



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

August 27, 2012

Mr. Lawrence Howell  
Rite of Passage: Silver State Academy  
100 Rosaschi Road  
Yerington, NV 89447

Capacity: 130  
Population Served: Males 12-17

Dear Mr. Howell:

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

Pursuant to California Family Code, Section 7911 et al., this is official notification that Silver State Academy's certification by the CDSS is continued through December 2012. Depending on the facility's level of compliance, certification may or may not be extended through June 2013 at that time.

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, services to non-minor dependents as specified in W&I Code 16501.1(c)(1), may not be provided until the facility is licensed in the state of Nevada and certified by the CDSS to do so.

Waivers for more than two to a room and bunk beds remain unchanged. We will continue to follow 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) 838-5751.

Sincerely,

CAROL LANCASTER  
Out-of State Program Analyst

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

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	RITE OF PASSAGE: SILVER STATE ACADEMY	<b>FACILITY NUMBER:</b>	602300001
<b>ADMINISTRATOR:</b>	LAWRENCE HOWELL	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	100 ROSASCHI ROAD	<b>TELEPHONE:</b>	(775) 463-5111
<b>CITY:</b>	YERINGTON	<b>STATE:</b> NV	<b>ZIP CODE:</b> 89447
<b>CAPACITY:</b>	225	<b>CENSUS:</b> 105	<b>DATE:</b> 06/04/2012
<b>TYPE OF VISIT:</b>	Case Management	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 12:58 PM
<b>MET WITH:</b>	Chris Ellison, Director of Student Services	<b>TIME COMPLETED:</b>	05:15 PM

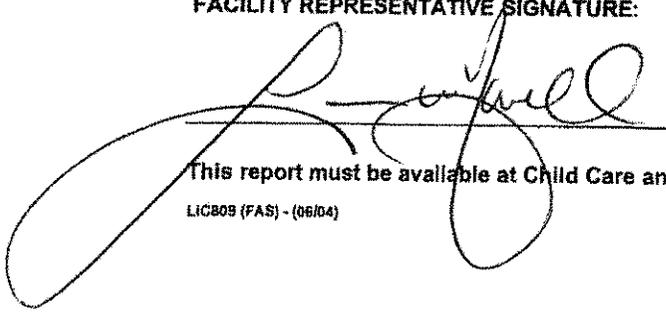
**NARRATIVE**

1 PURPOSE OF VISIT:  
2  
3 As mandated by California law, the purpose for this on-site visit and evaluation was to determine if Rite of  
4 Passage Silver State Academy continues to be suitable for annual re-certification as an out-of-state group  
5 home provider by the CDSS. Specifically, re-certification is based on:  
6  
7 1. The facility having adequate and appropriate resources to provide safe, suitable 24-hour residential care,  
8 supervision and treatment services to youth/clients in care.  
9 2. The facility continuing to remain in substantial compliance with California licensing standards and  
10 regulations as well as laws and licensing regulations in the state of location - - in this case the state of  
11 Nevada.  
12  
13 FACILITY HISTORY/OVERVIEW:  
14  
15 Rite of Passage Silver State Academy (ROP SSA) has been certified by the CDSS as an out-of-state group  
16 home provider since 1999. The facility is in a rural location just outside of Yerington, Nevada and is on tribal  
17 land leased from and governed by the Yerington Paiute Tribe of Nevada. The facility's licensed capacity is  
18 225. At the time of this year's evaluation, the census was 105.  
19  
20 ROP SSA serves male youth between the ages of 13 and 17 -- the vast majority of whom are adjudicated  
21 delinquents ordered by the Juvenile Court into out-of-home care and treatment. Clients (or "student-athletes"  
22 as ROP refers to them as) are placed and monitored predominantly by county probation agencies. The  
23 typical youth referred to ROP presents with a history of impulsive behaviors, oppositional-defiance and other  
24 conduct disorders, along with previous out-of-home placement which has proven to be less than successful.  
25 Additionally, most have a significant delinquency history accompanied

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/07/2012

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/07/2012

  
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 19-58  
SACRAMENTO, CA 95814

