



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 13, 2011

Mr. Steve Laidacker, Executive Director  
Lakeside Academy  
3921 Oakland Drive  
Kalamazoo, MI 49008

Dear Mr. Dean:

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

Pursuant to California Family Code, Section 7911 et al., this is official notification that the Certification for Lakeside Academy located at 3921 Oakland Drive, Kalamazoo, Michigan is continued through December 2011.

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 be following our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

If you have any questions or would like to discuss this report further, please contact me at (916) 838-5875.

Sincerely,

OLANIYAN AKYEEM  
Out-of State Program Analyst

Enclosure

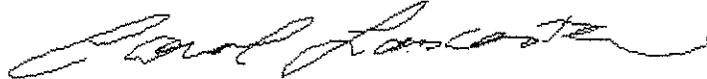
C: Rosalind Hyde, Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

**FACILITY EVALUATION REPORT**

FACILITY NAME: LAKESIDE  
 ADMINISTRATOR: ~~ROWLEY, MICHAEL~~ Steve Laidacker  
 ADDRESS: 3921 OAKLAND DRIVE  
 CITY: KALAMAZOO STATE: MI  
 CAPACITY: ~~98~~ CENSUS: 88  
 TYPE OF VISIT: Case Management (Re Cert.) UNANNOUNCED  
 MET WITH: Steve Laidacker; Krista Goebel  
 FACILITY NUMBER: 602300066  
 FACILITY TYPE: 731  
 TELEPHONE: (269) 381-4760  
 ZIP CODE: 49008  
 DATE: 12/08/2010  
 TIME BEGAN: 10:15 AM  
 TIME COMPLETED: 04:30 PM

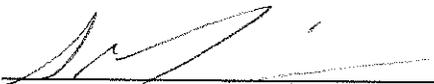
**NARRATIVE**

1 PURPOSE OF VISIT:  
 2  
 3 Annual on-site re-certification visit pursuant to California Family Code Section 7911 et al.  
 4  
 5 CERTIFICATION HISTORY; FACILITY INFORMATION AND PROGRAM:  
 6  
 7 Lakeside Academy has been certified by the California Department of Social Services, Community Care  
 8 Licensing Division since March 23, 2010.  
 9  
 10 Lakeside Academy is a 98-bed residential treatment and educational program located on a large wooded  
 11 campus in a suburban area of Kalamazoo, Michigan. The population served is male and female youth, ages  
 12 12-18, who are adjudicated or at risk, have a full scale IQ of 70 or above and typically present with the  
 13 following characteristics:  
 14 • Impulsivity, irresponsibility and/or lack of self-discipline.  
 15 • Denial and/or justification of behavior.  
 16 • History of anger and aggression.  
 17 • Demonstration of a low degree of empathy.  
 18 • Exhibition of poor coping skills.  
 19 • Non-compliance with authority.  
 20 • Amenable to treatment in a normative culture.  
 21  
 22 **Note: For a complete description and overview of Lakeside, it's program, purpose, methods and**  
 23 **goals, reference the initial certification report of March 23, 2010.**  
 24  
 25 No significant capacity or programmatic changes have occurred since initial certification; however, the census  
 of clients served has increased substantially -- from 39 last March to 88 at present. The facility now has one  
 unit operating for girls also, with 17 in population.

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-8763  
 LICENSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (916) 838-5751  
 LICENSING EVALUATOR SIGNATURE:  DATE: 01/10/2011

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

FACILITY REPRESENTATIVE SIGNATURE:

 DATE: 01/10/2011  
 Steve W. Laidacker

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

1-28-11  
**RECEIVED**  
 FEB 09 2011 Page 1 of 4  
 By: \_\_\_\_\_

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 19-50  
SACRAMENTO, CA 95814

FACILITY NAME: LAKESIDE

FACILITY NUMBER: 602300066

VISIT DATE: 12/08/2010

**NARRATIVE****1** CERTIFICATION HISTORY: FACILITY INFORMATION AND PROGRAM: (Continued)

**2**  
**3** In August 2010, the facility underwent a change of executive director -- Steve Laidacker replacing Mike  
**4** Rowley. Mr. Laidacker comes to Lakeside with multiple college degrees, including a doctorate in Education,  
**5** Child and Youth Studies, Management of Programs, as well as 30+ years consulting, training and  
**6** administering residential facilities throughout the country. Mr. Laidacker is also a faculty associate for JKM  
**7** Training Inc.'s Safe Crisis Management, a multi-nationally recognized comprehensive staff training program  
**8** that includes prevention, de-escalation and emergency safety intervention techniques.  
**9**

**10** YOUTH IN CARE:

**11**  
**12** Currently, seven of the 88 youth in care are placements made by California probation agencies representing  
**13** the following counties: San Bernardino, Santa Clara and Shasta. During this analyst's visit, four of these  
**14** youth were interviewed and shared positive opinions and experiences while at Lakeside.  
**15**

**16** MICHIGAN LICENSING INFORMATION:

**17**  
**18** Lakeside is licensed in the state of Michigan as a child caring institution by the Michigan Department of  
**19** Human Services, Bureau of Children and Adult Licensing. All seven living units that comprise the residential  
**20** program are included in their license which has an issue date of September 18, 2009, and is good through  
**21** September 17, 2011.  
**22**

**23** According to an interim report based on an on-site inspection of September 21, 2010, the facility was in  
**24** compliance with all applicable rules and statutes with the exception of one minor deficiency related to three of  
**25** 15 employee performance evaluations not being completed in a timely manner. Continuance of the facility's  
**26** license was recommended upon receipt of an approved written corrective action plan.  
**27**

