

FACILITY EVALUATION REPORT

FACILITY NAME:	GEORGE JUNIOR REPUBLICAN IN PENNSYLVANIA	FACILITY NUMBER:	602300028
ADMINISTRATOR:	LASASSO, RICK	FACILITY TYPE:	731
ADDRESS:	P.O. BOX 1058	TELEPHONE:	(724) 458-9330
CITY:	GROVE CITY	STATE:	PA
CAPACITY:	470	ZIP CODE:	16127
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	UNANNOUNCED
MET WITH:	Jeff Morris, Vice-Pres of Treatment	DATE:	06/18/2007
		TIME BEGAN:	09:00 AM
		TIME COMPLETED:	05:00 PM

NARRATIVE

1 PURPOSE OF VISIT:
2
3 George Junior Republic (GJR) is seeking re-certification with the State of California, Department of Social
4 Services, Community Care Licensing Division, Out-of-State Certification Unit. The purpose of this visit is to
5 verify the facility is in compliance with California Group Home Licensing Standards in order to become
6 re-certified.
7

8 CALIFORNIA PLACING AGENCIES:
9
10 San Francisco County is the only California agency contracted for services with GJR at this time. During the
11 time of visit, there were a total of 6 California youth placed by probation which included one youth who was
12 currently on a home pass.
13

14 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW CHANGES:
15 GJR A tour of the campus was conducted including a visit to the on-grounds medical infirmary and group
16 home (living units). All buildings, grounds, and homes furniture, fixtures and equipment appeared to be safe,
17 clean and in good repair. No issues of concern.
18

19 The most recent fire inspection was conducted by the Pine Township Engine Company of Grove City on
20 November 7, 2006. No deficiencies were noted.
21

22 GJR has not made any significant changes within their program structure since last year.
23
24
25

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 324-9250

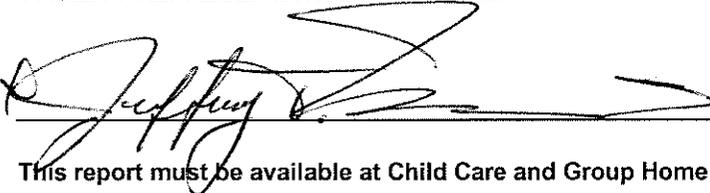
LICENSING EVALUATOR SIGNATURE:



DATE: 06/22/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/22/2007

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

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** GEORGE JUNIOR REPUBLICAN IN
PENNSYLVANIA**FACILITY NUMBER:** 602300028**VISIT DATE:** 06/18/2007**NARRATIVE****1** LOCAL STATE LICENSING / COMPLAINT(S) ISSUES:**2**

3 GJR currently has a total 51 individually licensed residential group homes on campus and an additional five
4 licensed group homes off campus in the greater Pennsylvania area. The total licensed group homes are 56.
5 Currently, GJR is certified for all 51 group homes located multi acre Grove City main campus. For the
6 purposes of California certification, GJR has expressed the need for additional services of the five group
7 homes (off campus) and will be seeking California Certification for those homes in the next year.
8

9

9 The last licensing inspection was conducted by the Commonwealth of Pennsylvania Department of Public
10 Welfare Office of Children, Youth and Families on December 5-8, 2006. The visit revealed no deficiencies.
11 (All 56 licenses have been approved for an additional two year period effective February 1, 2006.)
12

13**14** ADMINISTRATIVE AND PLAN OF OPERATION:**15**

15 Administrative review revealed no issues related to intake procedures, licensing capacity, or program
16 services.
17

18**19** SCOPE OF CERTIFICATION REVIEW:**20**

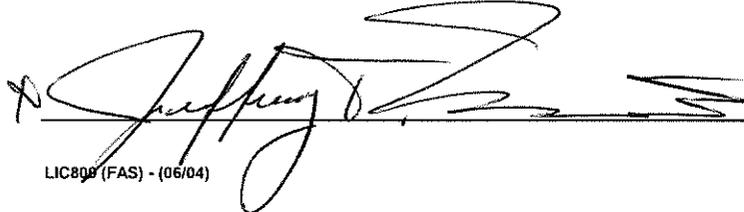
20 Certification review covered the following areas: Programming; intake and discharge procedures; discipline
21 policy; emergency intervention techniques; medical procedures and records review; facility file review; staff
22 interviews; observation of program and daily activities; criminal record review; personal rights; food services;
23 staff trainings; emergency disaster plan; fire clearance; and all issues pertaining to physical plant.
24

25**26** OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:**27**

27 Facility appears to be operating in substantial compliance with California licensing standards at this time. No
28 deficiencies noted.
29

30**31** CERTIFICATION DECISION:**32**

32 Re-certification recommended

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Qlaniyan Akyeem**TELEPHONE:** (916) 324-9250**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/22/2007**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/22/2007