



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

October 3, 2012

Mr. David Villiotti, Executive Director  
Nashua Children's Home  
125 Amherst Street  
Nashua, New Hampshire 03060

Capacity: 46  
Certified Population Served: Males/Females 8-17

Dear Mr. Villiotti:

**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 Nashua Children's Home, located at 125 Amherst St., Nashua New Hampshire is continued through September 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

In addition, services to youth 18 or over may not be provided unless:

1. The facility is licensed by their state to do so;
2. The facility is certified and in good standings with CDSS;
3. An exception is approved by the Out-of-State Certification Unit for the youth to continue to remain in care until high school graduation of equivalent.

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,

OLANYAN AKYEEM  
Out-of State Program Analyst

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

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b> NASHUA CHILDREN'S HOME: AMHERST STREET	<b>FACILITY NUMBER:</b> 602300011
<b>ADMINISTRATOR:</b> DAVID VILLIOTTI	<b>FACILITY TYPE:</b> 731
<b>ADDRESS:</b> 125 AMHERST STREET	<b>TELEPHONE:</b> (603) 883-3851
<b>CITY:</b> NASHUA	<b>STATE:</b> NH
<b>CAPACITY:</b> 46	<b>ZIP CODE:</b> 03060
<b>TYPE OF VISIT:</b> Case Management	<b>CENSUS:</b> UNANNOUNCED
<b>MET WITH:</b> David Villiotti, Executive Director	<b>DATE:</b> 09/19/2012
	<b>TIME BEGAN:</b> 09:45 AM
	<b>TIME COMPLETED:</b> 02:00 PM

**NARRATIVE****1 PURPOSE OF VISIT:**

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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 New Hampshire.

**11 CALIFORNIA PLACEMENTS AND PLACING AGENCIES:**

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13 At the time of visit, the total campus census for California youth at the Nashua Amherst was 0. The total  
14 census at the time of the visit was 42. Nashua continues express primary interest in serving those youth who  
15 may have family ties to the New Hampshire area. However, the agency also remains open to other California  
16 youth who may be a good fit for the Nashua program.

**18 FACILITY AND PHYSICAL PLANT OVERVIEW:**

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20 A complete inspection was conducted at the time of this review. Particular focus was given to the residential  
21 living units and common areas. As result of the review, some areas of deficiencies were noted which  
22 included, excessive clutter (i.e., clothing, shoes linen etc) in some residence bedrooms, light fixtures without  
23 bulbs/covers has exposed electrical sockets, AC wall unit cover falling off in one youth's bedroom, and posing  
24 of emergency exit routes on living units were missing in common areas of both the younger and older boys  
25 units.

(See Plan of correction POC)

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/24/2012

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

**FACILITY REPRESENTATIVE SIGNATURE:**

Original signature on file

**DATE:** 09/27/2012

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

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** NASHUA CHILDREN'S HOME: AMHERST STREET

**FACILITY NUMBER:** 602300011

**VISIT DATE:** 09/19/2012

**NARRATIVE**

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LOCAL STATE LICENSING / COMPLAINTS ISSUES:

On 8/19/2012, contact was made with the State of New Hampshire, Department of Health and Human Services, Office of Operations Support, Child Care Licensing representative who reported that Nashua is currently operating in substantial compliance at this time. It was further reported that Nashua has not had any substantiated complaints in the last year. The current license has a three year licensing period which is valid from 12/1/2010 through 11/30/2013.

FIRE INSPECTION:

The most recent fire inspection was completed on 7/14/2010. Inspection was approved, no issues noted.

CLIENT(S) SERVICES AND PERSONAL RIGHTS REVIEW:

No interview conducted. No California youth in placement at the time of this review.

ADMINISTRATIVE CHANGES AND PLAN OF OPERATION:

Nashua has had no significant changes in their administration or plan of operation since last year.

SCOPE OF CERTIFICATION REVIEW:

- Entrance interview and facility briefing conducted with David Villiotti, Executive Director
- Collection of updated and current organizational and program information material.
- Tour/physical inspection of facility and grounds..
- Exit interview.

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

**TELEPHONE:** (916)654-0118

**LICENSING EVALUATOR NAME:** Olaniyan Akyeem

**TELEPHONE:** (916) 838-5875

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 09/24/2012

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

**FACILITY REPRESENTATIVE SIGNATURE:**

Original signature on file

**DATE:** 09/27/2012

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 19-50  
SACRAMENTO, CA 95814FACILITY NAME: NASHUA CHILDREN'S HOME: AMHERST  
STREET

FACILITY NUMBER: 602300011

VISIT DATE: 09/19/2012

**NARRATIVE****1 FINDINGS, VIOLATIONS AND PLAN OF CORRECTION(S) POC:**2  
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32**Building and Grounds:**

1. Some bedrooms had excessive clutter of clothing, shoes, blankets, etc. on the floors. Excessive clutter can pose a potential fire hazard, and may obstruct a youths direct path to safety in the event of a fire and/or an emergency.
2. Both the older and younger boys living units did not have Fire Exit routes posted in common areas of the living units. It is noted, one facility sketch was observed posted in the staff office bulletin board, but were not posted near designated emergency exit doors.
3. Several bedrooms were found without light fixture covers and missing bulbs exposing the interior electrical base of the sockets. Although having two bulbs may not be necessary if there is adequate lighting, all light fixtures should have proper fitting covers, including capping off any live circuit or exposed sockets.
4. AC wall unit cover in one of the boys bedrooms appeared to be secured by tape. However, the cover has become unglued and now becoming exposed. Cover will need to be properly re-secured.

Please provide a Plan of Correction to address the above deficiencies by October 15, 2012.

**CERTIFICATION DECISION:**

Certification is approved through September 2013

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Otaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/24/2012

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