**FACILITY NAME:** RITE OF PASSAGE: SILVER STATE  
ACADEMY

**FACILITY NUMBER:** 602300001

**VISIT DATE:** 06/04/2012

**NARRATIVE**

1  
2 by a history of alcohol/drug abuse and/or gang affiliation/involvement. In previous years, many of these  
3 youth would have been committed to the California Department of Corrections and Rehabilitation, Division of  
4 Juvenile Justice. However, due to hard economic times facing California and its governmental systems,  
5 diminished resources and closures of many county and state level juvenile justice facilities, the demand for  
6 out-of-state group home placement has risen. Further, the youth of today referred to group home facilities  
7 such as ROP pose a significant risk of harm and reoffending should they to be allowed to remain in the  
8 community; and prove difficult to effectively manage and solicit positive change and cooperation from while in  
9 group home placement.  
10  
11 Youth placed at ROP must be physically capable of participating in an athletic training program.  
12  
13 While at ROP, the student-athletes attend an on-grounds school operated by the El Dorado County  
14 Department of Education.  
15  
16 ROP has the following waivers:  
17  
18 • More than two to a room.  
19 • Bunk beds.  
20 • Standard facility issued clothing  
21  
22  
23  
24 PLACING AGENCY INFORMATION:  
25  
26 At the time of this year's evaluation, ROP had placements from four states: Nevada (25), California (60),  
27 Michigan (6) and Minnesota (12). The following California counties have placements currently in the  
28 numbers indicated: Los Angeles (25), Alameda (17), Stanislaus (7), Santa Clara (4), Solano (3), San  
29 Francisco (1), Sonoma (1), San Mateo (1) and Lake (1).  
30  
31  
32

**SUPERVISOR'S NAME:** Mei Yuk Kung

**TELEPHONE:** (916) 327-8763

**LICENSING EVALUATOR NAME:** Carol Lancaster

**TELEPHONE:** (916) 838-5751

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/07/2012

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/07/2012

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 18-60  
SACRAMENTO, CA 95814FACILITY NAME: RITE OF PASSAGE: SILVER STATE  
ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 06/04/2012

**NARRATIVE****1 FACILITY/PROGRAM REVIEW AND CHANGES:**

2  
3 ROP utilizes a Positive Organizational Culture model that incorporates Social Learning Theory and Positive  
4 Youth Development as the operating procedures.  
5

6 The facility has recently decreased its operational capacity to 130 in light of significant new construction and  
7 capital improvements currently in progress. (Licensed capacity remains at 225.) Formerly, student-athletes  
8 lived in one of six living units on the campus (referred to as "Halls"): Legend Hall, Freedom Hall, Liberty Hall,  
9 Graduation Hall, Justice Hall and Unity Hall. In late May, this changed to four with the closing of Liberty and  
10 Graduation Halls which are in the process of being demolished. In their place, new construction is slated to  
11 occur. The new construction will be a new dining hall and kitchen, school area, student services and  
12 administrative space. This will be a big improvement as Liberty and Graduation Halls were older modular  
13 type (or pre-fabricated manufactured) buildings in less than good condition. It is unknown at this time when  
14 and/or if ROP plans to construct new living unit space and increase its capacity to what it once was.  
15

16 With respect to the living units currently operating, Legend Hall represents the first stage of ROP's program  
17 which is known of as "Intake, Orientation and Training" (IOT.) Legend Hall is a modular, manufactured  
18 building structure that has eight client bedrooms - - each accommodating three beds/clients (set of bunk beds  
19 and a single bed.) Legend's design/licensing capacity is 24; census at the time of visit was 16. Overall, the  
20 condition and level of neatness of Legend Hall was good. It was noted however that there were no dressers  
21 in the client rooms. Each room did have a small alcove with a counter that served a desk-like function and  
22 each alcove had an operating wall light to illuminate the small place. The primary room lighting was overhead  
23 fluorescent tube lighting on the ceiling. Most of these lights had a plastic cover. Some did not. A plastic  
24 resin-type chair for reach client was also in the rooms. Legend Hall has communal-type bathroom amenities  
25 with an adequate number of toilets, showers and sinks.  
26

27 The second stage of the program is known as Transition, Training and Treatment (TTT) and is operated within  
28 Freedom Hall. Like Legend Hall, Freedom Hall is an older modular/manufactured type of building structure,  
29 with 11 client bedrooms (bunk beds/two clients to a room.) Maximum capacity is 22; census was 14. Each  
30 client room has its own sink, toilet and shower. When toured, the condition of this unit appeared to be  
31 marginal. While there were no glaring deficiencies or substandard areas that posed a serious and/or  
32 immediate risk to the health and safety of clients, the unit, at best, met only minimum standards.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/07/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2012

