



CDSS

JOHN A. WAGNER  
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

March 14, 2011

Steve Laidacker, Executive Director  
Lakeside Academy  
3921 Oakland Drive  
Kalamazoo, MI 49008

**SUBJECT: Out-of-State Group Home Certification  
Lakeside Academy (CDSS Facility #602300066)**

Dear Mr. Laidacker:

Pursuant to California Family Code Section 7911 et al., this is official notification that effective the date of this letter, Lakeside Academy is re-certified as meeting California group home licensing standards. This re-certification is based on the annual onsite review and evaluation conducted December 8, 2010.

Certification will continue to be reviewed annually. The Out-of-State Certification Unit will continue to follow our Department's policy which authorizes us to inspect certified out-of-state facilities with or without appointment as necessary.

If you have any questions, please contact me at (916) 838-5751.

Sincerely,

CAROL LANCASTER, Certification Analyst

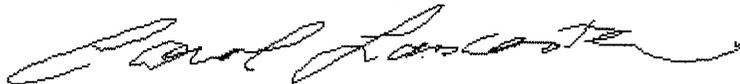
c: Rosalind Hyde, Manager and Deputy Compact Administrator, Out-of-State Placement and Policy Unit

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	LAKESIDE	<b>FACILITY NUMBER:</b>	602300066
<b>ADMINISTRATOR:</b>	<del>ROWLEY, MICHAEL</del> Steve Laidacker	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	3921 OAKLAND DRIVE	<b>TELEPHONE:</b>	(269) 381-4760
<b>CITY:</b>	KALAMAZOO	<b>STATE:</b> MI	<b>ZIP CODE:</b> 49008
<b>CAPACITY:</b>	98	<b>CENSUS:</b> 88	<b>DATE:</b> 12/08/2010
<b>TYPE OF VISIT:</b>	Case Management (Re-Cert.)	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 10:15 AM
<b>MET WITH:</b>	Steve Laidacker; Krista Goebel	<b>TIME COMPLETED:</b>	04:30 PM

**NARRATIVE**

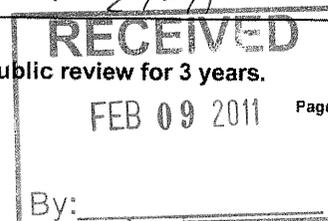
1 PURPOSE OF VISIT:  
2  
3 Annual on-site re-certification visit pursuant to California Family Code Section 7911 et al.  
4  
5 CERTIFICATION HISTORY; FACILITY INFORMATION AND PROGRAM:  
6  
7 Lakeside Academy has been certified by the California Department of Social Services, Community Care  
8 Licensing Division since March 23, 2010.  
9  
10 Lakeside Academy is a 98-bed residential treatment and educational program located on a large wooded  
11 campus in a suburban area of Kalamazoo, Michigan. The population served is male and female youth, ages  
12 12-18, who are adjudicated or at risk, have a full scale IQ of 70 or above and typically present with the  
13 following characteristics:  
14 • Impulsivity, irresponsibility and/or lack of self-discipline.  
15 • Denial and/or justification of behavior.  
16 • History of anger and aggression.  
17 • Demonstration of a low degree of empathy.  
18 • Exhibition of poor coping skills.  
19 • Non-compliance with authority.  
20 • Amenable to treatment in a normative culture.  
21  
22 **Note: For a complete description and overview of Lakeside, it's program, purpose, methods and**  
23 **goals, reference the initial certification report of March 23, 2010.**  
24  
25 No significant capacity or programmatic changes have occurred since initial certification; however, the census  
of clients served has increased substantially -- from 39 last March to 88 at present. The facility now has one  
unit operating for girls also, with 17 in population.

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/10/2011

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/10/2011

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: LAKESIDE

FACILITY NUMBER: 602300066

VISIT DATE: 12/08/2010

**NARRATIVE**

1	<u>CERTIFICATION HISTORY; FACILITY INFORMATION AND PROGRAM:</u> (Continued)
2	
3	In August 2010, the facility underwent a change of executive director -- Steve Laidacker replacing Mike
4	Rowley. Mr. Laidacker comes to Lakeside with multiple college degrees, including a doctorate in Education,
5	Child and Youth Studies, Management of Programs, as well as 30+ years consulting, training and
6	administering residential facilities throughout the country. Mr. Laidacker is also a faculty associate for JKM
7	Training Inc.'s Safe Crisis Management, a multi-nationally recognized comprehensive staff training program
8	that includes prevention, de-escalation and emergency safety intervention techniques.
9	
10	<u>YOUTH IN CARE:</u>
11	
12	Currently, seven of the 88 youth in care are placements made by California probation agencies representing
13	the following counties: San Bernardino, Santa Clara and Shasta. During this analyst's visit, four of these
14	youth were interviewed and shared positive opinions and experiences while at Lakeside.
15	
16	<u>MICHIGAN LICENSING INFORMATION:</u>
17	
18	Lakeside is licensed in the state of Michigan as a child caring institution by the Michigan Department of
19	Human Services, Bureau of Children and Adult Licensing. All seven living units that comprise the residential
20	program are included in their license which has an issue date of September 18, 2009, and is good through
21	September 17, 2011.
22	
23	According to an interim report based on an on-site inspection of September 21, 2010, the facility was in
24	compliance with all applicable rules and statutes with the exception of one minor deficiency related to three of
25	15 employee performance evaluations not being completed in a timely manner. Continuance of the facility's
26	license was recommended upon receipt of an approved written corrective action plan.
27	
28	<u>FIRE CLEARANCE:</u>
29	
30	The facility was last inspected August 29, 2010 by a representative of the Kalamazoo Department of Energy,
31	Labor and Economic Growth, Bureau of Fire Services. Based on that inspection, the facility was determined
32	to be in substantial compliance with applicable laws and regulations.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:



