

FACILITY EVALUATION REPORT

FACILITY NAME: <i>Rites of Passage</i> JOB QUALIFYING HOUSE		FACILITY NUMBER:	602300005
ADMINISTRATOR: HOWELL, LAWRENCE		FACILITY TYPE:	731
ADDRESS: 2702 EAST VALLEY ROAD		TELEPHONE:	(775) 267-9411
CITY: MINDEN	STATE: NV	ZIP CODE:	89423
CAPACITY: <i>8</i>	CENSUS: UNANNOUNCED	DATE:	06/29/2007
TYPE OF VISIT: Case Management <i>(Re Cert.)</i>		TIME BEGAN:	09:00 AM
MET WITH: Vicki Sims, Ron Westphal, Lawrence Howell		TIME COMPLETED:	03:00 PM

NARRATIVE

1 PURPOSE OF VISIT

2

3 As mandated by California law, this annual on-site visit and review of the out-of-state group home referenced

4 was conducted by the undersigned analyst on June 29, 2007 for the purpose of re-certification through

5 evaluating that the facility continues to:

6 • have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision,

7 education and treatment services for the clients served.

8 • remain in substantial compliance with California licensing standards governing the operation of children's

9 group homes, as well as operating and remaining in good standing with licensing authorities in the state

10 of Nevada.

11

12 CDSS CERTIFICATION HISTORY AND PROGRAM DESCRIPTION:

13

14 This community-based group home is basically an extension (satellite facility) to the 225 bed Rite of Passage

15 Silver State Academy (ROP SSA) program located approximately 80 miles away in Yerington, NV.

16 Subsequent to graduation from ROP SSA, a small number of student athletes are afforded the opportunity to

17 continue to learn and develop educational and life skills through living at the group home prior to returning to

18 their county/state of origin. The ROP SSA, as well as four satellite homes (referred to as Qualifying or "Q"

19 Houses) were all originally certified by the California Department of Social Services (CDSS) in 1999.

20

21 *(NOTE: To review prior licensing certification reports and/or for a complete description and overview*

22 *of the ROP program, purpose, methods and goals, reference the most recent Group Home Program*

23 *Statement in its entirety located in the facility file.)*

24

25

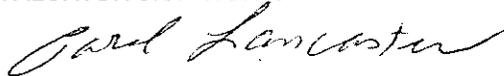
SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 323-1692

LICENSING EVALUATOR SIGNATURE:



DATE:

8-24-07

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE:

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: JOB QUALIFYING HOUSE

FACILITY NUMBER: 602300005

VISIT DATE: 06/29/2007

NARRATIVE

1 INFORMATION ON PLACING ENTITIES/AGENCIES AND CHILDREN IN CARE

2
3 Rites of Passage prides itself as an organization that offers quality educational, vocational, athletic and life
4 skills training in a residential treatment services environment. The Nevada ROP facilities accept and provide
5 services to male adolescent clients (known as student/athletes,) ages 13 to 18, who typically present with
6 conduct disordered, delinquent "street type" behaviors - - most clients having been adjudicated for same and
7 placed at ROP by juvenile justice officials/county probation officers. The "Q" houses offer continuum of care
8 with increased emphasis on transitional living and employability skills.
9

10 At the time of this year's visit, the facility had six of six beds filled, all of which occupied by youth from Clark
11 County, NV (Las Vegas area.)
12

13 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:

14
15 No significant physical plant or program changes have occurred over the last year. The physical plant
16 continues to be a large contemporary four bedroom, two and a half bath ranch style home located in a rural
17 Minden, NV neighborhood. The home and furnishings present as being extremely well kept and maintained.
18 It is obvious that clients and staff take pride in keeping the home in such a condition. The home additionally
19 sits on a large lot which offers plenty of outdoor living and recreating space. For those students who have yet
20 to complete high school or pass the GED test, school programing is held year round in a classroom and
21 computer lab setting at a nearby location which also serves as ROP Nevada's administrative offices.
22 Recreation space is located there as well.
23

24 EMERGENCY DISASTER PLANNING/OPERATIONS AND FIRE CLEARANCE

25
26 Posted in conspicuous locations throughout the house are floorplan diagrams that illustrate the exit routes
27 and an emergency disaster plan in the event of a fire or other emergency. Residents participate in fire
28 drills/evacuation drills on a routine basis.
29

30 LOCAL STATE LICENSING / COMPLAINTS

31
32 The State of Nevada Division of Child and Family Services most recently renewed the facility's Group Foster
Home license on July 1, 2007, shortly after conducting an annual on-site inspection. As of the writing of this
report, Nevada's annual report had not been received for review by the undersigned analyst.

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DATE: 8-24-2007

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DATE:

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

FACILITY NAME: JOB QUALIFYING HOUSE

FACILITY NUMBER: 602300005

VISIT DATE: 06/29/2007

NARRATIVESCOPE OF RE-CERTIFICATION REVIEW

- Collection of updated and current organization and program information and material.
- Entrance interview with Treatment Director Vicki Sims.
- Tour/Physical Inspection of home and amenities; assessment of residential quarters and accommodations - - furniture/bedding, food, kitchen/cooking/eating essentials, toiletries, cleaning supplies and safe storage of same; first aid kit and medication supplies and safe storage of same; adequate laundry facilities, verification of posted license.
- Assessment of emergency procedures and preparedness- - i.e., posted floorplan/diagram illustrating exit and evacuation routes.
- Sample of staff files and training records reviewed.
- Note: Due to no California clients in placement at the home during this year's review, client files were not reviewed.
- Program discussion and exit interview conducted at ROP Administrative Offices in Minden with Lawrence Howell, Agency Director; Ron Westphal, Facility Director; and Vicki Sims, Treatment Director.

FINDINGS; AREAS OF CONCERN AND/OR CORRECTION

As a result of this year's inspection, no areas of non-compliance or substandard conditions were identified. The home was found to be in extremely good condition and maintained nicely. It is obvious that the clients and staff take pride in maintaining their home and that in doing so, the clients are demonstrating responsibility and their ability to successfully transition from adolescents to adults.

Over the next year, this analyst plans to work with the facility to ensure that all material and the program statement maintained in the Out-of-State Certification Unit's facility file is accurate and still up to date since the material was submitted back in 1998 when the facility was first certified.

CERTIFICATION DECISION:

Re-Certify.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 323-1692

LICENSING EVALUATOR SIGNATURE:



DATE:

8-29-02

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: