



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

July 9, 2010

Lawrence Howell
Rite of Passage
2560 Business Parkway, Suite B
Minden, NV 89423

**SUBJECT: OUT-OF-STATE RE-CERTIFICATION
RITE OF PASSAGE QUALIFYING HOUSE #5**

Dear Mr. Howell:

Pursuant to California Family Code Section 7911 et al., this is official notification that certification by the California Department of Social Services (CDSS) for Rite of Passage Qualifying House #5 (Monument House) is continued through July 2011.

Certification will continue to be reviewed annually. The Out-of-State Certification Unit will continue to follow the Department's policy, which authorizes us to inspect facilities with or without appointment.

Thank you for your cooperation during the recertification process this year. 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, CDSS Division of Children and Family Services, Out-of-State Placement and Policy Unit

JUL-09-2010 11:30

CDSB-CCLD-COB

916 323 8352

P.003

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814

FACILITY NAME:	RITE OF PASSAGE Q HOUSE #5	FACILITY NUMBER:	602300047	
ADMINISTRATOR:	RON WESTER Peter Woods	FACILITY TYPE:	731	
ADDRESS:	2706 E. VALLEY ROAD	TELEPHONE:	(775) 267-4564	
CITY:	MINDEN	STATE:	NV	
CAPACITY:	88	CENSUS:	6	
TYPE OF VISIT:	Case Management	UNANNOUNCED	DATE:	06/29/2010
MET WITH:	Peter Woods	TIME BEGAN:	08:15 AM	
		TIME COMPLETED:	09:51 AM	

NARRATIVE

1 PURPOSE OF VISIT

2

3 As mandated by California law, this on-site visit and review was conducted by the undersigned analyst on

4 June 29, 2010 for the purpose of re-certification. This is an annual visit to evaluate that the facility continues

5 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 which govern the operation of

9 children's group homes, as well as operating and remaining in good standing with licensing authorities in

10 the state of Nevada which is where the facility is located.

11

12 CLIENTS IN CARE

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14 The facility is licensed/certified to provide residential care and treatment to eight male adolescents, ages

15 13-18. At the time of visit, the census was six. Two of the six youths in placement were from California --

16 one being placed by Sacramento County Probation and one placed by Alameda County Probation. The four

17 other youth were Nevada placements.

18

19 NV LICENSING INFORMATION

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21 As part of this re-certification review, this analyst collected the most recent license and licensing report issued

22 by the State of Nevada, Division of Child and Family Services. The most recent Group Foster Home license

23 (No GF 473-924-01,) was issued July 1, 2010 and is good through June 30, 2011. The reissuance of this

24 license was based on a recent onsite licensing evaluation conducted by a Nevada licensing analyst on June

25 23, 2010. The report issued in conjunction with that visit reflected no areas of non-compliance.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 07/09/2010

Carol Lancaster

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/09/2010

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814

FACILITY NAME: RITE OF PASSAGE Q HOUSE #5

FACILITY NUMBER: 602300047

VISIT DATE: 06/29/2010

NARRATIVE

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FIRE CLEARANCE:

A fire re-inspection was last performed at the group home on October 15, 2008 by a Minden, NV based private inspection company. Their report reflected the facility was in compliance with Nevada fire standards.

SCOPE OF RE-CERTIFICATION REVIEW:

- Entrance interview and tour of home conducted with Administrator Peter Woods.
- Collection of updated and current organizational, staffing and program information material.
- Medications, knives and toxic household supplies were locked for safekeeping.
- Adequate first aid supplies verified.
- Adequate food and household supplies were verified.
- Facility sketches illustrating emergency exit routes were observed to be posted.
- Smoke detectors and fire extinguishers checked.
- Client file reviews (2) - Limited to CA probation youth in placement.
- Interview with CA Client. (Note: Only one of the two CA clients was available - the other was at work.)
- Exit interview.

FINDINGS

The facility was found to be clean, safe, sanitary and in good repair. Facility programming, oversight and staffing appears satisfactory.

AREAS REQUIRING CORRECTION:

Signed copies of client needs and services treatment plans need to be maintained in client files. Initial treatment plans were completed on both CA clients in placement; however, the treatment plans in the client's file were not signed by the client's probation officer.

Admission agreement: When a client is accepted at any one of the "Q" houses, an admission agreement is needed. This includes when a client is transferred from ROP's Silver State Academy to an ROP "Q" House. This situation warrants a new admission agreement for the "Q" House the client is placed in.

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[Signature]

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COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT (Cont)

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SACRAMENTO, CA 95814

FACILITY NAME: RITE OF PASSAGE Q HOUSE #5

FACILITY NUMBER: 602300047

VISIT DATE: 06/29/2010

NARRATIVE

1 CERTIFICATION DECISION:

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3 Re-Certification approved. A plan of correction is expected however in relation to the matters addressed in
4 the previous section. Evidence of plan of correction is expected by July 30, 2010.
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