 11/30/22) is the Program Director for Sinachelor's degree in Psychology and Sociology and a master's in Comment. She has been employed by Children's Home Society in Director and became the Program Director in April of 2021.	ounseling and	Human Resource				
	В.	Oth	er Staff	<u>YES</u>	<u>NO</u>				
		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.	✓	_				
	Comments:								
	A li	st of	staff, including their qualifications was submitted with the applica over the age of twenty-one.	tion. All record	ds reviewed were				
6.	<u>Staf</u>	ff/Ch	ild Ratio - 67:42:08:03	<u>YES</u>	<u>NO</u>				
	A.	1:6	during waking hours.	✓					
	B.	1:1	2 in the building during sleeping hours.	✓					
	C.	One	e staff member present in each separate sleeping unit during	✓					

	sleeping hours.		✓		
D.	<ol> <li>Arrangements made for substitute staff during vacations, illness, or off-duty time of regular staff.</li> </ol>		✓		
E.	Cert	tified special ed teachers are employed (when appropriate).	✓		
F.	prof	visions are made for auxiliary staff members, i.e., mental health essionals, physical therapist, and/or occupational therapist en appropriate).	<b>√</b>		
G.		ninimum of two adults are on the grounds at all times when dren are present.	✓	_	
H.	enfo at	facility has a written plan to ensure that staff, law preement, or appropriate emergency responders are available the center within a reasonable time in the event of an ergency.	✓		
Cor	nmer	ets:			
sch dut and sta app awa	edule y on I a Te ff sch pears are of	swelve in Madsen House and eight in Madsen Downstairs formerly is submitted with the license application indicate at least four stream Coordinator in Madsen House when children are present and Coordinator in Madsen House and in the Boys Unit when child edule indicates at least two childcare staff on duty in each unit dut to be within staff to child ratio at all times if the schedule is for the staff to child ratio requirement.  Sometimes of the Staff to Communication of the Staff t	aff and a Te and awake; ren are awa uring sleepin ollowed. Sta	eam C at le ke and g hou	Coordinator on ast three staff d present. The rs. The facility
,. А.		sonnel records are maintained and contain the following:	YES		<u>NO</u>
7.1	1.	Resume or application that includes educational background, personal, and employment history.	<u>.==</u>		<u></u>
	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.	✓	_	
	7.	Verification of sex offender registry checks.	✓		
	8.	Verification of current certification in basic $1^{\text{st}}$ aid and CPR.	✓		
	9.	At least one official onsite designated to authorize the Reasonable and Prudent Parent Standard.			

# Comments:

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

8.	<u>In-s</u>	service Training - 67:42:07:04, 67:42:08:04, 42 CFR 483.376	<u>YES</u>	<u>NO</u>					
	A.	A. There is a written plan for orientation and training for staff and volunteers.							
	В.	Each employee has a documented record of an initial orientation to the center during their first month of employment that includes the facility's functions, services, community resources and specific job functions.	✓						
	C.	Each employee has a documented record of a minimum of forty 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:								
		e agency uses a form called Fundamental Competencies at Orientati ument completion of orientation by new staff.	on that is s	igned and dated to					
9.		oorting Suspected Child Abuse or Neglect, Changes in Circumstances - 42:01:12, 67:42:07:15, 67:42:07:16	<u>YES</u>	<u>NO</u>					
	A.	The facility has a written procedure 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.	✓						
	В.	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 and unusual incidents defined by ARSD 67:42:01:12.	<b>✓</b>						

# Comments:

Sioux Falls Children's Home written procedures for reporting suspected abuse or neglect relate to the above requirements.

		67:42:08:05, 67:42:08:07, 67:42:07:10, 67:42:01:21				
A.	The	re are written procedures relating to:	<u>YES</u>		<u>NO</u>	
	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.	The child's parent or guardian has signed and dated a statement that lists the specific policies covered as verification that the facility provided the required information.	✓			
	9. F	Reasonable and Prudent Parents Standard	✓	=		
В.	revie	x Falls Children's Home written procedures relate to the abovewed for children in care contained documentation indicating the med of all required policies.  dren attend an on grounds school.	•			
	Con	ments:				
	Chile Tea	cational needs are met by attending the on-grounds school located dren's Home. Children's Home employs an Education Director and chers, Teacher's Assistants, Behavioral Specialists, Therapists, reation Coordinator.	nd Assistant	Educa	ation Director,	
C.	Cas	e records are maintained and include the following:				
	1.	Face sheet/application form with identifying information.	✓	_		
	2.	Documentation to verify the child meets PRTF eligibility.	✓	_		
	3.	Treatment plans developed and signed by the treatment team that includes the child, parent or guardian if appropriate, facility staff working with the child, placing agency staff and those required by 42 CFR 441.156.	✓	_		
	4.	Treatment plans are established within fourteen days of placement.	✓	_		
	5.	Treatment plans are based on assessment of the child's medical, psychological, social, behavioral and developmental		_		

