

FACILITY EVALUATION REPORT

FACILITY NAME: NORMATIVE SERVICES, INC.
ADMINISTRATOR: CAL FURNISH
ADDRESS: 5 LANE LN.
CITY: SHERIDAN
CAPACITY: 76 ~~132~~
TYPE OF VISIT: Case Management - Other
MET WITH: Cal Furnish

FACILITY NUMBER: 602300007
FACILITY TYPE: 731
TELEPHONE: (307) 674-6878
ZIP CODE: 82801
DATE: 11/15/2007
UNANNOUNCED
CENSUS: 125
TIME BEGAN: 08:45 AM
TIME COMPLETED: 04:45 PM

NARRATIVE

1 PURPOSE OF VISIT:
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3 As mandated by California law, this annual visit was performed by the undersigned analyst for the purpose of
4 re-certification by the California Department of Social Services (CDSS) to verify the facility continues to:
5 • have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision
6 and treatment services to clients in care.
7 • remain in substantial compliance with California licensing standards and regulations as well as
8 remaining licensed and in good standing with the licensing authorities of the state of geographical
9 location - - in this case, the state of Wyoming.
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11 CDSS CERTIFICATION HISTORY/PROGRAM DESCRIPTION:
12 ~~Normative Youth Services Inc. (NYS)~~ *services, Inc. NSI*
13 Normative Youth Services Inc. (NYS) established in April of 1990, is a private, non-profit program offering
14 residential care, treatment and educational services for up to a 132 adolescent males and females who
15 present with behavioral and/or mental health challenges. Originally certified by the CDSS February 15, 2000,
16 ~~NYS~~ *NSI* has been successful in continuing to be recertified annually.
17 *NSI'S*
18 The establishment and maintenance of a positive normative culture is the cornerstone of ~~NYS~~ *NSI'S* philosophy.
19 Diversified treatment focusing on growth through group and peer interaction in an open setting provides
20 opportunities for change. Norms (expected behavior) are maintained by utilizing positive peer pressure to
21 confront negative behavior and by modeling pro-social behavior.
22
23 **[NOTE: For a complete description and overview of NSI's program, purpose, methods and goals,**
24 **reference the initial (1999) certification report.]**
25

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) ~~328-1692~~

LICENSING EVALUATOR SIGNATURE:

Carol Lancaster

DATE: 11/30/2007

Carol Lancaster

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/30/2007

Cal Furnish

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

FACILITY EVALUATION REPORT (Cont)Out of State Cert, 744 P Street, M.S. 19-50
Sacramento, CA 95814

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 11/15/2007

NARRATIVE1 CALIFORNIA PLACING AGENCIES/CHILDREN IN CARE:

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At the time of this year's visit, there were 26 social service dependents and probation wards from California in care from the following seven California counties: Sacramento; San Joaquin; Shasta; Santa Clara; Riverside; Ventura and San Bernardino. Facility capacity is 132; census 125.

FACILITY, PHYSICAL PLANT, PROGRAM AND PLAN OF OPERATION REVIEW:

The clients in care live in one of the seven homes/residences on the campus. Two of the residences are occupied by females; five are occupied by males. Among the residences, one offers a special program for the treatment of sexual issues and one serves as a transitional housing program. With the exception of some logistical changes concerning schooling, no significant facility or physical plant changes have occurred over the last year. Formerly, each home had its own attached classroom and teacher. This was changed over the last year. Six school classrooms were reduced to three -- each being attended and shared by students of two residences now.

FIRE CLEARANCE:

According to a Wyoming State Fire Marshall's report, the facility's most recent fire inspection was performed July 28, 2006.

LOCAL STATE LICENSING / COMPLAINT ISSUES:

Residential Treatment Center certification by the Wyoming Department of Family Services was last issued for each of the seven homes on April 16, 2006. These certificates expire April 15, 2008. No complaint issues have come to the attention of this analyst over the last year.

Since last year's visit, the facility has undergone evaluation and accreditation or certification by the following other agencies/authorities:

- Wyoming Board of Education -- Certificate of Full Accreditation granted (August 13, 2007.)
- Centers for the Application of Prevention Technologies, Mental Health and Substance Abuse Services Division -- Certification (September 12, 2007.)
- The Joint Commission -- Behavioral Health Care Accreditation (April 13, 2007.)

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

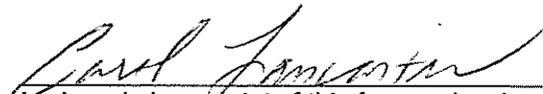
LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 323-1692

LICENSING EVALUATOR SIGNATURE:

PJP 11/15/07

DATE: 11/30/2007



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/30/2007



FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 11/15/2007

NARRATIVE

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| 1 | <u>SCOPE OF RE-CERTIFICATION REVIEW:</u> |
| 2 | |
| 3 | • Collection of updated and current organizational and program information material. |
| 4 | • Entrance interview and program discussion with Director Cal Furnish. |
| 5 | • Review and discussion of Incident Reporting Procedures. |
| 6 | • Tour/physical inspection of facility and grounds: Assessment of residences and accomodations; physical |
| 7 | plant - - i.e., facility grounds, buildings and residences, cafeteria. |
| 8 | • Review of client files and client interviews. |
| 9 | • Interviews with treatment and child care staff. |
| 10 | • Exit interview. |
| 11 | |
| 12 | <u>FINDINGS; AREAS OF CONCERN; AND/OR THOSE REQUIRING CORRECTION:</u> |
| 13 | |
| 14 | All areas reviewed and inspected appeared to be in substantial compliance with CA licensing standards: |
| 15 | Facility and grounds appear to be safe, sanitary and in good repair. |
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| 17 | Good interaction between staff and clients. |
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| 19 | <u>CERTIFICATION DECISION:</u> |
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| 21 | Re-certify. |
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SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

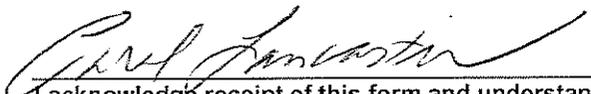
LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) ~~323-1692~~

LICENSING EVALUATOR SIGNATURE:

838-5351

DATE: 12-3-2007



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/03/2007

