



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
Community Care Licensing Division – Statewide Children’s Residential Program
744 P Street, MS 8-3-54 Sacramento, CA 95814



EDMUND G. BROWN JR.
GOVERNOR

April 25, 2012

Ms. Jennifer Sievert, Executive Director
Forest Ridge Youth services
4502 230th Street
Wallingford, Iowa 51365

Capacity: 78
Population Served: Female: 16-18

Dear Ms. Sievert:

SUBJECT: RECERTIFICATION BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)

Pursuant to California Family Code, Section 7911 et al., this is official notification that the Certification for Forest Ridge located at 4502 230th Street, Wallingford, Iowa is continued through April 2013.

California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
- c. Suspected physical, sexual, or psychological abuse
- d. Epidemic outbreaks and catastrophes
- e. Injuries and illnesses that require hospitalization or medical treatment (beyond first-aid)
- f. Use of restraint (whether or not they result in an injury to a child)
- g. Any unusual incident or absence that threatens the physical or emotional health or safety of a child

In addition, children over the age 18 may not be eligible for continued funding under California Title 4-E unless the program is licensed by their state, and Certified by the State of California for care of Non-Minor Dependents (NMD). Certification will continue to be reviewed annually. We will be following our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

If you have any questions or would like to discuss this report further, please contact me at (916) 838-5875.

Sincerely,

OLANIYAN AKYEEM
Out-of State Program Analyst

C: Rosalind Hyde, Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

FACILITY EVALUATION REPORTCCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814

FACILITY NAME:	FOREST RIDGE YOUTH SERVICES: WALLINGFORD	FACILITY NUMBER:	602300063
ADMINISTRATOR:	SHERRY WILLIAMS	FACILITY TYPE:	731
ADDRESS:	4502 230TH STREET	TELEPHONE:	(712) 867-4724
CITY:	WALLINGFORD	STATE: IA	ZIP CODE: 51365
CAPACITY:	78	CENSUS:	DATE: 04/12/2012
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 10:30 AM
MET WITH:	Jen Sievert, Executive Director		TIME COMPLETED: 04:00 PM

NARRATIVE

1 PURPOSE OF VISIT:

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As mandated by California law, this annual review was performed by the undersigned analyst for the purpose of re-certification by the California Department of Social Services (CDSS) to verify the facility continues to:

- have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision and treatment services to youth/clients in care.
- remain in substantial compliance with California licensing standards and regulations as well as remaining licensed and in good standing with the licensing authorities of the state of geographical location - - in this case, the state of Iowa.

CALIFORNIA PLACEMENTS AND PLACING AGENCIES:

At the time of visit, the total census for California youth at the Wallingford facility was ten (10). Overall, Forest Ridge Youth Services (FRYS) is currently contracted with three (3) California county Social Services and Probation agencies ranging from northern, central and southern California. These counties are as follows: Sacramento and San Bernardino and Kern counties.

FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:

An inspection of the campus grounds and residential living units was conducted at the time of this review. All common areas including living units and individual rooms were exceptionally clean and in order. All furniture and equipment appeared to be functional and in good repair. No issue of concern.
(See LIC 809 C continued)

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:**

DATE: 04/12/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

Original signature on file

DATE: 04/12/2012

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

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814**FACILITY NAME:** FOREST RIDGE YOUTH SERVICES:
WALLINGFORD**FACILITY NUMBER:** 602300063**VISIT DATE:** 04/12/2012**NARRATIVE**

1 FRYs has not had any significant program changes since last year. However, in September of 2011, FRYs
2 made a formal request to Iowa Department of Human Services to combine two separate programs to better
3 serve and meet the needs of the community. The former living unit known as Cedar Hall, has since been
4 renamed as, "Shelter /Parks". The building will serve as both Community Residential Care and a Community
5 Shelter. The shelter program will remain separated from the residential program by dividing floors, and
6 alarmed secured doors. FRYs was granted a certificate of license, effective 10/13/2011-10/1/2012.

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8 Other: FRYs is currently seeking certification of a third program, Ellinwood which will also be located in the
9 Estherville area. Certification is currently pending as of 4/23/2012. An application to serve Non-Minor
10 Dependents NMD is also pending at this time.

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12 **FIRE CLEARANCE:**

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14 The most recent fire clearances were conducted on 7/20/2011 by the Iowa State Fire Marshall. All
15 components related to the physical structures and equipment was inspected resulting in minor rule infractions.
16 A follow-up corrective action plan provided by FRYs indicated that all violations have been corrected. No
17 other violations were found.

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19 **LOCAL STATE LICENSING / COMPLAINTS ISSUES:**

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21 The Iowa Department of Human Services conducted an annual review of FRYs on 10/3/2011. The inspection
22 revealed no areas of deficiencies.

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24 Complaints: On 11/8/2011, FRYs notified Iowa licensing of an allegation of inappropriate contact between
25 staff and client. On 11/19/2011, Iowa CPS representative reported that he did not identify any licensing
26 issues as related to this incident. On 11/22/2011, FRYs Quality Compliance Officer notified Iowa Licensing
27 that the staff involved in the incident has been terminated.

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29 As a result of these findings, and in accordance with Iowa licensing standards, Crystal Cottage license was
30 reduced from three years to one year, effective 12/1/2011 to 12/1/2012.
31 (See LIC 809 C continued)
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1 Licensing requires that, "even if there was evidence that the facility had nothing to do with the abuse (i.e.,
2 completed child abuse and criminal records check, provided adequate training, has policies and procedures in
3 place, etc.), and there was no evidence that the perpetrator had acted on his/her own accord, a one year
4 license is still the maximum length that can be recommended." No other substantiated complaints reported
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CLIENT(S) TREATMENT SERVICES AND PERSONAL RIGHTS REVIEW:

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8 All students interviewed reported they have been informed of their personal rights. Students reported that
9 they attend school and participate in small group's sessions three times per week. Students also are
10 assigned a remedial counselor and receive individual counseling at least once per week. Additional
11 counseling is also available on a case by case basis if requested.
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13 Student interviews and client file reviews confirmed that student's were given the proper medical/dental
14 treatment and follow-up services both annually and on an as needed basis. No issues of concern in medical
15 services. Overall, students were very positive about their placement at FRYs program.
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SCOPE OF CERTIFICATION REVIEW:

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19 • Entrance interview with Jen Sievert, Executive Director, Shawn Connelly, Assistant Director
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21 • Collection of updated and current licensing documents, organizational and program information material,
22 i.e., fire clearance, emergency intervention, programming, intake and discharge procedures,
23
24 • Review and discussion of administrative changes, oversight and visit plan.
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26 • Sample of client, staff files reviewed.
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OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:

28 No deficiencies noted.
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30 CERTIFICATION DECISION: Recommend Re-certification
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