# 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, 2022 to April 30, 2023.

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 2022.



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

| AGE  | ENCY  | NAME: LSS ARISE YOUTH CENTER/WEST (R21091)  |  |  |  |  |
|--|---|---|--|--|--|--|
| PRO  | OGRA  | M DIRECTOR: <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.   | <b>✓</b>   |  |  |  |
|  |   | 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.  | <b>✓</b>   |  |  |  |
| Con  | nmer  | <u>ts:</u>  |  |  |  |  |
| is lo<br>Dak<br>Mer<br>Ser<br>deto<br>otho<br>An | ocated<br>tota.<br>moral<br>vices<br>entiol<br>er. LS<br>applied si   | e Youth Center is a Shelter Care Program for male and female youth in the Western South Dakota Juvenile Services Center (WSDJSC) of A detention program is also located in the WSDJSC. Pennington Coundum of Understanding with Lutheran Social Services on June 18, 2 and Reception Center Services in the WSDJSC. There continues to a center and the Arise Youth Center and the facilities continue to opics Arise Youth Center/West is licensed for a capacity of twenty-two cation for license renewal dated April 7, 2022 is on file in the licensing the tenth of the compliance with the Civil Rights Act of 1964 which is also not with the Department of Social Services. | facility in Rapid Ci<br>unty entered into<br>013 to provide Sh<br>be locking doors loerate separate fr<br>youth.<br>ng record. It cont | ity, South<br>a<br>nelter Care<br>between the<br>om each<br>ains a |  |  |
| 2.   | <u>Age</u>  | ncy Responsibilities – SDCL 26-6-11   | <u>YES</u>   | <u>NO</u>  |  |  |
|  | A.  | The building and equipment needs of the organization are adequately met.  | ✓  |  |  |  |
|  | В.  | The agency has sufficient funds to meet the needs of the community.   | <b>√</b>   |  |  |  |
| LSS  | Comments:  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.   | <u>Ins</u>  | <u>irance</u> - 67:42:01:35   | <u>YES</u>   | <u>NO</u>  |  |  |
|  | A.  | Vehicles used to transport clients have appropriate passenger liability insurance.  | <b>√</b>   |  |  |  |
|  | R   | The agency carries public liability insurance   | ✓  |  |  |  |

# 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, 2022 is on file in the licensing record (Policy Number # HHS857826111).

| 4.   | Acc        | ount      | ing Systems - 67:42:01:34   | <u>YES</u>      | <u>NO</u>   |
|------|------------|-----------|---|-----------------|-------------|
|      | A.         | An<br>CP/ | audit of the accounts has been done in the last year by a A.  | ✓               |             |
| Con  | nmer       | nts:      |   |                 |             |
| was  | con        | nplete    | utheran Social Services financial statements for the period endi<br>ed by Eide Bailly LLP, CPA's on December 7, 2021. A copy of th<br>significant accounting policies is on file in the licensing record. |                 |             |
| 5.   | Sta        | 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   | <b>✓</b>        |             |
|      |            | 2.        | An equivalent combination of education and experience.  | ✓               |             |
|      |            | 3.        | At least two years of relevant alternative child care experience.   | <b>√</b>        |             |
| Con  | nmer       | nts:      |   |                 |             |
| sinc | e Jul      | y of :    | serves as the Director for the Arise Youth Center/West. Mark ha<br>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             |             |
| Con  | nmer       | nts:      |   |                 |             |
|      |            |           | ployees including their positons held, education, experience and application materials.   | and date of emp | loyment was |
| 6.   | <u>Sta</u> | ff/Ch     | ild Ratio - 67:43:07:03   | <u>YES</u>      | <u>NO</u>   |
|      | A.         | 1:8       | during waking hours.  | ✓               |             |
|      | B.         | 1:2       | 5 in the building during sleeping hours.  | ✓               |             |
|      | C.         |           | e staff member present in each separate sleeping unit during  | ✓               |             |

|                              | D.                      | <ul> <li>Arrangements made for substitute staff during vacations, illness,<br/>or off-duty time of regular staff.</li> </ul> |  | ✓                                  |                                    |
|------------------------------|-------------------------|--|--|------------------------------------|------------------------------------|
|                              | E.                      | Cer  | cified special ed teachers are employed (when appropriate).  | N/A                                |                                    |
|                              |                         |  | visions are made for auxiliary staff members, i.e., mental lth professionals, physical therapist, and/or occupational rapist (when appropriate).   | ✓                                  |                                    |
|                              | G.                      |  | nelter care facility maintains a staff/child ratio of 1:4 for dren under the age of four years during waking hours.  | N/A                                |                                    |
|                              | H.                      | or a   | lity has a written plan to ensure that staff, law enforcement, ppropriate emergency responders are available at the center in a reasonable time in the event of an emergency.  | ✓                                  |                                    |
| Con                          | <u>ımen</u>             | ts:  |  |                                    |                                    |
| on o<br>seve<br>licer<br>and | luty on danse can the a | durin<br>ys a<br>apaci<br>agen   | enter Weekly Schedule submitted with the application materials g waking hours seven days a week and at least two staff on duweek. The staff schedule shows the agency to generally be about at all times and interviews with staff confirm the agency followy makes supervision of residents a priority. | ıring regular s<br>oove staff/chil | leeping hours<br>d ratio for their |
| 7.                           | <u>Pers</u>             | onne   | el Records - 67:42:07:07, 67:42:07:08, 67:42:07:09   |                                    |                                    |
|                              | A.                      | Pers   | sonnel 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.   | ✓                                  |                                    |
|                              |                         | 7.   | Verification of sex offender registry checks.  | ✓                                  |                                    |
|                              |                         | 8.   | Verification of current certification in basic $1^{\text{st}}$ aid and CPR.  | ✓                                  |                                    |
|                              | Doc                     | nmer<br>umei<br>ewed   | ntation to verify compliance with the requirements above was f   | ound in each                       | of the records                     |
| 8.                           | <u>In-s</u>             | ervic  | <u>e Training</u> - 67:42:07:04  | <u>YES</u>                         | <u>NO</u>                          |
|                              | A.                      |  | re is a written plan for orientation and training for staff and inteers.   | ✓                                  |                                    |

