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

This is to certify that Lutheran Social Services-Arise Youth Center West is hereby granted this license to conduct and maintain a Group Care Center for Minors-Shelter Care Facility located at 3505 Cambell Street in Rapid City, SD 57701 to provide care for a maximum of 22 children ages 10 to 17 years, for the period from May 1, 2021 to April 30, 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 8th day of May, 2021.



License Number R 21091

Virgena Wilseler
CPS Division Director

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

LICENSING RENEWAL STUDY GROUP CARE CENTERS FOR MINORS ARSD 67:42:01, 67:42:07

| AGI | ENCY | NAME: LSS ARISE YOUTH CENTER/WEST (R21091) | | | | |
|--|---|--|------------|-----------|--|--|
| DIR | ECT | DR: <u>Mark Kiepke</u> | | | | |
| 1. | Lice | nsing 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. | ✓ | | | |
| | | 2. Documentation of need. | N/A | | | |
| | | 3. A copy of the building plans (approved by the Fire Marshal and Department of Health). | √ | | | |
| | 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. | √ | | | |
| | Cor | nments: | | | | |
| is lo Dak Mer Ser det oth An sigr | LSS Arise Youth Center is a Shelter Care Program for male and female youth ages ten to seventeen that is located in the Western South Dakota Juvenile Services Center (WSDJSC) facility in Rapid City, South Dakota. A detention program is also located in the WSDJSC. Pennington County entered into a Memorandum of Understanding with Lutheran Social Services on June 18, 2013 to provide Shelter Care Services and Reception Center Services in the WSDJSC. There continues to be locking doors between the detention center and the Arise Youth Center and the facilities continue to operate separate from each other. LSS Arise Youth Center/West is licensed for a capacity of twenty-two youth. An application for license renewal dated April 29, 2021 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964 which is also part of the facility agreement with the Department of Social Services. | | | | | |
| 2. | Age | ncy Responsibilities – SDCL 26-6-11 | <u>YES</u> | <u>NO</u> | | |
| | A. | The building and equipment needs of the organization are adequately met. | ✓ | | | |
| | B. | The agency has sufficient funds to meet the needs of the community. | ✓ | | | |
| | Cor | nments: | | | | |
| The | LSS Arise West is adequately furnished and maintained to provide for the needs of the residents served. The reviewers were given a tour of the facility. The space has ten bedrooms which could sleep a maximum of two youth and two single capacity bedrooms. | | | | | |
| 3. | Ins | <u>urance</u> - 67:42:01:35 | <u>YES</u> | <u>NO</u> | | |
| | A. | Vehicles used to transport clients have appropriate passenger liability insurance. | ✓ | | | |
| | В. | The agency carries public liability insurance. | ✓ | | | |

Comments:

| Auto Liability, Commercial General Liability, and Umbrella Liability coverage is purchased from | Marsh 8 |
|---|-----------|
| McLennan Agency LLC. A copy of the Certificate of Insurance verifying coverage through July 1 | , 2021 is |
| on file in the licensing record (Policy Number # HHS857826110). | |

| 4. | Acc | <u>ounti</u> | ng Systems - 67:42:01:34 | <u>YES</u> | <u>NO</u> | |
|------|----------------|--------------------------|---|----------------|------------------|--|
| | A. | An a | audit of the accounts has been done in the last year by a | ✓ | | |
| Con | nmer | nts: | | | | |
| An a | audit | of L | utheran Social Services financial statements for the period endi | ng June 30, 2 | 2019 an | |
| 201 | 8 wa | s cor | mpleted by Eide Bailly LLP, CPA's on October 30, 2020. A copy | of the audit r | eport, including | |
| a sı | ımma | ary o | f significant accounting policies is on file in the licensing record | | | |
| 5. | <u>Sta</u> | ff Qu | <u>alifications</u> - 67:42:07:02, 67:42:07:07 | | | |
| | A. | Pro | gram Director | <u>YES</u> | <u>NO</u> | |
| | | 1. | Bachelor's degree in an accredited behavioral or social sciences area, or | ✓ | | |
| | | 2. | An equivalent combination of education and experience. | ✓ | | |
| | | 3. | At least two years of relevant alternative child care experience. | - | | |
| | Con | nmer | nte: | | - | |
| sinc | k Kie e Jul | pke s y of 2 | serves as the Director for the Arise Youth Center/West. Mark has 2017. Mark has over 15 years of relevant experience and has warious roles. | | | |
| | 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. | N/A | | |
| | Comments: | | | | | |
| | | | ployees including their positons held, education, experience a ne application materials. | and date of o | employment was | |
| 6. | Stat | ff/Chi | ild Ratio - 67:43:07:03 | <u>YES</u> | <u>NO</u> | |
| | A. | 1:8 during waking hours. | | ✓ | | |
| | В. | 1:2 | 5 in the building during sleeping hours. | √ | | |
| | C. | | e staff member present in each separate sleeping unit during eping hours. | √ | | |

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D. Arrangements made for substitute staff during vacations, illness,

| | | or o | ff-duty time of regular staff. | ✓ | |
|-----------------------|--|---|--|------------------------------------|-----------------------------------|
| | E. | Cert | ified special ed teachers are employed (when appropriate). | N/A | |
| | 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.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. | | N/A | | |
| | | | ppropriate emergency responders are available at the center | ✓ | |
| Con | nmen | ts: | | | |
| on c seve licer | luty on danse canthe the the the the the the the the the | during ys a apaci ageno | enter Weekly Schedule submitted with the application materials g waking hours seven days a week and at least two staff on du week. The staff schedule shows the agency to generally be aby at all times and interviews with staff confirm the agency followy makes supervision of residents a priority. See Records - 67:42:07:07, 67:42:07:08, 67:42:07:09 | ring regular sl ove staff/chilo | eeping hours I ratio for their |
| /. | A. | | connel records are maintained and contain the following: | <u>YES</u> | <u>NO</u> |
| | Λ. | Resume or application that includes educational background, personal, and employment history. | | <u>1155</u> ✓ | <u>110</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 st aid and CPR. | ✓ | |
| | Doc | <u>nmen</u> umer ewed | ntation to verify compliance with the requirements above was f | ound in each o | of the records |
| 8. | <u>In-s</u> | ervic | e Training - 67:42:07:04 | <u>YES</u> | <u>NO</u> |
| | A. | | | ✓ | |
| | B. Each employee has a documented record of an initial orientation to the center within one month of the date of hire that includes | | | | |

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| | | | facility's functions, services, community resources and cific job functions. | ✓ | |
|-----|-------------|------------------|---|------------------|------------|
| | C. | | n employee has a documented record of a minimum of nty-four hours annual in-service training. | ✓ | |
| | D. | of e | n employee receives in-service training during the first year mployment that includes all of the areas required in 12:07:04. | √ | |
| | E. | | ning for all employees after the first year of employment is ermined by an annual evaluation and is competency based. | ✓ | |
| | LSS by s | taff i traini | ts: a written plan for orientation which is in compliance with licens s documented on the LSS Essential Learning system that including provided is competency based. Documentation to verify cor ents above was found in each of the records reviewed. | des components t | hat assure |
| 9. | Circ | | g Suspected Child Abuse or Neglect and Changes in ances - 67:42:01:12, 67:42:07:15, 67:42:07:16, 2:05 | <u>YES</u> | <u>NO</u> |
| | A. | | facility has a written procedures for handling and reporting pected 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. | | n employee has signed a statement acknowledging and erstanding the reporting procedure. | ✓ | |
| | C. | | facility is aware of its need to report any changes of umstances that may affect its licensed status. | ✓ | |
| | Con | nmen | <u>ts:</u> | | |
| | | | written procedures for identification and reporting of child abuse requirements. Staff interviewed were familiar with the proces | _ | |
| 10. | 67:4 | 12:07 | nt – 67:42:01:01(3), 67:42:01:21, 67:42:07:01, 2:01.01, 67:42:07:01.02, 67:42:07:05, 67:42:07:10, 2:28, 67:42:07: 29 | | |
| | A. | The | re are written procedures relating to: | <u>YES</u> | <u>NO</u> |
| | | 1. | Intake. | ✓ | |
| | | 2. | Treatment. | N/A | |
| | | 3. | Discharge. | ✓ | |

