



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

November 26, 2012

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

Capacity: 120
Population served: Males/Females 12-17

Dear Mr. Laidacker:

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 October 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 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 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

Enclosure

C: Kelly Stone, Director of Student Services, Lakeside Academy
Rosalind Hyde, Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

STATE OF CALIFORNIA MATH AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814

| | |
|--|-----------------------------------|
| FACILITY NAME: LAKESIDE ACADEMY | FACILITY NUMBER: 602300066 |
| ADMINISTRATOR: KELLY STONE | FACILITY TYPE: 731 |
| ADDRESS: 3921 OAKLAND DRIVE | TELEPHONE: (269) 381-4760 |
| CITY: KALAMAZOO | STATE: MI |
| CAPACITY: 84 120 | ZIP CODE: 49008 |
| TYPE OF VISIT: Case Management | CENSUS: UNANNOUNCED |
| MET WITH: Kelly Stone, Director of Student Services | DATE: 10/18/2012 |
| | TIME BEGAN: 01:00 PM |
| | TIME COMPLETED: 05:00 PM |

NARRATIVE

1 PURPOSE OF VISIT:
2
3 As mandated by California law, this annual review was performed by the undersigned analyst for the purpose
4 of re-certification by the California Department of Social Services (CDSS) to verify the facility continues to:
5 • have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision
6 and treatment services to youth/clients in care.
7 • remain in substantial compliance with California licensing standards and regulations as well as remaining
8 licensed and in good standing with the licensing authorities of the state of geographical location in this
9 case, the state of Michigan.
10
11 CALIFORNIA PLACEMENT'S AND PLACING AGENCIES:
12
13 At the time of visit, the total census on campus was at 102. The total census for California youth was 26.
14 Lakeside Academy is currently contracted with two (3) California county Probation agencies ranging from the
15 Northern and Southern areas of California. These counties are as follows: San Bernardino, San Francisco
16 and Sonoma counties. (Note: 22 of the 26 California youth were place through San Bernardino County.)
17
18 LOCAL STATE LICENSING / COMPLAINTS ISSUES:
19
20 Lakeside is licensed in the state of Michigan as a Child Caring Institution by the Michigan Department of
21 Human Services, Bureau of Children and Adult Licensing. At the time of visit, a valid copy of the residential
22 program license was provided. The most current license was issued on September 18, 2011, and is good
23 through
24 September 17, 2013. Facility has no complaints in the last year.
25

SUPERVISOR'S NAME: Mei Yuk Kung **TELEPHONE:** (916)654-0118
LICENSING EVALUATOR NAME: Olaniyan Akyeem **TELEPHONE:** (916) 838-5875
LICENSING EVALUATOR SIGNATURE:  **DATE:** 10/18/2012

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.
FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 10/18/2012

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: LAKESIDE ACADEMY

FACILITY NUMBER: 602300066

VISIT DATE: 10/18/2012

NARRATIVE

1 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:
2
3 An inspection of the campus grounds and residential living units were conducted at the time of this review. All
4 buildings, furniture and equipment appeared to be functional and in good repair. The living units were
5 exceptionally clean and in good order.
6
7 FIRE CLEARANCE
8
9 Lakeside's most recent fire inspection was conducted on 8/27/2012 by the Michigan Department of Human
10 Services. Based on that inspection, the facility was determined to be in substantial compliance with
11 applicable laws and regulations.
12
13 ADMINISTRATIVE AND PLAN OF OPERATION:
14
15 Facility had no significant changes since last year.
16
17 CLIENT(S) AND PERSONAL RIGHTS REVIEW:
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19 A total of seven student's were interviewed. All student's reported they were doing well in the
20 program and revealed no issues with violations of personal rights.
21
22 SCOPE AND STATUS OF RECERTIFICATION REVIEW:
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24
25 • Entrance interview with Kelly Stone, Director of Student Services & Director of Admissions
26 • Collection of updated and current licensing documents, organizational and program information material.
27
28 • Review and discussion of administrative changes, oversight and visit plan.
29 • Sample of client files reviewed.
30 • Sample of personnel files reviewed.
31 • Client interviews
32 • Facility inspection / tour

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FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 744 P STREET, MS 18-50
SACRAMENTO, CA 95814

FACILITY NAME: LAKESIDE ACADEMY

FACILITY NUMBER: 602300066

VISIT DATE: 10/18/2012

NARRATIVE

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

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No deficiencies noted.

CERTIFICATION DECISION:

Re-certification is approved through October 2013.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)654-0118

LICENSING EVALUATOR NAME: Olaniyan Akyeem

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