

# FACILITY EVALUATION REPORT

|   |                                   |
|---|-----------------------------------|
| <b>FACILITY NAME:</b> CHILED A INSTITUTE                    | <b>FACILITY NUMBER:</b> 602300029 |
| <b>ADMINISTRATOR:</b> LENTZ, KIRBY DR.                      | <b>FACILITY TYPE:</b> 731         |
| <b>ADDRESS:</b> 1825 VICTORY STREET                         | <b>TELEPHONE:</b> (608) 782-6480  |
| <b>CITY:</b> LA CROSSE                                      | <b>STATE:</b> WI                  |
| <b>CAPACITY:</b> 42   | <b>ZIP CODE:</b> 54601            |
| <b>TYPE OF VISIT:</b> Case Management - Annual Continuation | <b>CENSUS:</b> 42                 |
|   | <b>UNANNOUNCED</b>                |
| <b>MET WITH:</b> Kirby Lentz, President / CEO               | <b>DATE:</b> 05/22/2007           |
|   | <b>TIME BEGAN:</b> 09:00 PM       |
|   | <b>TIME COMPLETED:</b> 05:00 PM   |

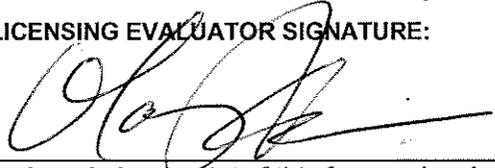
## NARRATIVE

1 PURPOSE OF VISIT:  
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3 Chileda Institute is seeking re-certification with the State of California, Department of Social Services,  
4 Community Care Licensing Division, Out-of-State Certification Unit. The purpose of this visit is to verify the  
5 facility is in compliance with California Group Home Licensing Standards in order to become re-certified.  
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7 CALIFORNIA PLACING AGENCIES:  
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9 Yolo County is the only California agency contracted for services with Chileda at this time.  
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11 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW CHANGES:  
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13 As of August 2006, Chileda officially opened doors for services at their new facility campus at 1825 Victory  
14 Street in La Crosse, Wisconsin. The new campus is fully operational and equipped with an on grounds  
15 school and four (4) living units for the residents. All furniture, fixtures, and equipment appeared to be in good  
16 order.  
17  
18 On 09/19/ 2006 a fire inspection was conducted by the La Crosse Fire Department of the new facility campus.  
19 No deficiencies were noted.  
20  
21 Chileda has not made any significant program changes since the last annual certification evaluation of 2006.  
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**SUPERVISOR'S NAME:** Mei Yuk Kung **TELEPHONE:** (916) 327-8763

**LICENSING EVALUATOR NAME:** Olaniyan Akyeem **TELEPHONE:** (916) 324-9250

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 05/30/2007

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/30/2007

This report must be available at Child Care and Group Home facilities for public review for 3 years.

# FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CHILED A INSTITUTE

FACILITY NUMBER: 602300029

VISIT DATE: 05/22/2007

## NARRATIVE

1 LOCAL STATE LICENSING / COMPLAINT(S) ISSUES:

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The State of Wisconsin Department of Health and Family Services, Division of Children and Family Services placed Chileda on a six month probationary licensing status from August 28, 2006 through February 28, 2007 following the move to the new campus. The probationary period is a standard requirement for all licensed residential programs following relocation to another site. During the six month period, two site inspections were conducted on 11/07/2006 and 1/10/2007 by the Wisconsin Licensing Department. Both visits resulted in no violations.

Chileda is currently operating under full licensing status and has not had any substantiated complaints in the last year.

ADMINISTRATIVE AND PLAN OF OPERATION:

Administrative review revealed no issues related to intake procedures, licensing capacity, or program services.

SCOPE OF CERTIFICATION REVIEW:

Certification review covered the following areas: Programming; intake and discharge procedures; discipline policy; emergency intervention techniques; medical procedures; facility file review; staff interviews; observation of program and daily activities; criminal record review; personal rights; food services; staff trainings; emergency disaster plan; fire clearance; and all issues pertaining to physical plant.

OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:

Facility appears to be operating in substantial compliance with California licensing standards at this time. No issue of concern noted.

CERTIFICATION DECISION:

Re-certification recommended

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 324-9250

LICENSING EVALUATOR SIGNATURE:



DATE: 05/31/2007

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/31/2007