DATE: 01/11/2011

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FACILITY REPRESENTATIVE SIGNATURE:



Steven W. Laidacker

DATE: 01/11/2011

1-24-2011



**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: LAKESIDE

FACILITY NUMBER: 602300066

VISIT DATE: 12/08/2010

**NARRATIVE**

1	<u>SCOPE OF CERTIFICATION REVIEW:</u>
2	
3	• Collection and review of current organizational and program information material.
4	• Verification of licensure status and fire clearance with Michigan oversight authorities.
5	• Entrance interview and program update and discussion with Krista Goebel, Student Services and Quality
6	Assurance Director.
7	• Tour and inspection of physical plant.
8	• Six client interviews.
9	• Introduction and exit interview with executive director Steve Laidacker.
10	
11	<u>FINDINGS, AREAS OF CONCERNS AND/OR THOSE REQUIRING CLARIFICATION, FURTHER</u>
12	<u>DEVELOPMENT OR CORRECTION:</u>
13	
14	The facility appeared clean, safe, sanitary and in good repair and clients appeared to be actively engaged in
15	daily programming while this analyst was visiting the facility. Based on interviews with several clients, they
16	seemed invested in the program and felt they were provided for well and treated with dignity and respect.
17	Since becoming certified, no complaints or issues of concerns have come to this analyst's attention.
18	
19	Based upon further review of facility and program material submitted by the facility thus far however, current
20	policies and procedures are being requested relative to the areas listed below. Please note that such
21	procedures need to be compatible and in compliance with California licensing standards as well as Michigan
22	licensing's although such standards may differ.
23	
24	1. Staff Background Checks/Clearances: Include information on when and how background checks are
25	conducted; what databases or records are queried against; and what is the policy and procedure for review
26	and evaluation of a record should such exist on a prospective employee. Procedures/policies should also
27	address and include how clearances are recorded and maintained.
28	
29	2. Staff Training (Initial and Ongoing): Include information on what training is provided for new hires as well
30	as existing direct care staff; and detail training topics and areas trained in, number of hours, who (or where)
31	the training is provided and how training records are maintained.
32	
	3. Emergency Intervention Plan; Manual Restraint Plan; Runaway Plan; Biannual Review Plan: Include
	policies and procedures on what crisis intervention and restraint methods or techniques are used in the
	prevention, de-escalation and response to aggressive, assaultive and dangerous behaviors as well as
	AWOL's

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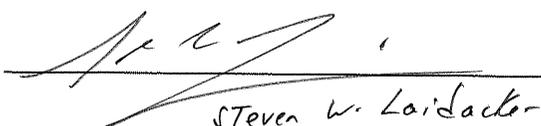
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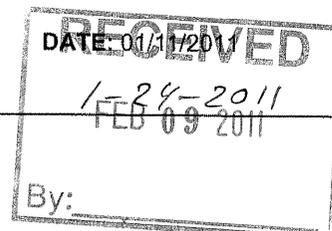
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Steven W. Laidacker

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**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** LAKESIDE

**FACILITY NUMBER:** 602300066

**VISIT DATE:** 12/08/2010

**NARRATIVE**

1 FINDINGS, AREAS OF CONCERNS AND/OR THOSE REQUIRING CLARIFICATION, FURTHER  
2 DEVELOPMENT OR CORRECTION: (Continued)  
3  
4 4. Serious Incident and Restraint Reporting: Submit procedures that illustrate and demonstrate compliance  
5 with CDSS' standards. It is important to note that California licensing standards require all serious incidents,  
6 injuries, AWOL's, restraints and allegations of neglect and abuse (which are made against the facility or a  
7 staff) be reported to the CDSS, regardless of whether the report or incident involves a CA youth.  
8  
9 RECOMMENDATION:  
10  
11 Re-Certification approved.  
12  
13 Updated and/or current information, policies and procedures relative to areas enumerated and outlined in the  
14 previous section should be provided to the CDSS by February 18, 2011.  
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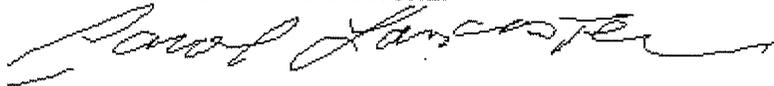
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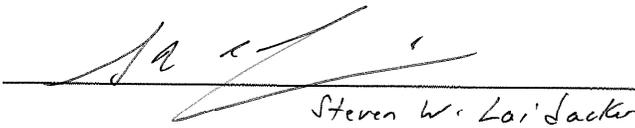
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**DATE:** 01/11/2011

1-24-2011