10. <u>Treatment</u> – 67:42:01:06, 67:42:01:01(7), 67:42:07:04:01, 67:42:07:29, 67:42:08:01, 67:42:08:01.01,

discharge with discharge plans to ensure continuity of care and reflect the need for care at the PRTF level. Treatment plans contain treatment goals and objectives for the child and their family with an integrated program of therapies, activities and experiences designed to meet the goals. Treatment plans include conditions for discharge, and discharge plan that includes: Projected date of discharge; b. Responsibilities of provider, child, family and placing agency. Transitional services to be provided and by whom; c. Crisis and emergency plans. d. Links with resources and preparation to navigate adult system if 16 or older. Aftercare services List of responsible persons; and q. h. Involvement of Tribe in aftercare planning if Native American. Treatment plan is reviewed at least every 30 days and a progress report sent to placement agency. See Comments Treatment plan is updated every three months to include progress toward achieving goals and amendments to the plan and sent to the placement agency (meets requirement for progress report). 10. Physical exam (twelve months prior to or thirty days following admission). 11. Current immunization record. 12. A signed authorization for medical care at the time of placement. 13. On-going records of medical/dental/eye/hearing care.

needs and strengths, projected length of stay, conditions for

D. Records are kept in a locked file.

acceptance of an out-of-state child.

The interstate compact administrator has been contacted before

# Comments:

Records reviewed for children in care contained documentation to verify compliance with the above requirements, except files reviewed for youth not placed by DSS did not contain progress reports. See attached Corrective Action Plan.

11.	<u>Medications</u> - 67:42:07:19, 67:42:07:20, 67:42:07:22, 67:42:07:23								
	A.		e facility has written procedures relating to the storage and ninistration of medication which include:	YES		<u>NO</u>			
		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 lic	censed nurse is responsible for administration of medications.	✓					
	C.		chotropic drugs are prescribed by a MD, CNP or PA with ongoing rterly follow-up.	✓					
	D.	Med	dicine is kept in a locked cabinet.	✓					
	E.	A m	nedication record is kept on each child.	✓					
	Comments:  Sioux Falls Children's Home written procedures for storage and administration of medication are in compliance with licensing rules. Records reviewed for children prescribed a psychotropic medication contained documentation of at least quarterly review by the prescribing practitioner of the continued need for medication.								
12.			ncy <u>Safety Interventions (ESI)</u> - 67:42:07:24, 67:42:07:25, 7:26, 67:42:08:05, 42 CFR 483 Subpart G	<u>YES</u>		<u>NO</u>			
	A.	allo	e facility has a written procedure relating to the use of ESI's that ws for use only to ensure safety of the child or others and by er of a physician or other licensed practitioner.	✓					
	B.	Use	of ESI's is incorporated into the treatment plan.	<b>√</b>					
	C.	writ	tement agency/parent/guardian are informed of policies, give ten approval for use of ESI's at the time of admission and are ified of use of ESI's as soon as possible.	<b>√</b>					
	D.	<ul> <li>Only qualified staff give and receive orders and monitor and provide assessments following ESI's.</li> </ul>							
	F	Trai	ined clinical staff continually monitors children while involved in						

		ESI's.	✓		
	F.	ESI's do not exceed times allowed in orders.	✓	-	
	G.	Required reports are completed following ESI's.	✓	-	
	Н.	Staff involved in an ESI meets with the child involved to discuss the ESI, and with administrative staff, within 24 hours after use of the ESI.	✓	_	
	I.	Medical treatment is provided for a resident injured during an ESI.	✓		
	J.	Seclusion rooms meet the physical specifications of 67:42:07:25.	✓	_	
	Con	nments:		=	
	com	ux Falls Children's Home written procedures for use of Emergence of the political state of the second secon			
13.	<u>Volu</u>	<u>unteers</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 unrelated references.	✓	_	
	D.	Documented orientation.	✓	=	
	E.	Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week.	<b>✓</b>	_	
	F.	Informed of obligation to report suspected CA/N.	✓	<u>-</u>	
	G.	Verification of screening for substantiated reports of child abuse or neglect.	✓	_	
	Н.	Verification of submission of fingerprints to the DCI.	✓		
	I.	Verification of sex offender registry checks.	✓	_	
		nments: sumentation was found in record to meet the requirements above.		-	
14.	<u>Phy</u>	sical Facility - 67:42:07:11, 67:42:07:12	<u>YES</u>		<u>NO</u>
	A.	There is a current fire inspection.	✓	_	
	B.	There is a current health inspection.	✓	_	
	C.	A fire escape plan is posted.	✓	_	
	D.	A minimum of four fire drills are held annually.	✓	_	
	E.	Children of opposite genders over the age of six have separate sleeping facilities.	<b>√</b>	_	

