



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

March 10, 2014

NORMATIVE SERVICES, INC.- 602300007  
5 LANE LN.  
SHERIDAN, WY 82801

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

Capacity : 132  
Population Served : Males & Females; Ages 12-17

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Normative Services Inc. is continued through February 2015.

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,

FERNANDO SANDOVAL, Program Manager II  
Community Care Licensing Division  
Children's Residential Program

cc: CDSS Deputy Compact Administrator

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	NORMATIVE SERVICES, INC.	<b>FACILITY NUMBER:</b>	602300007
<b>ADMINISTRATOR:</b>	BECKY HARRIS	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	5 LANE LN.	<b>TELEPHONE:</b>	(307) 674-6889
<b>CITY:</b>	SHERIDAN	<b>ZIP CODE:</b>	82801
<b>CAPACITY:</b>	132	<b>DATE:</b>	01/14/2014
<b>TYPE OF VISIT:</b>	<i>Re-Certification</i>	<b>TIME BEGAN:</b>	09:00 AM
<b>MET WITH:</b>	Becky Harris, Krista Goebel	<b>TIME COMPLETED:</b>	02:30 PM

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

Annual on-site re-certification visit pursuant to California Family Code Section 7911 et al.

**CERTIFICATION HISTORY: PURPOSE/STATEMENT OF NEED AND POPULATION SERVED:**

Normative Services Incorporated (NSI) has been certified by the California Department of Social Services, Community Care Licensing Division (CDSS-CCLD) as an out-of-state group home provider since February 15, 2000.

NSI, established in Wyoming in April of 1990, is a private, non-profit agency offering residential care, treatment and educational services for up to 132 male and female youth ages 12- 17 who present with behavioral and/or mental health challenges. The establishment and maintenance of a positive normative culture is the cornerstone of NSI's philosophy. The positive peer culture model offered in an open setting provides opportunities for change and teaches students to assume responsibility for helping one another through group and peer interaction.

**CALIFORNIA PLACING AGENCIES:**

At the time of visit, the facility census was 55. Ten are California social service dependents or probation wards placed by the following agencies: Placer County Social Services (1); San Francisco County Social Services (1); San Francisco County Probation (4); San Luis Obispo County Social Services (1); San Joaquin County Social Services (2); Ventura County Probation (1).

**SUPERVISOR'S NAME:** *Fernando Sandoval***TELEPHONE:** (916) *651-8380***LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/10/2014*Carol Lancaster*

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/10/2014*Henry D. Fisher*

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

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 01/14/2014

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32**FACILITY. PHYSICAL PLANT AND PROGRAM CHANGES:**

NSI continues to have a licensing capacity of 132. The youth in placement are assigned to one of seven living structures which are individual homes spread over the campus:

Big Goose (Girls; Capacity 20)  
Willow Brook (Girls; Capacity 20)  
Riverside (Boys; Capacity 20)  
Mountain View (Boys; Capacity 20)  
Hillside (Capacity 20)  
Eagle Ridge (Capacity 20)  
Resource Center (Capacity 12)

Over the last year, the following administrative staffing changes occurred: Jennifer Hanson is now the Admissions Director (replacing Michelle Knight); Paul Senn is the new Group Living Director (replacing Curt Abernatha.)

There have not been any significant programming changes over the last year. The opportunity to participate in 4-H is now being offered in the area of raising, caring for and showing rabbits.

**LOCAL STATE LICENSING / COMPLAINTS**

NSI is licensed in the state of Wyoming by the Wyoming Department of Family Services. Each of the seven houses on campus is licensed individually. Current licenses were issued April 15, 2012 and are good for two years (through April 15, 2014.)

Over the course of the last year, the following information represents licensing investigations resulting in violations of Wyoming licensing standards:

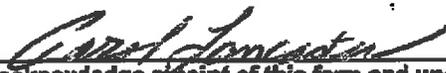
1/18/2013: Citations issued related to (1) Mandatory and critical incident reporting requirements not being met in a timely manner; (2) Staff to child ratios not followed; (3) child and youth care workers not providing a positive role model.

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2014

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 01/14/2014

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32**LOCAL STATE LICENSING / COMPLAINTS (Continued)**

4/3/2013: The facility was cited for a staff failing to provide a positive role model for children and parents in relation to the staff "friending" an NSI student, accessing Facebook during working hours and making inappropriate comments to the student.

4/25/2013: Facility was cited for corporal punishment and a staff unjustifiably and inappropriately restraining a client.

Corrective action plans were submitted and accepted in relation to the violations described above and there is no further information to suggest or support that the facility is presently out of compliance with Wyoming Licensing authorities.

Telephone contact with the facility's Wyoming licensing evaluator confirmed that the facility is in substantial compliance with Wyoming Licensing; and no corrective action plans or administrative actions are pending.

**FIRE CLEARANCE**

The facility's most recent fire inspection was conducted by the Department of Fire Prevention and Electrical Safety, Sheridan, WY, on October 23, 2013. 2. The report issued in connection with this inspection cited 19 violations. Reinspection occurring on January 14, 2014 reflected that all violations had been satisfactorily corrected.

**HEALTH INSPECTIONS (FOOD SERVICE; WATER):**

Meals for youth at NSI are prepared in a commercial type kitchen on the NSI campus and are served cafeteria style in an adjoining dining hall. Menus and serving portions are developed utilizing federal guidelines. The kitchen operation and its staff are licensed and under the oversight of the Wyoming Department of Agriculture. The facility's food license is good through June 30, 2014.

The facility's well water was last collected and tested in October 2013 and found to meet recognized standards.

SUPERVISOR'S NAME: ~~Melinda Kong~~TELEPHONE: ~~(916) 327-8783~~

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2014

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 802300007

VISIT DATE: 01/14/2014

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32**SCHOOL ACCREDITATION:**

Clients at NSI attend on-grounds school accredited by the Wyoming Board of Education and the North Central Association Commission on Accreditation. Teachers and educational staff are under Educational Director Dawn Wiley.

NSI's school is also certified for Special Education by the California Department of Education.

**OTHER ACCREDITATIONS / CERTIFICATIONS:**

NSI is certified by the Wyoming Department of Health, Behavioral Health Division for service delivery of Residential Substance Abuse Services. This certification was issued March 21, 2013 and is good through March 27, 2014.

NSI is also accredited by the Joint Commission for behavioral health care. The facility was last surveyed February 9, 2013, and the accreditation is customarily valid for up to 36 months.

**SCOPE OF RE-CERTIFICATION REVIEW:**

- Collection of updated and current organizational and programming information.
- Entrance and exit interviews with Executive Director Becky Harris; Clinical Director Krista Goebel; and Admissions Director Jennifer Hanson.
- Review of two client files; interviews with same.
- Tour and inspection of the facility, amenities and grounds with Group Living Director Paul Senn.

**FINDINGS, AREAS OF CONCERN AND/OR THOSE REQUIRING CORRECTION OR IMPROVEMENT:**

Physical plant appeared to be in good condition -- clean, safe, sanitary and in good repair. The homes and bedrooms were very neat and personalized. No areas of non-compliance identified. Re-certify.

SUPERVISOR'S NAME: *Ferrando Sandoval*

TELEPHONE: (916) 657-5380

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 03/10/2014

*Carol Lancaster*

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2014

*Larry D. Flohr*