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 19-50  
SACRAMENTO, CA 95814FACILITY NAME: RITE OF PASSAGE: SILVER STATE  
ACADEMY

FACILITY NUMBER: 802300001

VISIT DATE: 06/04/2012

**NARRATIVE**

1 Once student-athletes are successful in programming in IOT and TTT, they progress to mainstream and are  
2 housed in either Justice or Unity Halls. Although Justice and Unity Halls are separate buildings, they mirror  
3 one another in construction. Inside, each is divided in two - - the silver side and the maroon side. Each side  
4 has six bedrooms with four clients to a room. At the time of visit, half of Justice was operating; the other half  
5 was being renovated. In addition to client bedrooms, these living units have a large centralized living space  
6 with a TV and room to study or recreate. Group counseling activities and meetings also frequently occur here.  
7 Each has a communal bathroom as well with an adequate numbers of sinks, showers and toilets, and a  
8 separate Laundry area with washers and dryers. When toured, these buildings and living units presented as  
9 much nicer than the aforementioned living units which are pre-fabricated buildings.

10  
11 During the past year, ROP has adopted and is instituting new staff training called "Essential Subjects  
12 Training" Administration is optimistic that it will enhance the ability of staff to run the program more  
13 effectively, assist them in establishing more positive staff-client relationships and better manage the difficult  
14 behaviors they are faced with. New training lesson plans consist of the following courses and modules:  
15

16 Course Title: Evidence-Based Practices

17 • Module 1: Understanding the Principles of Effective Intervention (Risk, Need)

18 • Module 2: Understanding the Principles of Effective Intervention (Treatment, Fidelity)

19 Course Title: Essential Evidence Based Practices

20 • Module 1: Intro to Cognitive Behavioral Therapy

21 • Module 2: Cognitive Distortions and Interventions

22 • Module 3: Cognitive-Based Curriculum

23 • Module 4: Cognitive Restructuring

24 Course Title: Core Correctional Practices

25 • Module 1: Relationship Skills & Effective Reinforcement

26 • Module 2: Effective Disapproval & Effective Use of Authority

27 • Module 3: Effective Modeling & Structured Learning

28 • Module 4: Skill Factors & Problem Solving

29  
30  
31  
32

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/07/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2012

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 19-60  
SACRAMENTO, CA 95814FACILITY NAME: RITE OF PASSAGE: SILVER STATE  
ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 06/04/2012

**NARRATIVE**

1 Recently, there has been a key administrative change at the facility as well. Mike DeBusk is no longer the  
2 group living director. While recruiting for a suitable replacement, Lawrence Howell will be acting in the  
3 interim.  
4  
5 Staff to client ratio has also been recently increased. Formerly it was 1:8. It is now 1:6.  
6  
7 COLLATERAL AGENCY INSPECTIONS (FIRE AND HEALTH):  
8  
9 As part of this review, the undersigned collected reports from fire and health agencies that have oversight of  
10 the facility's kitchen and food operation as well as fire safety.  
11  
12 The facility's most recent inspections/surveys relative to the kitchen and food operations were conducted  
13 December 13, 2011 and May 23, 2012 respectively by an Environmental Health Officer with the U.S.  
14 Department of Health and Human Services. This agency has oversight and conducts the surveys in  
15 accordance with the Food and Drug Administration Food Code, 2009 edition, as well as the National Fire  
16 Protection Association, Life Safety Code, 2007 edition. Although there were a few items that required  
17 correction, none were considered serious, egregious or an immediate threat to the health and safety of clients  
18 or staff and were promptly corrected when brought to the attention of ROP.  
19  
20 Fire safety inspections are performed annually by Armstrong Inspections Services, Inc. of Reno, NV, the last  
21 one being performed in October of 2011. Records reflect that areas requiring correction were not major in  
22 nature or significant in number and were promptly corrected when identified.  
23  
24 The fire extinguishers located throughout the campus are monitored and serviced semi-annually by Fire  
25 Extinguisher Service Center, Inc. out of the Reno/Sparks area. Service was last provided April 30, 2012.  
26 This agency also inspects and services the exhaust system/hoods of the kitchen/food service operation.  
27 Service respective to this area was last provided February 24, 2012.  
28  
29 The newer, permanent buildings on campus (e.g., Unity and Justice Halls, the Gym/Student Services, etc.)  
30 have fire alarm panels and automatic fire sprinklers. These systems are monitored, maintained and serviced  
31 through contract with Nevada Fire and First Aid of Yerington. Most recently, services were provided  
32 February 8, 2012.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/07/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2012