	F.	Sleeping children are monito	ored.		<b>✓</b>	
	G.	Each child has his own bed	with linens, blar	kets and pillows.	<b>✓</b>	
	Con	nments:				
		re and health inspection was rected.	s completed on	June 29, 2022. Issues	identified on the in	spection were
15.	<u>Nut</u>	rition - 67:42:07:13			<u>YES</u>	<u>NO</u>
	A.	Meals are of sufficient quant	ity to meet child	dren's nutritional needs.	✓	
	B.	Arrangements are made for	children with a	special prescribed diet.	<b>✓</b>	
	Con	nments:				
	Staf	ff and residents interviewed d	escribed the foo	od served to be adequate	e quality and quantit	y.
16.	Rec	ommendations				
		ux Falls Children's Home is fo atment Centers. A completed		•		for Residential
	Res	s recommended that a satis idential Treatment Center at ximum of sixty-two youth age	801 N Sycamo	ore Ave., Sioux Falls, So		
		C	ompleted By:	Kevin Kanta Kevin Kanta, Program S		8/2/22
			' <u>-</u>	Kevin Kanta, Program S	pecialist	Date:
		D	ate of On-Site \	/isit:	06/21/22	
		P	rogram Manage	er: Muriel Nelson	1	



# Corrective Action Plan Children's Home Society

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:** Children's Home Society

### **ARSD – Out of Compliance**

Children's Home Society was found to be out of compliance with the underlined portion of the following Administrative Rule of South Dakota:

**67:42:08:07. Review and evaluation of treatment plan.** A case record must be maintained on each child according to § 67:42:01:21. The facility must secure the records against loss, tampering, or unauthorized use.

When the 30-day review of the child's treatment plan is complete, a progress report must be sent to the child's placement agency. The facility shall send a copy of the monthly report to the child's parent or guardian if the parent or guardian was involved in the child's placement or is actively involved in treatment planning. At least once every three months the treatment plan must be updated. The updated treatment plan must include the progress made toward achieving the goals in the previous plan and any amendments made to the plan. When complete, a copy of the plan amendments must be sent to the child's placement agency and the parent, if applicable. During the month of the quarterly review, the 30-day progress report may be incorporated into the quarterly review and treatment plan amendment.

**Source:** 12 SDR 4, effective July 25, 1985; 33 SDR 227, effective July 1, 2007; 34 SDR 200, effective January 30, 2008.

General Authority: SDCL <u>26-6-16.</u>

Law Implemented: SDCL 26-6-16.

Cross-References: Treatment plan, § 67:42:08:05; Individual plan of care -- Required 30-

day review, 42 C.F.R. § 441.155(c).

# Non-Compliance Finding:

Four out of twelve files reviewed during the on-site license renewal on June 21, 2022 did not contain a 30 day review of the treatment plan. Agency staff shared 30-day reviews were only being done for children placed by the Department of Social Services.

# **Action Needed:**

The agency must submit a plan to ensure the facility completes a 30-day review of the treatment plan and sends a copy of the monthly report to the child's parent or guardian if the parent or guardian was involved in the child's placement or is actively involved in treatment planning.

May 19, 2021 1

Submit plan by: July 15, 2022

# Corrective Action Plan (Attach documents if needed):

Lisa Johnson, Program Director, met with therapists on June 22, 2022 to inform them 30 Day Progress Reports are required for all children on their caseloads (all residential children).

Teachers and nursing staff have also been informed of their responsibility to submit educational and medical information for 30 Day Progress Reports in coordination with the therapist.

Secretaries for the Madsen House and VanDemark House will track the timeliness of the reports and submit their findings each month to the Program Director, Unit Directors and Compliance Director.

The 30 Day Progress Report Policy was updated on June 22, 2022 to reflect the requirement.

Date Corrective Action Plan Implemented: July 1, 2022

Signature of Licensing Staff

Date of Expected Completion: August 10, 2022 and monthly thereafter

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.

•	
The Department of Social Services, Office of Licensing and accepted the above plan.	and Accreditation has reviewed
Kevin Kanta	7/12/22
Signature of Licensing Staff	Date

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# 30 DAY PROGRESS REPORT

**POLICY:** Each child's treatment status shall be reviewed on an on-going basis during the child's stay.

# PROCEDURE:

1. Every 30 days, a progress report will be submitted to the placement source. This is scheduled to begin after the first full month following the 45 day meeting. This document must include relevant information from the child's therapist, teacher and agency RN or psychiatrist, and must be completed by the 10<sup>th</sup> of the month.

Revised 06/22