



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

744 P STREET, MS 8-3-54

SACRAMENTO, CA 95814



EDMUND G. BROWN JR.
GOVERNOR

January 08, 2013

CHILEDA INSTITUTE- 602300029
1825 VICTORY STREET
LA CROSSE, WI 54601

SUBJECT: ReCertification by the California Department of Social Services (CDSS)

Capacity : 56
Population Served: Males & Females
Ages 6-21 (Over 17 with age exception)

Dear Ms. Wiseman:

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Chileda Institute's Residential Care Center is continued through November 2013.

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 health or safety of a child

Certification will continue to be reviewed annually. 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 please contact me at (916) 651-5380, or Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely,

MEI YUK KUNG
Program Chief

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

FACILITY EVALUATION REPORTCCLD Regional Office, 744 P STREET, MS 19-60
SACRAMENTO, CA 95814

FACILITY NAME:	CHILED A INSTITUTE	FACILITY NUMBER:	602300029
ADMINISTRATOR:	RUTH WISEMAN	FACILITY TYPE:	731
ADDRESS:	1825 VICTORY STREET	TELEPHONE:	(608) 782-6480
CITY:	LA CROSSE	STATE: WI	ZIP CODE: 54601
CAPACITY:	56 56	CENSUS: 38	DATE: 11/14/2012
TYPE OF VISIT:	Case Management - <i>Annual Re-cert.</i>	UNANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	Shari Carlson, Chief Operations Officer	TIME COMPLETED:	03:10 PM

NARRATIVE

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2 PURPOSE OF VISIT:
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4 Annual on-site re-certification pursuant to California Family Code Section 7911 et al.
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7 CERTIFICATION HISTORY; PURPOSE/STATEMENT OF NEED AND POPULATION SERVED
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9 The Chileda Institute has been certified by the California Department of Social Services, Community Care
10 Licensing Division since November 6, 2000.
11
12 Chileda serves children and young adults with developmental disabilities who have not been successfully
13 supported in previous educational and/or living environments due to a high level of interfering behaviors.
14 Chileda's purpose is to identify and provide the structure and support necessary to decrease interfering
15 behaviors and teach individuals the life skills necessary for successful transition into a less restrictive
16 environment. Chileda promotes the development of social-behavioral skills, self-advocacy and decision
17 making skills, to enhance each individual's overall quality of life.
18
19 Chileda Institute holds two licenses in the state of Wisconsin: A Residential Care Center (RCC) for up to 44
20 children ages 6 to 17; and a Community Based Residential Facility (CBRF) license for up to 12 individuals
21 ages 16-21. As permitted by the referring state, residents who have not met high school graduation
22 requirements may be allowed to stay past their 18th birthday, if the date of admission occurred prior to the
23 18th birthday.
24
25 Chileda is also licensed for day treatment and respite for children in the community meeting admission
criteria.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:



DATE: 01/03/2013

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/03/2013

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CHILED A INSTITUTE

FACILITY NUMBER: 602300029

VISIT DATE: 11/14/2012

NARRATIVE

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Chileda serves individuals with primary diagnoses including:

- Autism
- Cognitive Disability
- Traumatic Brain Injury
- Down's Syndrome
- Fetal Alcohol Syndrome

Concomitant, secondary diagnoses include, but are not limited to:

- Seizure Disorder
- Challenging behaviors
- Emotional/Behavioral Disorders
- Speech/Language delay
- Sensory Processing Disorder
- Attachment Disorders

(NOTE: For a more complete description of the facility, its purpose, services, methods and goals as well as CDSS' analysis of the program, the initial certification report based on application material and the visit performed on July 10 through 13, 2000 by the Out-of-State Certification team should be referenced)

PLACING AGENCIES:

At the time of this year's visit, the facility had clients from Wisconsin, Minnesota, Iowa, Illinois and California. There were three clients from California. One social services placement from Sonoma County, California; one from Orange County placed by a school district and one by Fresno County who is a regional center; mental health/educational private placement.

FACILITY, PHYSICAL PLANT AND PROGRAM CHANGES:

The facility has been at its present location since 2007. There are four duplexes which house two residential living units each. Each living unit has a kitchen but meals are prepared elsewhere and brought to the living units where clients eat. Each kitchen has fruit and snacks.

SUPERVISOR'S NAME: Mei Yuk Kung

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LICENSING EVALUATOR NAME: Carol Lancaster

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LICENSING EVALUATOR SIGNATURE:

DATE: 01/03/2013

Carol Lancaster

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/03/2013

Ruth A. Osborn

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: CHILED A INSTITUTE

FACILITY NUMBER: 602300029

VISIT DATE: 11/14/2012

NARRATIVE

1 A tour of the facility campus including the administrative center, the school, indoor and outdoor recreational
2 areas, therapy rooms and space, an independent living vocational classroom, medical services as well as
3 each living unit was conducted. The facility was noted to look in practically new condition with plenty of space
4 and ample special resources. Furniture, equipment and supplies appeared to be adequate and in good
5 repair.
6

WISCONSIN LICENSING INFORMATION

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9 Chileda is in good standing with Wisconsin Licensing authorities. Licensing reports were requested, collected
10 and reviewed as part of this visit. They reflected that the facility was visited by Wisconsin licensing on
11 2/21/2012, 9/26/2012, 10/15/2012, and 10/16/2012. In speaking to the Wisconsin licensing analyst by
12 telephone, she opined that the number of deficiencies cited is not unusually high, given the type of clients the
13 facility serves and their very challenging behaviors. She confirmed that whenever the facility is cited, they
14 respond appropriately and timely with correction.
15

FIRE CLEARANCE:

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18 The most recent fire inspection on the four duplexes were conducted by the LaCrosse Fire Marshall on
19 October 4, 2012. Fire alarm pull stations and sprinkler tests are done quarterly. Safety and fire elopement
20 drills are done monthly.
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MISC. ACCREDITATIONS

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24 A Notice of Non-Public, Non-Sectarian School Certification dated May 10, 2012 was issued to Chileda by the
25 California Department of Education. The effective dates of this certification was from January 1, 2012 -
26 December 31, 2012.
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SCOPE AND STATUS OF RECERTIFICATION REVIEW:

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- Entrance interview with Shari Carlson, Chief Operations Officer
 - Collection of updated and current licensing documents, organizational and program information material.
 - Review and discussion of program, resources and operations.
 - Facility tour
 - Exit interview with Shari Carlson, Chief Operations Officer.

SUPERVISOR'S NAME: Mei Yuk Kung

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FACILITY EVALUATION REPORT (Cont)

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FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:

Facility appeared clean, safe and sanitary. No deficiencies noted.

CERTIFICATION DECISION:

CDSS re-certification through November 2013 approved.

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