



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

October 31, 2011

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

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 2012.

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	FACILITY NUMBER: 602300066
ADMINISTRATOR: KELLY STONE	FACILITY TYPE: 731
ADDRESS: 3921 OAKLAND DRIVE	TELEPHONE: (269) 381-4760
CITY: KALAMAZOO	STATE: MI
CAPACITY: 117	ZIP CODE: 49008
TYPE OF VISIT: Case Management	CENSUS: UNANNOUNCED
MET WITH: Kelly Stone, Director of Student Services	DATE: 10/27/2011
	TIME BEGAN: 10:30 AM
	TIME COMPLETED: 05:00 PM

NARRATIVE

1 PURPOSE OF VISIT:
2
3
4 Lakeside Academy is seeking re-certification as mandated by California law. The purpose of this
5 visit was to verify the facility's compliance with California licensing standards governing children's
6 group homes, as well as remaining in compliance with applicable laws, regulations and standards
7 within their own state of Michigan.
8

9 CERTIFICATION HISTORY; FACILITY INFORMATION AND PROGRAM:
10
11 Lakeside Academy has been certified by the California Department of Social Services, Community Care
12 Licensing Division since March 23, 2010.
13

14 CALIFORNIA PLACEMENTS AND PLACING AGENCIES:
15
16 At the time of visit, the total census on campus was at 110 youth. The total census for California
17 youth was 11. Lakeside Academy is currently contracted with two (2) California county Probation
18 agencies ranging from the Northern and Southern areas of California. These counties are as
19 follows: San Bernardino and Santa Clara counties.
20

21 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:
22
23 A tour / inspection of the entire campus grounds and residential living units were conducted at the
24 time of this review. All buildings, furniture and equipment appeared to be functional and in good
25 repair. The facility is currently undergoing extensive renovations on the expansion of the campus
cafeteria.
Plan for completion is scheduled for 12/25/2011.

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/27/2011

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/27/2011

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 19-50
SACRAMENTO, CA 95814

FACILITY NAME: LAKESIDE

FACILITY NUMBER: 602300066

VISIT DATE: 10/27/2011

NARRATIVE

1 In the area of program changes, Lakeside has not had any significant program changes since last
2 year.
3

4 FIRE CLEARANCE

5
6 Lakeside's most recent fire inspection was conducted on 8/16/2011 by the local Fire Marshall who is
7 contracted through the Michigan Department of Human Services. Based on that inspection, the facility was
8 determined to be in substantial compliance with applicable laws and regulations.
9

10 LOCAL STATE LICENSING INFORMATION / COMPLAINTS ISSUES:

11
12 Lakeside is licensed in the State of Michigan as a Child Caring Institution by the Michigan Department of
13 Human Services, Bureau of Children and Adult Licensing. All seven living units that comprise the residential
14 program are included in their license which has an issue date of September 18, 2011, and is good through
15 September 17, 2012.
16

17 The most recent licensing evaluation was conducted 9/12-14, 2011. In evaluating Lakeside Academy's
18 suitability for certification, Michigan licensing records were collected and reviewed. At the time of this visit, the
19 Lakeside licensing representative supervisor was contacted and reported that the facility is in good standing
20 with Michigan licensing authorities and no administrative actions are currently pending.
21

22 In the area of complaints; on 11/16/2010, a complaint was received alleging a staff using excessive force on
23 two residents that resulted in injuries. It was further found that the staff failed to submit a "suspected child
24 abuse" incident report as mandated by the Child Protection law, and notify appropriate authorities. As a
25 result, Lakeside responded immediately by taking administrative action and terminating the staff responsible
26 for not reporting, and also as result of the injuries sustained during the incident.
27

28 ADMINISTRATIVE AND PLAN OF OPERATION:

29
30 The following changes to the administrative personnel have occurred since last year:
31
32

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)654-0118

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 838-5875

LICENSING EVALUATOR SIGNATURE:



DATE: 10/27/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/27/2011

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

FACILITY NAME: LAKESIDE

FACILITY NUMBER: 602300066

VISIT DATE: 10/27/2011

NARRATIVE

1 • Steven Laidacker, Executive Director (new resume on file)
2 • Kelly Stone, Director of Admissions and Director of Student Services
3

4 CLIENT(S) AND PERSONAL RIGHTS REVIEW:
5
6 Student interviews revealed no issues with violations of personal rights.
7

8 SCOPE AND STATUS OF RECERTIFICATION REVIEW:
9

10 • Entrance interview with Kelly Stone, Director of Student Services & Director of Admissions
11 • Collection of updated and current licensing documents, organizational and program information material.
12

13 • Review and discussion of administrative changes, oversight and visit plan. (updated org chart received)
14 • Sample of client files reviewed.
15 • Sample of personnel files reviewed.
16 • Client interviews
17 • Facility inspection / tour
18

19 OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:
20

21 Although administration was able to provide most missing and/or updated documents during this scheduled
22 visit, the following documents were not found and will require a Plan of Correction (POC).
23

24 Develop a Plan of Correction (POC) to address the following California Certification Standards deficiencies
25 to ensure a healthy and safe environment for the youth in program. The plan shall include, but not limited to
26 the following:
27

28 1. Staff Training (Initial and Ongoing): Develop a plan to ensure that all training is provided for new hires as
29 well as existing direct care staff; and detail training topics and areas trained in, number of hours, who (or
30 where) the training is provided and how training records will be maintained and available for review. POC
31 due by: 11/15/2011.
32

CERTIFICATION DECISION: Re-certification is approved through October 2012.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)654-0118

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 838-5875

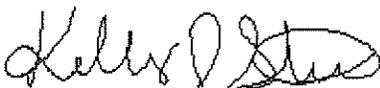
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