



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

June 1, 2015

EXCELSIOR YOUTH CENTER – 602300013
15001 EAST OXFORD AVENUE
AURORA, COLORADO 80014

SUBJECT : Re-Certification by the California Department of Social Services (CDSS)

CAPACITY : 204 female Youth, Ages 11 - 17

Pursuant to California Family Code, Section 7911 et al., this is official notification that certification for Excelsior Youth Center located at 15001 East Oxford Avenue, Aurora, Colorado is continued through November 2015.

Certification will be re-reviewed annually or more often should non-compliance with California Title 22 licensing standards as they apply to California group homes become questionable or at issue. Additionally, serious incidents must be reported to the CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he 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

While certified, 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 Certification Analyst Ron Leslie at (916) 654-0956

Sincerely,

Original signature on file

MARISA SANCHEZ, MANAGER I
Children’s Residential Program
Community Care Licensing

C: Monica Jackson, Manager and Deputy Compact Administrator, Out-of-State Placement and Policy Unit

FACILITY EVALUATION REPORT

FACILITY NAME: EXCELSIOR YOUTH CENTER	FACILITY NUMBER: 602300013
ADMINISTRATOR: SUSAN HEBERT	FACILITY TYPE: 731
ADDRESS: 15001 EAST OXFORD AVENUE	TELEPHONE: (303) 693-1550
CITY: AURORA	STATE: CO
CAPACITY: 176	CENSUS: 104
TYPE OF VISIT: Case Management	ANNOUNCED
MET WITH: Susan Hebert, Chief Executive Officer	DATE: 04/14/2015
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 02:30 PM

NARRATIVE

1 As mandated by California law, an onsite visit was performed by the undersigned with the California
2 Department of Social Services (CDSS) on the date referenced above for the purpose of annual recertification.
3 Annual recertification is performed in order to verify that the facility continues to:
4

- 5 • have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision
6 and treatment services to youth in care.
- 7
- 8 • remain in substantial compliance with California licensing standards and regulations, as well as licensing
9 and other oversight agencies' laws and standards within the state the facility is located - in this case, the state
10 of Colorado.
- 11

CERTIFICATION HISTORY:

12 Pursuant to California Family Code Section 7911 et al., Excelsior Youth Center (EYC) was initially certified by
13 the CDSS in 1999 and has been re-certified annually since.

14 *NOTE: For a complete description and overview of EYC's history, program information and treatment*
15 *services, reference the initial certification report based on the visit dated June 7-11, 1999.*

CA PLACEMENTS:

16 EYC's capacity is 204. At the time of this year's visit, the census was 104. Of this number, 25 were California
17 foster youth placements.

18 In addition to the CA foster youth in placement, there were 10 other CA youth placed at Excelsior.
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SUPERVISOR'S NAME: Marisa Lopez**TELEPHONE:** (916) 651-0831**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/01/2015**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/01/2015

Carl Beauchamp, MA, LPL, CACIT

6-2-15

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: EXCELSIOR YOUTH CENTER

FACILITY NUMBER: 602300013

VISIT DATE: 04/14/2015

NARRATIVE**1** CDSS WAIVERS IN EFFECT:**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**

- March 28, 2000: Time-delayed egress devices on emergency exits (dorms and school gym door)
- November 6, 2000: Use of a child's temporary room in the Treatment and Learning Center (TLC) for exclusion.
- August 18, 2005: More than two youth to a room

FACILITY, PHYSICAL PLANT AND PROGRAM INFORMATION AND CHANGES:

Susan Hebert is the current Chief Executive Officer.

Excelsior continues to serve adolescent females, *ages 11-17 years, who generally present with emotional and behavioral disturbances. The most common diagnoses include mood/depressive disorders, conduct and oppositional defiant disorders, post-traumatic stress, substance abuse, reactive attachment and attention deficits. A high percentage of the girls in the program have had multiple out of home placement including foster homes, group home and other less restrictive residential treatment programs. Many have experienced multiple psychiatric hospitalizations as well.

Note: Excelsior may also accept and provide services to female youth age 18-21 contingent on placement by court order prior to her 18th birthday.

The adolescent females in care reside in one of nine living units on the 33 acre campus.

Revised information as of March 19, 2015. The Treatment and Learning Center (TLC) is a structured twelve bed unit providing a strength based, trauma informed program. Clients cannot live in TLC which focuses on short-term (three to five days) acute stabilization. Any placement in TLC will be authorized by the client's Therapist, Nurse Manager and the Clinical Director. Individualized and group therapy is provided daily.

