



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

December 24, 2012

Reggie St. Romain, Executive Director
Clarinda Academy
1820 N 16th Street
Clarinda, IA 51632

Capacity: 252
Population Served: Males & Females
Ages 12-17

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

Dear Mr. St. Romain:

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Clarinda Academy is continued through December 2013.

Recertification precludes Reagan Hall. California children under the jurisdiction of a probation of social services agency cannot be placed or housed in this living hall.

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

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 REPORT

FACILITY NAME:	CLARINDA ACADEMY	FACILITY NUMBER:	602300055
ADMINISTRATOR:	MIKE-BUFF <i>Reggie St. Romain</i>	FACILITY TYPE:	731
ADDRESS:	1820 N. 16TH STREET	TELEPHONE:	(712) 542-6128
CITY:	CLARINDA	STATE: IA	ZIP CODE: 51632
CAPACITY:	242	CENSUS: 214	DATE: 10/30/2012
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 09:08 AM
MET WITH:	Reggie St. Romain, Exec. Dir. & Admin. Team.	TIME COMPLETED:	04:39 PM

NARRATIVE

1
2 PURPOSE OF VISIT:
3
4 Annual on-site re-certification pursuant to California Family Code Section 7911 et al.
5
6 CERTIFICATION HISTORY; FACILITY INFORMATION AND PROGRAM :
7
8 Clarinda Academy has been certified by the California Department of Social Services, Community Care
9 Licensing Division since October 23, 2008.
10
11 Clarinda Academy is a 252-bed residential treatment and educational program for at-risk and adjudicated
12 male and female youth, age 12 to 18. At the time of this year's visit, there were 214 youth placed in the
13 facility.
14
15 The program offered emphasizes behavioral change through the establishment of a positive peer/normative
16 culture, intensely scheduled programming, and skill-building activities. Clarinda's behavioral thinking
17 processes focus on the intervention and redirection of negative behavior and recognition of desired/positive
18 behavior. (NOTE: Reference the Initial certification report of October 23, 2008 for a complete
19 description and overview of Clarinda, its program, purpose, methods and goals.)
20
21 PLACING AGENCIES:
22
23 Currently, the facility has placements by twelve different states. There are 40 California probation youth
24 placed by the following ten counties: Fresno, Marin, Sacramento, Alameda, Kern, Stanislaus, Santa Clara,
25 Riverside, Sonoma, San Joaquin.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

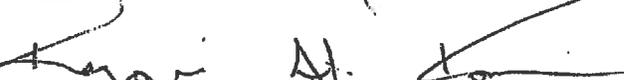
LICENSING EVALUATOR SIGNATURE:



DATE: 12/21/2012

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/21/2012

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 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: CLARINDA ACADEMY

FACILITY NUMBER: 602300055

VISIT DATE: 10/30/2012

NARRATIVE1
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32**IOWA LICENSING INFORMATION**

As part of this certification review, the undersigned analyst made contact with Iowa Licensing and collected copies of current licenses and licensing reports. Each living hall on the campus is licensed individually, ten in all. Nine of the ten are certified by the CDSS; one is not (*Regan Hall.) The certified halls, their capacity and the effective dates of the current licenses are as follows:

- Washington Hall (Capacity 30): 7/1/2011 through 5/1/2013
- Jackson Hall (Capacity 32): 7/1/2011 through 5/1/2013
- Kennedy Hall (Capacity 31): 7/1/2011 through 5/1/2013
- Jefferson Hall (Capacity 30): 7/1/2011 through 5/1/2013
- Lincoln Hall (Capacity 33): 1/1/2012 through 1/1/2015
- Coolidge Hall (Capacity 26): 11/1/2011 11/1/2014
- Angelou Hall (Capacity 32): 11/1/2011 through 11/1/2014
- Parks Hall (Capacity 28): 11/1/2011 through 11/1/2014
- Anthony Hall (Capacity 10): 1/1/2012 through 1/1/2013

*Regan Hall is licensed as a Comprehensive Residential facility / Psychiatric Medical Institution and is excluded from CDSS certification.

When contacted, the Iowa licensing representative reported the facilities are in good standing.

Over last year's certification period, there have been two restraint incidents investigated by Iowa Licensing. In one case, proper facility protocol relative to the physical intervention technique used was found not to have been followed. As a result, one deficiency was cited. Clarinda was successful in responding and implementing proper corrective action with the hope to prevent further occurrence.

SUPERVISOR'S NAME: Mel Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 12/21/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/21/2012

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

FACILITY NAME: CLARINDA ACADEMY

FACILITY NUMBER: 602300055

VISIT DATE: 10/30/2012

NARRATIVE

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2 **ACCREDITATIONS**
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4 Clarinda Academy is accredited by the Joint Commission which has surveyed the organization and found it to
5 meet the requirements for the Behavioral Health Care Accreditation Program. Accreditation was issued on
6 February 19, 2011 and is valid for up to 36 months.
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8 The Clarinda Academy is also certified by the Iowa Department of Public Health as meeting the requirements
9 to conduct and maintain Juvenile Level I and II.1 Substance Abuse Treatment Services. (Effective June 12,
10 2011 through February 19, 2014.)
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12
13 **SCOPE AND STATUS OF RECERTIFICATION REVIEW:**
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15 • Entrance interview with Executive Director Reggie St Romain and the administrative and management
16 team.
17 • Collection of updated and current licensing documents, organizational and program information material.
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19 • Review and discussion of administrative changes, oversight and visit plan.
20 • Sample of client files reviewed.
21 • Sample of personnel files reviewed.
22 • Walking tour of campus and all living halls
23 • Two clients interviewed
24
25 **OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:**
26
27 Facility found to be clean, safe, sanitary and in good repair. Services being provided meet CA licensing
28 standards.
29
30 **CERTIFICATION DECISION:**
31
32 Re-certify

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-6751

LICENSING EVALUATOR SIGNATURE:

DATE: 12/21/2012


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