



JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

May 26, 2010

Chris Banken, Executive Director
Mingus Mountain Academy
P.O. Box 26485
Prescott Valley, AZ 86312

Subject: Recertification by the CA Department of Social Services
Prescott Valley Campus (CDSS facility #602300052)

Dear Mr. Banken:

Pursuant to California Family Code Section 7911 et al., this is official notification that Mingus Mountain Academy is re-certified as meeting California group home licensing standards. This re-certification is based on certification analyst Carol Lancaster's recent on-site facility visit and evaluation and is good through May 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. Use of restraint (whether or not they result in an injury to a child.)
- f. Any unusual incident or absence that threatens the physical or emotional health or safety of a child.
- g. Injuries and illnesses that require hospitalization or medical treatment (beyond first aid.)

Certification will continue to be reviewed annually. We will be following our Department policy which authorizes us to inspect facilities with or without appointment as necessary.

If you have any questions, please contact Carol at (916) 838-5751; or myself at (916) 327-8763.

Sincerely,


MEI YUK KUNG, PROGRAM CHIEF

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

FACILITY EVALUATION REPORT

FACILITY NAME: MINGUS MOUNTAIN ACADEMY	FACILITY NUMBER: 602300052
ADMINISTRATOR: CHRIS BANKEN	FACILITY TYPE: 731
ADDRESS: H/C 76 89A N JCT FSR 151	TELEPHONE: (602) 335-2000
CITY: PRESCOTT VALLEY	STATE: AZ
CAPACITY: 96 96	ZIP CODE: 86314
TYPE OF VISIT: Case Management (Re- Cert.)	CENSUS: 78
MET WITH: Reggie St. Romain, Group Living Director; Jessica Hines, Quality Assurance; Franki Reddick-Gibson, Clinical Director; Jose Toro, Human Resources Director; Tim Rambo, Quality Assurance/Risk Management Director	DATE: 04/27/2010
	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 02:45 PM

NARRATIVE

1 PURPOSE OF VISIT:
2
3 As mandated by California law, this annual on-site re-certification visit was performed on April 27, 2010 by the
4 undersigned analyst to assess and determine that whether the facility referenced continues to be suitable as
5 an out-of-state group home certified by the California Department of Social Services (CDSS) through:
6 1. being in substantial compliance with California's Title 22 licensing regulations which apply to children's
7 group homes; as well as
8 2. being licensed and in good standing with oversight authorities within the State of Arizona where the
9 facility is located.
10
11 CERTIFICATION HISTORY:
12
13 Pursuant to California Family Code Section 7911 et al., Mingus Mountain Academy (MMA) was initially
14 certified by the CDSS June 26, 2008; and subsequently, re-certified April 28, 2009.
15
16 FACILITY INFORMATION, BACKGROUND AND PROGRAM
17
18 MMA, a Sequel Youth Services Program, is a 96-bed residential treatment and educational program for
19 female youth ages 12 to 18. The program offered emphasizes behavioral change through the establishment
20 of a normative culture, intensely scheduled programming, and skill-building activities. MMA's behavioral
21 thinking processes focus on the intervention and redirection of negative behavior and recognition of
22 desired/positive behavior.
23
24 (NOTE: Reference the initial certification report for a complete description and overview of MMA, its
25 program, purpose, methods and goals.)

SUPERVISOR'S NAME: Mel Yuk Kung **TELEPHONE:** (916) 327-8763
LICENSING EVALUATOR NAME: Carol Lancaster **TELEPHONE:** (916) 838-5751
LICENSING EVALUATOR SIGNATURE:
DATE: 05/03/2010

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

FACILITY REPRESENTATIVE SIGNATURE:
CRB **DATE:** 05/03/2010

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 744 P STREET, MS 19-30
SACRAMENTO, CA 95814