Sequoia Cottage was damaged in a fire on November 10, 2014. The fire was contained to one room. Due to extensive smoke and water damage, combined with asbestos, the interior has been completely gutted. Plans for future use have not been decided.

SUPERVISOR'S NAME: Marisa Lopez

TELEPHONE: (916) 651-0631

LICENSING EVALUATOR NAME: Ronald Leslie

TELEPHONE: 916-654-0956

LICENSING EVALUATOR SIGNATURE:

DATE: 06/01/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/01/2015

Carol Beauchamp - Hunter MA, CPC, CACTII 6-2-15

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: EXCELSIOR YOUTH CENTER

FACILITY NUMBER: 602300013

VISIT DATE: 04/14/2015

NARRATIVE

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COLORADO LICENSING INFORMATION:

Excelsior is licensed in the state of Colorado as a Residential Child Care Facility by the Colorado Department of Human Services. Their licensed capacity is 204. They are on a two-year licensing cycle. The current license issued good through March 2016.

Contact made with CO Licensing representatives confirmed that the facility is in good standing but are being monitored on a routine basis.

FIRE CLEARANCE:

Initial 2014 fire inspection conducted by the Aurora Fire Department on August 26, 2014 reflected several violations. All violations were corrected as depicted on September 10, 2014 during a follow-up inspection. The facility is in compliance with all applicable standards related to fire and life safety.

HEALTH DEPARTMENT CLEARANCE:

Meal preparation and service (three a day plus snacks) primarily occurs in a centralized commercial type kitchen and dining room. The Tri-County Health Department (Aurora Office) last conducted a food service inspection on June 27, 2014. Their report noted minor infractions that were corrected during the inspection. The facility was deemed compliant.

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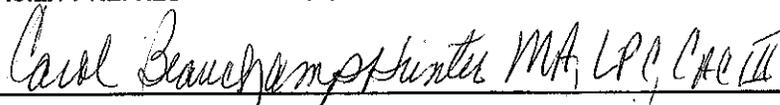
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DATE: 06/01/2015

6-25

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: EXCELSIOR YOUTH CENTER

FACILITY NUMBER: 602300013

VISIT DATE: 04/14/2015

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OTHER MISC. INSPECTIONS; CERTIFICATIONS; ACCREDITATIONS:

Excelsior's school is accredited by the North Central Association (NCA) Commission on Accreditation and School Improvement and certified by the California Department of Education (CDE.) Current NCA accreditation is good through June 30, 2015; CDE certification is good through December 31, 2015.

The Residential Treatment Services and Day Treatment Services provided at Excelsior are COA accredited. Current COA is good through September 30, 2015.

Excelsior staff who provide direct care to the youth are certified in Nonviolent Crisis Intervention. Several in-house staff are certified as trainers.

SCOPE OF RECERTIFICATION REVIEW:

- Entrance and exit interview with Susan Hebert, Chief Executive Officer; Elaine Atwater, Quality Assurance Director
- Collection of updated and current licensing documents, organizational and program informational material.
- Review and discussion of program, resources and operations. .
- Facility tour - Living Unit interiors and grounds.
- Vehicle log reviewed. Excellent records maintained. All records updated and completed.
- (3) Staff files reviewed. All records present.
- (3) Client files reviewed. All records present.

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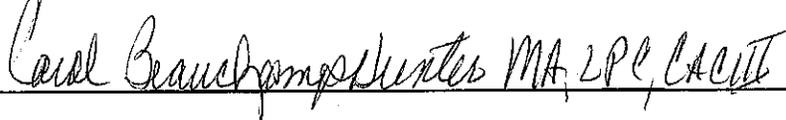
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FINDINGS

The physical plant tour reflected the following violations:

- Shenandoah – California Personal Rights poster information not displayed. Spoiled fruit on the premises. One fire extinguisher missing and separate fire extinguisher without proof of inspection.
- Phoenix – Quiet room contained soiled and used sheets/bedding.

PLAN OF CORRECTION:

A plan of correction is not required as some violations were corrected before the end of my inspection. The remaining violations have been corrected and proof provided by Tri-County Health Department official inspection reports. Excelsior's Plan of correction report to Colorado Department of Health Services on file.

CERTIFICATION DECISION:

Approve re-certification. Re-certification good through November 2015.

SUPERVISOR'S NAME: Marisa Lopez

TELEPHONE: (916) 651-0631

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FACILITY REPRESENTATIVE SIGNATURE:

Carol Beauchamp-Hunter MA, LPO, CCHT
associate Director

DATE: 06/01/2015

6/2/15