| | 4. | Discipline | ✓ | |
|------------|------------------|--|----------------|-----------------|
| | 5. | Confidentiality. | ✓ | |
| | 6. | Health care of children | ✓ | |
| | 7. | Emergency procedures in case a child is injured. | ✓ | |
| Commen | ts: | _ | | |
| The Arise | e You | th Center has written procedures which relate to all of the abov | e required are | eas. |
| В. | Child | dren attend a local school. | ✓ | |
| Commen | ts: | | | |
| will be co | oordii ssible | Tenter residents will attend their home school when possible on the through the Rapid City School District or coordinated with the Rapid City Arms of the Rapid City Arms. | th their home | school district |
| C. | Case | e 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. | N/A | |
| | *3. | Treatment plans are developed within one month of placement and updated at least every three months. | N/A | |
| | *4. | Treatment plans must contain the child's needs and strengths. | N/A | |
| | *5 | 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; | N/A | |
| | *6 | 5. A discharge plan that includes the projected length of stay and the conditions under which the child will be discharged. | N/A | |
| | *7. | Monthly progress reports submitted to placement agency. | N/A | |
| | *8. | Progress reports reflect the treatment plan. | N/A | |
| | 9. | Physical exam (twelve months prior to or thirty days following admission). | ✓ | |
| | 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. | ✓ | |
| D. | Reco | ords are kept in a locked file. | ✓ | |
| *E. | | helter care facility that does not provide short term ssment services is exempt from numbers 2, 3, 4, 5, 6, 7 and | | |

| | | | submits a summary report to the placement agency upon rge of the child. | ✓ | |
|-----|--------------|---|---|------------------|-----------|
| | 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. | | <u> </u> | |
| | G. | The interstate compact administrator has been contacted before acceptance of an out-of-state child. | | N/A | |
| | H. | of the | ty that provides alternative services to children in custody department has a signed alternative service agreement be department. | N/A | |
| Con | nmer | its: | | | |
| | umei ewed | | to verify compliance with the requirements above was found | in each of the r | ecords |
| 11. | Med | lications | - 67:42:07:19, 67:42:07:20, 67:42:07:22, 67:42:07:23 | | |
| | A. | | cility has written procedures relating to the storage and stration of medication which include: | <u>YES</u> | <u>NO</u> |
| | | 1. Co | onditions under which medications may be given. | ✓ | |
| | | | rocedures for documenting the administration of edication. | ✓ | |
| | | ca as | rocedures for immediately notifying the facility's nurse in asses of medication errors or drug reactions. The nurse seesses the situation and determines whether there is a seed to report the incident to the attending physician. | √ | |
| | | | ocedures for evaluating and recording each child's actions to prescribed medication. | ✓ | |
| | B. | A licen | sed nurse is responsible for administration of medications. | ✓ | |
| | C. | • | otropic drugs are prescribed by a MD, CNP or PA with g quarterly follow-up. | ✓ | |
| | D. | Medicii | ne is kept in a locked cabinet. | ✓ | |
| | E. | A med | ication record is kept on each child. | ✓ | |

Comments:

LSS has written procedures for storage and administration of medications that are in compliance with licensing rules. The MOU provides for Nursing Services to be provided by WSDJSC nursing staff that is on duty 24 hours a day. A separate MOU/contract has been developed with Pennington County that outlines specific responsibilities with the head nurse being responsible for oversight of medication administration and notification of med errors to the on-duty nurse along with other nursing duties.