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 19-50  
SACRAMENTO, CA 95814FACILITY NAME: RITE OF PASSAGE: SILVER STATE  
ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 06/04/2012

**NARRATIVE**

1 NV LICENSING INFORMATION:  
2  
3 Being located on tribal land, ROP SSA is licensed and monitored by the Yerington Paiute Tribe (YPT)  
4 Licensing Board, 171 Campbell Lane, Yerington, NV 89447; phone # (775) 463-7705. Their most recently  
5 issued Youth Care Facility license is dated July 31, 2009. It is a perpetual license with no expiration date.  
6  
7 As part of this review, contact was made with YPT authorities. Through this contact, it was learned that tribal  
8 licensing functions have most recently been performed by Stan Dodd, Director of Social Services for the YPT  
9 hired in February 2012. Through an exchange of information, it was learned that the YPT performed a  
10 Complaint Investigation in April 2012, and an annual inspection May 23-24, 2012. Deficiencies cited in a  
11 May 24, 2012 report included:  
12  
13 • Serious rights violations in the implementation of the restraint policy. In short, it was the NV evaluator's  
14 opinion that restraint was sometimes used for purposes other than to protect the students or others.  
15 • Some student-athlete records were missing required documents. The most glaring deficiency was the lack  
16 of a Personal Property inventory at the time of admission.  
17 • Some employee records were missing required items/documents - - the most serious of which was one  
18 employee not having criminal record waiver documentation.  
19 • Numerous buildings and grounds violations.  
20  
21 Stated observations and/or concerns expressed in the conclusion portion of the report were:  
22  
23 • "Record management remains, for the most part, in excellent shape."  
24 • "The Use of physical restraints is out of hand, illegal and must stop immediately."  
25 • "There was a much more pronounced sense of tension, dissatisfaction and distrust amongst the students  
26 interviewed toward facility staff."  
27 • "Improvements are noted in the manner in which the kitchen is now being managed."  
28  
29  
30 The writer of the report also opined, "The ROP facilities are tired, in ill repair and are at the cusp of being  
31 hazardous to the health and safety of students and staff. Plan for a rebuilding project are welcome news, so  
32 long as this process follows YPT planning and contract requirements."

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/07/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2012

## FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 744 P STREET, MS 18-50  
SACRAMENTO, CA 95814FACILITY NAME: RITE OF PASSAGE: SILVER STATE  
ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 06/04/2012

## NARRATIVE

1 Because of cited deficiencies, proof of correction and a compliance plan were required. Most notably, a  
2 comprehensive staff training plan was required to be instituted - - to include de-escalation and alternative  
3 behavior management techniques and strategies for changing the culture of the organization. The facility was  
4 also required to correct all record keeping related deficiencies as well as physical plant deficiencies.  
5

6 On June 28, 2012, a follow-up/POC visit was performed by YPT Licensing. Based on that visit and ROP's  
7 response and efforts to deficiencies cited, corrections to all were deemed to have been satisfactorily made.  
8 No further action was required; the facility is currently in good standing with the YPT.  
9

10 It should also be noted that ROP administration has taken the Tribe's licensing report very seriously and staff  
11 believed to be significant factors in personal rights violations have been terminated. As of June 29, 2012,  
12 ROP satisfactorily complied with an agreed upon course of action and has satisfactorily met the plan of  
13 correction requirements.  
14

15 RELEVANT INFORMATION FROM OTHER AUTHORITIES AND/OR AGENCIES WITH OVERSIGHT:  
16

17 In a report by the Nevada Legislative Auditor dated October 2011, ROP SSA was identified as one of six  
18 governmental and private facilities for children in the State of Nevada chosen to undergo review by the  
19 Nevada Legislative Auditor. The purpose of the review was to determine if the facility adequately protected  
20 the health, safety and welfare of the children in care and whether the facility respected their civil rights. The  
21 review included an analysis of policies, procedures and processes for the period of July 1, 2009 to April 30,  
22 2011 and discussion of related issues and observation of related processes during an onsite visit in June  
23 2011. Results in brief were as follows:  
24

