



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P STREET, MS 8-3-54  
SACRAMENTO, CA 95814



EDMUND G. BROWN JR.  
GOVERNOR

May 21, 2013

MINGUS MOUNTAIN: EMILY HOUSE- 602300062  
P.O. BOX 26485  
PRESCOTT VALLEY, AZ 86312

**SUBJECT: Re-Certification by the California Department of Social Services (CDSS)**

**Capacity : 7      Population served: Female youth age 14 -17**

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for the Mingus Mountain Academy's Emily House is continued through April 2014.

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 health or safety of a child

Certification will continue to be reviewed annually. We will continue to follow 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

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

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	MINGUS MOUNTAIN: EMILY HOUSE	<b>FACILITY NUMBER:</b>	602300062
<b>ADMINISTRATOR:</b>	JESSICA HINES	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	3801 N. ROBERT ROAD	<b>TELEPHONE:</b>	(602) 335-2089
<b>CITY:</b>	PRESCOTT VALLEY	<b>STATE:</b>	AZ
<b>CAPACITY:</b>	7	<b>ZIP CODE:</b>	86312
<b>TYPE OF VISIT:</b>	Case Management <i>(Re-cert)</i>	<b>CENSUS:</b>	7
<b>MET WITH:</b>	Mike McFarland, Exec. Director; Amber Gerdtz, Team Leader; Jessica Hines, Quality Assurance	<b>ANNOUNCED</b>	
		<b>DATE:</b>	05/10/2013
		<b>TIME BEGAN:</b>	10:00 AM
		<b>TIME COMPLETED:</b>	11:52 AM

**NARRATIVE**

1  
2 On site re-certification visit conducted on today's date by the undersigned analyst. The purpose of today's  
3 visit was to insure the facility:  
4 • has adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision  
5 and treatment services to youth/clients in care.  
6 • is in substantial compliance with California licensing standards and regulations as well as being licensed  
7 and in good standing with the licensing authorities of the state of geographical location -- in this case, the  
8 state of Arizona..  
9

10 The Mingus Mountain Emily House, initially certified April 29, 2009, is one of two satellite group homes  
11 affiliated with the 115- bed Mingus Mountain Academy (MMA.) Emily House serves as an extension of the  
12 MMA program, offering step-down care while continuing day programming at MMA. Much more home-like,  
13 Emily House is located in a traditional Prescott Valley neighborhood. Transitional living skills become a big  
14 focus -- the goal being to prepare the young women in care for adulthood and living independently.  
15

16 The 1842 square foot, three bedroom, two bath, single family dwelling has a capacity for seven. At the time of  
17 this year's visit, the census was seven. There was one young lady placed by Alameda County Probation in  
18 residence. At the time of visit, no residents were home however.  
19

20 Records provided by the facility reflect that a fire inspection was last conducted on May 8, 2012 by the Central  
21 Yavapai Fire District. No violations were noted on the report. The facility is fire inspected annually and has a  
22 fire sprinkler system. Under Arizona fire codes, the facility is required to do fire drills three times monthly --  
23 one on each shift.  
24  
25

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:



DATE: 05/21/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/21/2013

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

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME: MINGUS MOUNTAIN: EMILY HOUSE****FACILITY NUMBER: 602300062****VISIT DATE: 05/10/2013****NARRATIVE**

1  
2 The facility is licensed in the state of Arizona by the Arizona Department of Health Services, Division of  
3 Licensing Services, Office of Behavioral Health Licensing, as a Level 2 Behavioral Health Residential Agency  
4 (Lic. #BH-1487.) The most recent license was issued April 5, 2012 and is effective from May 1, 2012 through  
5 April 30, 2012. MMA representatives reported that its license was recently extended for another year by  
6 Arizona License; however, the actual license has not been received. When received, MMA was requested to  
7 provide a copy of the current license.  
8  
9 Emily House is included in MMA's accreditation by the Joint Commission which was last issued August 14,  
10 2010 and is customarily valid for up to 39 months.  
11  
12 No programmatic or physical plant changes have occurred since being certified last year.  
13  
14 SCOPE OF RE-CERTIFICATION REVIEW:  
15  
16 ● Entrance interview with Mike McFarland, Executive Director; Jessica Hines, QA Manager; Amber Gerdtz,  
17 Team Leader.  
18 ● Collection of updated and current organizational and program information material.  
19 ● Tour/physical inspection of facility and grounds.  
20  
21  
22 COMMENTS AND RECOMMENDATIONS:  
23  
24 Based on today's visit and observations and the review of updated material relative to the operation of the  
25 facility, re-certification is approved.  
26  
27 The home presents as being safe, sanitary and in good repair. Medications, toxics and dangerous items are  
28 all secured in locked storage. It was clean, orderly, well furnished and supplied. Its license, personal rights  
29 and diagrams illustrating exits/evacuation routes and meeting place were properly posted.  
30  
31 The facility appears to be providing the young women who live there with good step-down care in addition  
32 to the opportunity to learn valuable transitional living skills including, but not limited to, food shopping, meal  
planning, cooking, housekeeping, participating in community events, volunteering and even gaining outside  
work experience through seeking and holding jobs.

**SUPERVISOR'S NAME: Mei Yuk Kung****TELEPHONE: (916) 327-8763****LICENSING EVALUATOR NAME: Carol Lancaster****TELEPHONE: (916) 838-5751****LICENSING EVALUATOR SIGNATURE:****DATE: 05/21/2013****I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE: 05/21/2013**