|    | В.       | Each employee has a documented record of an initial orientato the center within one month of the date of hire that include 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 ye of employment that includes all of the areas required in 67:42:07:04.   | ear<br><u>√</u> |  |
|    | E.       | Training for all employees after the first year of employment determined by an annual evaluation and is competency base  |                 |  |
| 9. | the requ | staff is documented on the LSS Essential Learning system that training provided is competency based. Documentation to veruirements above was found in each of the records reviewed.  Sorting Suspected Child Abuse or Neglect and Changes in the sumstances - 67:42:01:12, 67:42:07:15, 67:42:07:16, |                 |  |
|    |          | 42:07:05  The facility has a written procedures for handling and report  | ing             |  |
|    |          | suspected in-house CA/N. It includes:  | <b>✓</b>        |  |
|    |          | <ol> <li>A definition of what constitutes CA/N;</li> </ol>   | <b>✓</b>        |  |
|    |          | 2. Immediate reporting to DSS or law enforcement;  | <b>✓</b>        |  |
|    |          | 3. A procedure for assuring the incident will not recur pend the investigation;  | ding            |  |
|    |          | 4. A procedure for evaluating the continued employability any staff member involved in an incident of CA/N.  | of              |  |
|    | В.       | Each employee has signed a statement acknowledging and understanding the reporting procedure.  | <b>✓</b>        |  |
|    | C.       | The facility is aware of its need to report any changes of circumstances that may affect its licensed status.  | <b>✓</b>        |  |
|    | Con      | nments:  |                 |  |

LSS has written procedures for identification and reporting of child abuse and neglect that address the above requirements. Staff interviewed were familiar with the process to report abuse.

| 67:      | 42:07           | <u>nt</u> – 67:42:01:01(3), 67:42:01:21, 67:42:07:01,<br>7:01.01, 67:42:07:01.02, 67:42:07:05, 67:42:07:10,<br>7:28, 67:42:07: 29  |               |               |          |
|----------|-----------------|--|---------------|---------------|----------|
| A.       | The             | re are written procedures relating to:   | <u>YES</u>    | <u>NC</u>     | <u>)</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.   | ✓             |               |          |
| Comme    | nts:            |  |               |               |          |
| The Aris | e You           | th Center has written procedures which relate to all of the abo  | ve required a | reas.         |          |
| В.       | Chil            | dren attend a local school.  | ✓             |               |          |
| Comme    | nts:            |  |               |               |          |
| will be  | coord<br>ossibl | Center residents will attend their home school when possible inated through the Rapid City School District or coordinated we. For youth not currently enrolled in school, the Rapid City site. | ith their hom | ne school dis | strict   |
| C.       | Cas             | 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<br>in care, the facility staff working with the child, the<br>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. 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. 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.                   | 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.                             | <b>√</b>       |           |
|     | 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.                        | ✓              |           |
|     | G.                   | The interstate compact administrator has been contacted before acceptance of an out-of-state child.  | N/A            |           |
|     | H.                   | A facility that provides alternative services to children in custody of the department has a signed alternative service agreement with the department.   | N/A            |           |
| Doc | nmen<br>umer<br>ewed | ntation to verify compliance with the requirements above was found   | in each of the | records   |
| 11. | Med                  | lications - 67:42:07:19, 67:42:07:20, 67:42:07:22, 67:42:07:23   |                |           |
|     | A.                   | The facility has written procedures relating to the storage and administration of medication which include:  | <u>YES</u>     | <u>NO</u> |
|     |                      | 1. Conditions under which medications may be given.  | ✓              |           |
|     |                      | 2. Procedures for documenting the administration of medication.  | <b>√</b>       |           |
|     |                      | 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.   | <b>✓</b>       |           |
|     | D.                   | Medicine is kept in a locked cabinet.  | ✓              |           |
|     | E.                   | A medication 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.