| 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. Comments: LSS has written policies for restraint or seclusion. A shelter care facility may not use locked seclusion. 13. Volunteers - 67:42:07:14 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. F. Informed of obligation to report suspected CA/N. G. Verification of screening for substantiated reports of child abuse or neglect. H. Verification of sex offender registry checks. N/A I. Verification of sex offender registry checks. N/A Comments: LSS has written procedures for use of volunteers that are in compliance with licensing rules. The reviewer was informed the Arise Youth Center does not utilize volunteers as part of programming at this time. YES NO 14. Physical Facility - 67:42:07:11, 67:42:07:12 A. There is a current fire inspection. C. A fire escape plan is posted. | 12. | | <u>usion_and_Restraint_</u> - 67:42:07:05, 67:42:07:24, 67:42:07:25, 42:07:26, 67:42:07:27 | YES NO | | |
|--|-----|--|--|----------------|------------|--|
| 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. Comments: LSS has written policies for restraint or seclusion. A shelter care facility may not use locked seclusion. 13. Volunteers - 67:42:07:14 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. F. Informed of obligation to report suspected CA/N. N/A G. Verification of screening for substantiated reports of child abuse or neglect. H. Verification of submission of fingerprints to the DCI. N/A L. Verification of submission of fingerprints to the DCI. N/A Comments: LSS has written procedures for use of volunteers that are in compliance with licensing rules. The reviewer was informed the Arise Youth Center does not utilize volunteers as part of programming at this time. YES NO 14. Physical Facility - 67:42:07:11, 67:42:07:12 A. There is a current fire inspection. | | A. | | ✓ | | |
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| G. A room used for seclusion meets the physical specifications of 67:42:07:25. Comments: | | the child is age 9 to 17 or one hour if the child is under the age | | ✓ | | |
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| 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. 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. N/A Comments: LSS has written procedures for use of volunteers that are in compliance with licensing rules. The reviewer was informed the Arise Youth Center does not utilize volunteers as part of programming at this time. YES NO 14. Physical Facility - 67:42:07:11, 67:42:07:12 A. There is a current fire inspection. F. N/A N/A N/A N/A N/A N/A N/A Comments: LSS has written procedures for use of volunteers that are in compliance with licensing rules. The reviewer was informed the Arise Youth Center does not utilize volunteers as part of programming at this time. YES NO 14. Physical Facility - 67:42:07:11, 67:42:07:12 A. There is a current fire inspection. | 13. | Volu | | | <u>NO</u> | |
| 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. 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. N/A Comments: LSS has written procedures for use of volunteers that are in compliance with licensing rules. The reviewer was informed the Arise Youth Center does not utilize volunteers as part of programming at this time. YES NO 14. Physical Facility - 67:42:07:11, 67:42:07:12 A. There is a current fire inspection. | | A. | Have a written job description with specific responsibilities. | N/A | | |
| D. Documented orientation. E. Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week. 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. N/A Comments: LSS has written procedures for use of volunteers that are in compliance with licensing rules. The reviewer was informed the Arise Youth Center does not utilize volunteers as part of programming at this time. YES NO 14. Physical Facility - 67:42:07:11, 67:42:07:12 A. There is a current fire inspection. F. Documented in-service training as per 67:42:07:04 if volunteers N/A N/A N/A N/A Physical Facility - 67:42:07:11, 67:42:07:12 A. There is a current health inspection. | | B. | Supervised and evaluated by an experienced staff member. | N/A | | |
| E. Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week. 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. N/A Comments: LSS has written procedures for use of volunteers that are in compliance with licensing rules. The reviewer was informed the Arise Youth Center does not utilize volunteers as part of programming at this time. YES NO 14. Physical Facility - 67:42:07:11, 67:42:07:12 A. There is a current fire inspection. F. Informed in service training as per 67:42:07:04. N/A N/A N/A N/A N/A N/A N/A N/ | | C. | Three documented non-related references. | N/A | | |
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| A. There is a current fire inspection. ✓ B. There is a current health inspection. ✓ | was | 111101 | med the Arise Touth Center does not utilize volunteers as part of pr | | | |
| A. There is a current fire inspection. ✓ B. There is a current health inspection. ✓ | 14. | | | | | |
| B. There is a current health inspection. ✓ | | | • | ✓ | | |
| | | В. | · | ✓ | | |
| | | | 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 ha sleeping facilities. | ve separate ✓ | |
| | F. | Sleeping children are monitored. | <u> </u> | |
| | G. | Each child has their own bed with linens, blankets | and pillows. ✓ | |
| | Con | nments: | | |
| four | nd in | Annual Fire System Inspection report was include the licensing record. A copy of the yearly fire drill-ication materials. Documentation indicates that fire | s conducted by the facility was | |
| 15. | <u>Nut</u> | <u>rition</u> - 67:42:07:13 | <u>YES</u> | <u>NO</u> |
| | A. | Meals are of sufficient quantity to meet children's needs. | nutritional 🗸 | |
| | B. | Arrangements are made for children with a special diet. | prescribed ✓ | |
| | Con | nments: | | |
| Foo | d Se | written policies regarding Nutrition Standards. The rvice for youth in the Arise Youth Center. Staff and requality and quantity. | | |
| | | ommendations: | | |
| | | e Youth Center is in substantial compliance with lic rs-Shelter Care Facility. | ensing requirements for a Grou | p Care Center |
| You Juve | th Ce enile | ommended that a satisfactory license be issued to enter/West as a Group Care Center for Minors-Shel Services Center building located at 3505 Cambell a maximum of 22 youth age ten to seventeen years | ter Care Facility in the Western Street, Rapid City, South Dako | South Dakota |
| | | | · <i>V</i> . + | E (20 (24 |
| | | Completed By: Kevin | Kanta, Program Specialist | 5/20/21 Date |
| | | Date of on-site | Ranta, i rogram opecialist | Date |
| | | visit: | 5/5/21 | |
| | | _ | -1-1 | |
| | | | | |