25 *"... the policies, procedures and processes in place at Rite of Passage - Silver State Academy provide*  
26 *reasonable assurance that it adequately protects the health, safety, and welfare of the youths at the facility*  
27 *and respects the civil and other rights of the youths in its care. However, we noted some areas for*  
28 *improvement. Specifically, ROP-SSA needs to: improve its medication process and procedures, develop*  
29 *and update policies and procedures; improve its documentation of reporting abuse and neglect; improve its*  
30 *background check process; and strengthen its supervision of youth."*  
31

32 <http://www.leg.state.nv.us/> Legislative Counsel Audit Report, Review of Governmental and Private Facilities,  
Report LA 12-08

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/07/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2012

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** RITE OF PASSAGE: SILVER STATE ACADEMY

**FACILITY NUMBER:** 602300001

**VISIT DATE:** 06/04/2012

**NARRATIVE**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

CDSS COMPLAINTS:

Since the beginning of calendar year 2012, the CDSS OSCU has received and initiated six complaint investigations involving ROP SSA. Reports and findings relative to five of the six investigations are still pending. Once closed, complaint investigation reports with "inconclusive" or "substantiated" findings and deficiencies can be obtained by request through contact with ROP or the CDSS CCLD OSCU.

SCOPE OF EVALUATION:

- Entrance interview and discussion of facility operations and programming with Executive Director Lawrence Howell and Student Services Director Chris Ellison.
- On site tour and evolution of physical plant and grounds.
- Collection and review of staff, client and facility records, documents and correspondence including a current program statement as well as reports of collateral agencies (i.e., YPT Licensing, NV Legislative Auditor, fire and health inspection reports, etc.)
- New program statement requested.

SUMMARY OF EVALUATION/FINDINGS

ROP has faced many challenges and been presented with numerous issues since last being certified by the CDSS in July of 2011.

The undersigned analyst's findings relative to this review parallel and are in agreement with YPT Licensing's who performed their annual review on May 24, 2012. (Note: Reference the "NV Licensing Information" section of this report concerning their findings.) As YPT Licensing performed their review and evaluation prior to the CDSS' however, most areas out of compliance have already been identified and corrected. Such areas identified included, but were not limited to the following:

**SUPERVISOR'S NAME:** Mei Yuk Kung

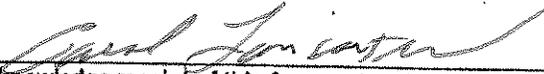
**TELEPHONE:** (916) 327-8763

**LICENSING EVALUATOR NAME:** Carol Lancaster

**TELEPHONE:** (916) 838-5751

**LICENSING EVALUATOR SIGNATURE:**

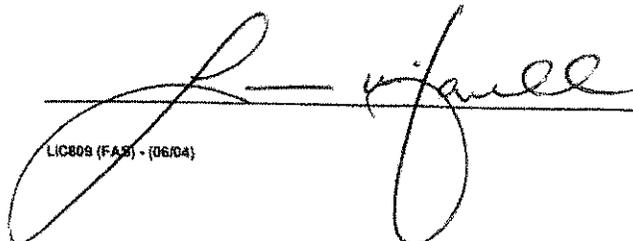
**DATE:** 08/07/2012



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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/07/2012



## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: RITE OF PASSAGE: SILVER STATE  
ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 06/04/2012