FACILITY NAME: MINGUS MOUNTAIN ACADEMY

FACILITY NUMBER: 602300052

VISIT DATE: 04/27/2010

NARRATIVE

1 FACILITY, PHYSICAL PLANT, PROGRAM AND ORGANIZATIONAL REVIEW AND CHANGES:
2
3 Since last year's visit, the facility has undergone some changes and expansion: :
4 • A new 16-bed residential unit was constructed (Cypress) - - increasing the former capacity from 80 to 96;
5 and a gymnasium was built and added.
6 • A new educational center/school/resource building was constructed (replacing/expanding the former.)
7 • Interscholastic sports have been added to programming (volleyball; basketball; track and field.)
8 • Clinical Director Franki Reddick-Gibson hired/replaced former director Paula Banken.
9
10 CLIENTS IN CARE:
11
12 The facility's licensed capacity is 96. The census at the time of the visit was 78.
13 26 of the clients were probation or social service placements from California. The placing CA counties
14 include: Alameda Co. Probation (5); San Joaquin Co. Probation (2); Lassen Co. Probation (2); Sacramento
15 Co. Probation (9); Stanislaus Co. Probation (2); Shasta Co. Probation 1; Sacramento Co. CPS 4; Shasta Co.
16 CPS (1)
17
18 LOCAL STATE LICENSING INFORMATION
19
20 MMA is licensed by the Arizona Department of Health Services, Office of Behavioral Health Licensing
21 (Arizona facility license #BH-312.) The facility is licensed as a Level 1 Residential Treatment Center. The
22 facility's current license was issued March 3, 2010; and is effective until April 30, 2011. A review of licensing
23 documents provided reflects the facility last underwent an on-site survey by an ADHS representative on
24 December 29, 2009. No deficiencies were cited in relation to that visit and a capacity increase (from 80 to 96)
25 was approved. The undersigned analyst also contacted Arizona Licensing by telephone on May 3, 2010. A
26 representative with that agency verified the facility is in good standing and that there are no administrative or
27 legal actions pending.
28
29 ACCREDITATIONS
30
31 Mingus Mountain is accredited by the Joint Commission. The last date of accreditation was September 15,
32 2007. This accreditation is good for up to 39 months.

SUPERVISOR'S NAME: Mei Yuk Kung

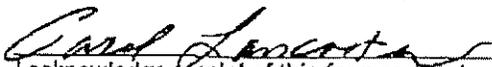
TELEPHONE: (916) 327-8783

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 05/11/2010



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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/11/2010

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 18-50
SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: MINGUS MOUNTAIN ACADEMY

FACILITY NUMBER: 602300052

VISIT DATE: 04/27/2010

NARRATIVE

1 FIRE INSPECTION / WATER ANALYSIS / FOOD SERVICE:
2
3 An Inspection report issued by the Arizona State Fire Marshall reflects the facility was last inspected and
4 approved for use on February 23, 2010.
5
6 Food preparation, meal services and eating/dining amenities are prepared and provided in a large
7 commercial type kitchen/cafeteria on campus. An Arizona Food Safety Evaluation Report issued by a
8 representative with the Arizona Department of Health Services on February 25, 2010 rated this operation as
9 "Excellent".
10
11 SCOPE OF CERTIFICATION REVIEW:
12
13 • Entrance interview and facility briefing conducted with the following members of the administrative and
14 management team: Reggie St. Romain, Group Living Director; Jessica Hines, Quality Assurance; Franki
15 Reddick-Gibson, Clinical Director; Jose Toro, Human Resources Director; Tim Rambo, Quality
16 Assurance/Risk Management Director.
17 • Collection of updated and current organizational and program information material.
18 • Tour/physical inspection of facility and grounds.
19 • Sample of client files reviewed.
20 • Two clients from California interviewed.
21 • Exit interview.
22
23 FINDINGS, AREAS OF CONCERN AND/OR THOSE REQUIRING CORRECTION:
24
25 Significant physical plant changes and an increase in capacity has occurred over the last year. The new
26 school, gymnasium and Cypress living unit are impressive additions. Additional reconstruction and changes
27 are still occurring. It is important that the facility keep the CDSS apprised of changes in the making prior to
28 them occurring and being complete. This analyst is requesting written notification on the physical plant
29 modifications completed and those still in progress and planned. In addition a new "Application for
30 Certification" (LIC 9203 form) is needed to reflect the capacity increase, as well as a new facility sketch of the
31 overall campus and an individual sketch of the new Cypress dorm.
32
Upon receipt of the aforementioned items, re-certification will be approved.

SUPERVISOR'S NAME: Mel Yuk Kung

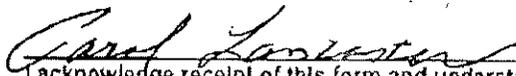
TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 05/11/2010



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/11/2010