| 67:4 |                                    | lusion_and_Restraint 67:42:07:05, 67:42:07:24, 67:42:07:25, 7:26, 67:42:07:27  | <u>YES</u>                      | <u>NO</u>                 |
|------|------------------------------------|--|---------------------------------|---------------------------|
|      |                                    | The facility has written procedures relating to the use of seclusion and restraint.  | ✓                               |                           |
|      | В.                                 | Use of seclusion and restraint is included in the treatment plan.  | N/A                             |                           |
|      | 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.  | N/A                             |                           |
|      | E.                                 | Placement in seclusion or restraint does not exceed two hours if<br>the child is age 9 to 17 or one hour if the child is under the age<br>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.  | N/A                             |                           |
|      |                                    |  |                                 |                           |
|      |                                    | written policies for restraint or seclusion. A shelter care facility may   |                                 |                           |
|      |                                    | written policies for restraint or seclusion. A shelter care facility may unteers - 67:42:07:14   | not use locke<br><u>YES</u>     | d seclusion.<br><u>NO</u> |
|      |                                    |  |                                 |                           |
|      | <u>Volu</u>                        | unteers - 67:42:07:14  | <u>YES</u>                      |                           |
|      | <u>Volu</u><br>A.                  | unteers - 67:42:07:14  Have a written job description with specific responsibilities.  | <u>YES</u><br>N/A               |                           |
|      | <u>Volu</u><br>A.<br>B.            | unteers - 67:42:07:14  Have a written job description with specific responsibilities.  Supervised and evaluated by an experienced staff member.  | YES<br>N/A<br>N/A               |                           |
|      | Volu<br>A.<br>B.<br>C.             | unteers - 67:42:07:14  Have a written job description with specific responsibilities.  Supervised and evaluated by an experienced staff member.  Three documented non-related references.  | YES<br>N/A<br>N/A<br>N/A        |                           |
|      | Volu<br>A.<br>B.<br>C.<br>D.       | unteers - 67:42:07:14  Have a written job description with specific responsibilities.  Supervised and evaluated by an experienced staff member.  Three documented non-related references.  Documented orientation.  Documented in-service training as per 67:42:07:04 if volunteer   | YES<br>N/A<br>N/A<br>N/A<br>N/A |                           |
|      | Volu<br>A.<br>B.<br>C.<br>D.<br>E. | unteers - 67:42:07:14  Have a written job description with specific responsibilities.  Supervised and evaluated by an experienced staff member.  Three documented non-related references.  Documented orientation.  Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week.   | YES N/A N/A N/A N/A N/A         |                           |
|      | Volu<br>A.<br>B.<br>C.<br>D.<br>E. | unteers - 67:42:07:14  Have a written job description with specific responsibilities.  Supervised and evaluated by an experienced staff member.  Three documented non-related references.  Documented orientation.  Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week.  Informed of obligation to report suspected CA/N.  Verification of screening for substantiated reports of child abuse | YES 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.

| 14. | Phy | sical Facility - 67:42:07:11, 67:42:07:12  | <u>YES</u> | <u>NO</u> |
|-----|-----|--|------------|-----------|
|     | A.  | There is a current fire inspection.  | <b>✓</b>   |           |
|     | B.  | There is a current health inspection.  | <b>✓</b>   |           |
|     | 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. | <b>✓</b>   |           |
|     | F.  | Sleeping children are monitored.   | <b>✓</b>   |           |
|     | G.  | Each child has their own bed with linens, blankets and pillows.                    | <b>✓</b>   |           |
|     |     |  |            |           |

### Comments:

A Semi-Annual Fire System Inspection report was included with the application materials and can be found in the licensing record. A copy of the yearly fire drills conducted by the facility was provided with the application materials. Documentation indicates that fire drills are conducted monthly.

| 15. | Nut  | <u>rition</u> - 67:42:07:13  | <u>YES</u> | <u>NO</u> |
|-----|--|--|------------|-----------|
|     | <ul> <li>Meals are of sufficient quantity to meet children's nutritional<br/>needs.</li> </ul> |  | <b>✓</b>   |           |
|     | B.   | Arrangements are made for children with a special prescribed diet. | <b>✓</b>   |           |

### Comments:

LSS has written policies regarding Nutrition Standards. The Pennington County Sheriff's Office provides Food Service for youth in the Arise Youth Center. Staff and residents interviewed stated the meals are adequate quality and quantity.

### 16. Recommendations:

LSS Arise Youth Center is in substantial compliance with licensing requirements for a Group Care Center for Minors-Shelter Care Facility.

It is recommended that a satisfactory license be issued to Lutheran Social Services to operate the Arise Youth Center/West as a Group Care Center for Minors-Shelter Care Facility in the Western South Dakota Juvenile Services Center building located at 3505 Cambell Street, Rapid City, South Dakota, to provide care for a maximum of 22 youth age ten to seventeen years.

| Completed By:   | Kevin Kanta |            |            | 5/13/22  |      |
|-----------------|-------------|------------|------------|----------|------|
|                 | Kevir       | າ Kanta, I | Program Sp | ecialist | Date |
| Date of on-site |             |            |            |          |      |
| visit:          |             |            |            | 5/3/22   |      |
|                 |             |            |            |          |      |
| Program Manac   | ıorı        | Murie      | el Nelson  |          |      |