## NARRATIVE

1  
2 Issue: Two of the six living units on the ROP campus being in very poor condition (Liberty and Graduation  
3 Halls.)  
4 Correction: The two units were closed and will be demolished. The closure/demolition was planned prior to  
5 the evaluations and is part of a large capital improvement project currently underway. Subsequent to  
6 demolition, new construction is slated to begin on new buildings (kitchen/dining hall, new educational building  
7 and additional administrative and case management space.)  
8  
9 Issue: Personal rights violations in the form of inappropriate physical restraints were occurring.  
10 Correction: ROP took the following corrective actions:  
11 • Numerous staff terminations occurred whenever and wherever it was determined staff acted outside of  
12 policy and procedure.  
13 • All staff attended and were retrained in crisis intervention and safe physical management.  
14 • The seated restraint technique used as part of Safe Physical Management was eliminated and is now  
15 prohibited.  
16 • There is increased management/administrative response to crises as they occur; as well as increased  
17 oversight and post review.  
18  
19 Issue: Background clearances. Appropriate waivers were not always sought and/or granted and approved by  
20 the YPT prior to new employees beginning to work at ROP and/or existing employees continuing to work after  
21 it was discovered they had a subsequent arrest.)  
22 Correction: Improvements are underway and/or have been implemented relative to this area which  
23 entailed, in part, the following:  
24 • Replacement of the former human resources manager.  
25 • Internal audit on all personnel files to verify all employee clearances (and waivers where necessary) were  
26 properly processed and approved. In some instances, ROP chose not to retain some employees and seek  
27 waivers.  
28 • Recruitment/appointment of a new Program Director (replacing former Program Director Mike DeBusk.)  
29 (Executive Director Lawrence Howell acting in the interim.)  
30 • Waiver procedures re-written to clarify processes and procedures.  
31  
32 *Note: YPT Licensing deemed all areas and issues relative to areas they identified as needing correction to  
have been satisfied as of June 28, 2012.*

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/07/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2012

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: RITE OF PASSAGE: SILVER STATE  
ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 06/04/2012

**NARRATIVE**

1  
2 In addition to the above, the undersigned analyst identified the following additional areas that require  
3 correction:  
4  
5 • Personal Rights should be posted prominently in each living hall. This includes both the LIC 613B form  
6 and the "Foster Youth Rights" poster produced by the CDSS Ombudsman's Office.  
7  
8 • Many beds and bedding in poor condition. Each client bedroom needs a clean mattress in good repair and  
9 adequate bedding material (pillow, pillow case, mattress pad, bottom sheet, top sheet, and warm blanket and  
10 bedspread.  
11 • Not all client bedrooms were furnished adequately (specifically Legend Hall.) To be considered adequately  
12 furnished, client bedrooms require the following:  
13 • Portable or permanent closets and drawer space in the child's bedroom to accommodate the child's clothing  
14 and personal belongings.  
15 • Well-lighted desk or table space and necessary supplies, including reference materials, for school-related  
16 study.  
17  
18 Lastly, it should be noted that as part of this year's CDSS review, an updated program statement was  
19 requested. This was received June 29, 2012. During the next several weeks, the program statement will be  
20 thoroughly reviewed. It is anticipated that some areas will require further changes and/or additional  
21 clarification in order to assure clear compliance with CA group home licensing standards and eliminate  
22 ambiguities. Subsequent to review, ROP will be required to make any and all changes deemed necessary in  
23 order to remain certified and in good standing by the CDSS.  
24  
25 As ROP is also in the process of hiring a new Group Living Director (replacing Mike DeBusk,) it will also be  
26 necessary to notify CDSS as soon as this position is filled. Notification must be in writing and include: Date  
27 of appointment, employment application; resume; verification of education (i.e., college transcripts), evidence  
28 of back ground clearance, and references.  
29  
30 Concluding, ROP will be required to satisfactorily respond to all substantiated complaint findings stemming  
31 from the numerous complaint investigations currently in progress with the CDSS. Depending on such  
32 findings, ROP's ongoing certification may be subject to change.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/07/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2012

**FACILITY EVALUATION REPORT (Cont)**

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

**FACILITY NAME:** RITE OF PASSAGE: SILVER STATE  
ACADEMY

**FACILITY NUMBER:** 602300001

**VISIT DATE:** 06/04/2012

**NARRATIVE**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

**CERTIFICATION DECISION:**

CDSS re-certification approved for six months with the following conditions:

1. Within ten (10) days of the receipt of this report, ROP is to develop and provide a proposed plan of correction to any area in this report where non-compliance has been identified and/or exists. With respect to areas identified where changes have already been made, ROP is to provide information in writing as to how the area or issue was corrected. Should ROP decline or object to make a change or correction deemed necessary, a waiver or exception request in writing must be presented with a proposed alternative.
2. ROP to continue to attend quarterly meetings for purpose of program review, current policy review, compliance and statistical Bench Mark report reviews as required under the current Non-Compliance Plan.

**SUPERVISOR'S NAME:** Mei Yuk Kung

**TELEPHONE:** (916) 327-8763

**LICENSING EVALUATOR NAME:** Carol Lancaster

**TELEPHONE:** (916) 838-5751

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/07/2012

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/07/2012