



CDSS

JOHN A. WAGNER
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 19-50, Sacramento, CA 95814



ARNOLD SCHWARZENEGGER
GOVERNOR

May 26, 2010

Ms. Jenifer Sievert, Executive Director
Forest Ridge Youth Services
P.O. BOX 515
Estherville, IA 51334

Dear Ms: Sievert

SUBJECT: OFFICIAL CERTIFICATION NOTICE

Pursuant to California Family Code, Section 7911 et al., this is official notification that Forest Ridge Youth Services Residential Program located at 2043 395th Street, Estherville, Iowa Out-of-State Certification by California Department of Social Services is continued through May 2011.

Certification will be reviewed annually. The Out-of-State Certification Unit (OSCU) will be honoring the Department's policy of having inspection authority to make visits with or without appointment.

Please contact Mr. Olaniyan Akyeem at (916) 838-5875 if you have any questions.

Sincerely,

OLANIYAN AKYEEM
Out-of-State Program Analyst

c: Rosalind Hyde, Manager and Deputy Compact Administrator, Out-of-State Placement Policy Unit

FACILITY EVALUATION REPORTCCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814

FACILITY NAME:	FOREST RIDGE YOUTH SERVICES	FACILITY NUMBER:	602300064
ADMINISTRATOR:	JENNIFER SIEVERT	FACILITY TYPE:	731
ADDRESS:	2043 395TH AVENUE	TELEPHONE:	(712) 867-4742
CITY:	ESTHERVILLE	STATE:	IA
CAPACITY:	43	ZIP CODE:	51334
TYPE OF VISIT:	Case Management	CENSUS:	UNANNOUNCED
MET WITH:	Sherry Williams, Director of Admissions	DATE:	05/26/2010
		TIME BEGAN:	11:00 AM
		TIME COMPLETED:	04:30 PM

NARRATIVE**1** PURPOSE OF VISIT:**2****3****4****5****6****7****8****9****10****11****12****13****14****15****16****17****18****19****20****21****22****23****24****25**

As mandated by California law, this annual certification inspection visit was conducted to assess and determine if Forest Ridge Youth Services (FRYS) identified above is eligible to be re-certified by the California Department of Social Services (CDSS) through:

1. Being in substantial compliance with California's Title 22 licensing regulations which apply to children's group homes; as well as
2. Being licensed and in good standing with the licensing laws of the State of Iowa where the facility is located.

CALIFORNIA PLACEMENTS AND PLACING AGENCIES:

At the time of visit, the total census for California youth at the Estherville facility was two (2). Forest Ridge Youth Services (FRYS) is currently contracted with two (2) California county Social Services and Probation agencies ranging from northern, central and southern California. These counties are as follows: Sacramento and San Bernardino counties. Other California agencies are currently pending ICPC approval for placement.

FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:

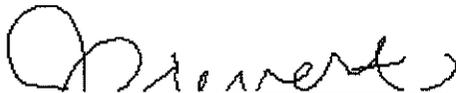
An inspection of the campus grounds and residential living units was conducted at the time of this review. All common areas including living units and individual rooms were exceptionally clean and in order. All furniture and equipment appeared to be functional and in good repair. No issue of concern.

FRYS has not had significant changes in the current program since last year. (see LIC 809 C continued)

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:**

DATE: 05/26/2010

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/26/2010

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: FOREST RIDGE YOUTH SERVICES

FACILITY NUMBER: 602300064

VISIT DATE: 05/26/2010

NARRATIVE

1 (LIC 809 C continued)
2 FIRE CLEARANCE:
3
4 The most recent fire clearance was conducted on June 29-30, 2009 by the Iowa State Fire Marshall. All
5 components related to the physical structures and equipment was inspected resulting in minor rule infractions.
6 A follow-up corrective action plan provided by FRYs indicated that all violations have been corrected. No
7 other violations were found.
8
9 LOCAL STATE LICENSING / COMPLAINTS ISSUES:
10
11 The Iowa Department of Human Services conducted an annual review of FRYs on September 2-4, 2009.
12 The inspection revealed one licensing violation related to food preparation and storage (refrigerator
13 temperature). A Corrective Plan of Action was provided to address this deficiency.
14
15 On 5/26/2010, contact was made with the Iowa licensing Department who reported that FRYs is currently
16 operating at full licensing status as of this date, there is no administrative and/or legal action pending against
17 the current license. There have been no substantiated complaints in the last year.
18
19 CLIENT(S) TREATMENT SERVICES AND PERSONAL RIGHTS REVIEW:
20
21 All students interviewed reported they have been informed of their personal rights. Students
22 reported that they attend school and participate in small group's sessions three times per week.
23 Students also are assigned a remedial counselor and receive individual counseling at least once per
24 week. Additional counseling is also available on a case by case basis if requested.
25
26
27 Student interviews and client file reviews confirmed that student's were given the proper
28 medical/dental treatment and follow-up services both annually and on an as needed basis. No
29 issues of concern in medical services.
30
31
32 (See LIC 809 C continued)

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FACILITY EVALUATION REPORT (Cont)

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NARRATIVE

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(LIC 809 C Continued)

SCOPE OF CERTIFICATION REVIEW:

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

OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:

None deficiencies noted.

CERTIFICATION DECISION: Recommend Re-certification

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Olaniyan Akyeem

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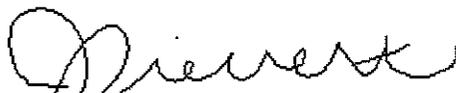
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