**28** FIRE CLEARANCE:

**29**  
**30** The facility was last inspected August 29, 2010 by a representative of the Kalamazoo Department of Energy,  
**31** Labor and Economic Growth, Bureau of Fire Services. Based on that inspection, the facility was determined  
**32** to be in substantial compliance with applicable laws and regulations.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:



DATE: 01/11/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



Steven V. Laidacker

DATE: 01/11/2011

1-24-2011



**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** LAKESIDE

**FACILITY NUMBER:** 602300066

**VISIT DATE:** 12/08/2010

**NARRATIVE**

1 SCOPE OF CERTIFICATION REVIEW:  
2  
3 • Collection and review of current organizational and program information material.  
4 • Verification of licensure status and fire clearance with Michigan oversight authorities.  
5 • Entrance interview and program update and discussion with Krista Goebel, Student Services and Quality  
6 Assurance Director.  
7 • Tour and inspection of physical plant.  
8 • Six client interviews.  
9 • Introduction and exit interview with executive director Steve Laidacker.  
10

11 FINDINGS, AREAS OF CONCERNS AND/OR THOSE REQUIRING CLARIFICATION, FURTHER  
12 DEVELOPMENT OR CORRECTION:  
13

14 The facility appeared clean, safe, sanitary and in good repair and clients appeared to be actively engaged in  
15 daily programming while this analyst was visiting the facility. Based on interviews with several clients, they  
16 seemed invested in the program and felt they were provided for well and treated with dignity and respect.  
17 Since becoming certified, no complaints or issues of concerns have come to this analyst's attention.  
18

19 Based upon further review of facility and program material submitted by the facility thus far however, current  
20 policies and procedures are being requested relative to the areas listed below. Please note that such  
21 procedures need to be compatible and in compliance with California licensing standards as well as Michigan  
22 licensing's although such standards may differ.  
23

24 1. Staff Background Checks/Clearances: Include information on when and how background checks are  
25 conducted; what databases or records are queried against; and what is the policy and procedure for review  
26 and evaluation of a record should such exist on a prospective employee. Procedures/policies should also  
27 address and include how clearances are recorded and maintained.  
28

29 2. Staff Training (Initial and Ongoing): Include information on what training is provided for new hires as well  
30 as existing direct care staff; and detail training topics and areas trained in, number of hours, who (or where)  
31 the training is provided and how training records are maintained.  
32

3. Emergency Intervention Plan; Manual Restraint Plan; Runaway Plan; Biannual Review Plan: Include  
policies and procedures on what crisis intervention and restraint methods or techniques are used in the  
prevention, de-escalation and response to aggressive, assaultive and dangerous behaviors as well as  
AWOL's

**SUPERVISOR'S NAME:** Mei Yuk Kung

**TELEPHONE:** (916) 327-8763

**LICENSING EVALUATOR NAME:** Carol Lancaster

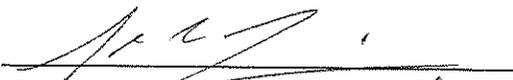
**TELEPHONE:** (916) 838-5751

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/11/2011

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

**FACILITY REPRESENTATIVE SIGNATURE:**

  
Steven W. Laidacker

RECEIVED  
DATE: 01/11/2011  
1-24-2011  
FEB 09 2011  
By: \_\_\_\_\_

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** LAKESIDE

**FACILITY NUMBER:** 602300066

**VISIT DATE:** 12/08/2010

**NARRATIVE**

1 FINDINGS, AREAS OF CONCERNS AND/OR THOSE REQUIRING CLARIFICATION, FURTHER  
 2 DEVELOPMENT OR CORRECTION: (Continued)  
 3  
 4 4. Serious Incident and Restraint Reporting: Submit procedures that illustrate and demonstrate compliance  
 5 with CDSS' standards. It is important to note that California licensing standards require all serious incidents,  
 6 injuries, AWOL's, restraints and allegations of neglect and abuse (which are made against the facility or a  
 7 staff) be reported to the CDSS, regardless of whether the report or incident involves a CA youth.  
 8  
 9 RECOMMENDATION:  
 10  
 11 Re-Certification approved.  
 12  
 13 Updated and/or current information, policies and procedures relative to areas enumerated and outlined in the  
 14 previous section should be provided to the CDSS by February 18, 2011.  
 15  
 16  
 17  
 18  
 19  
 20  
 21  
 22  
 23  
 24  
 25  
 26  
 27  
 28  
 29  
 30  
 31  
 32

**SUPERVISOR'S NAME:** Mei Yuk Kung

**TELEPHONE:** (916) 327-8763

**LICENSING EVALUATOR NAME:** Carol Lancaster

**TELEPHONE:** (916) 838-5751

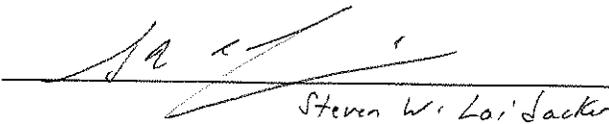
**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 01/11/2011

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

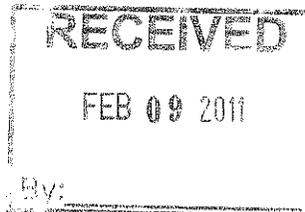
**FACILITY REPRESENTATIVE SIGNATURE:**



Steven W. Lo'Jacker

**DATE:** 01/11/2011

1-24-2011



By: