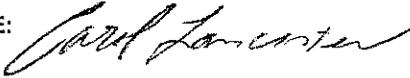


FACILITY EVALUATION REPORTOut of State Cert, 744 P Street, M.S. 19-50
Sacramento, CA 95814

FACILITY NAME:	NORMATIVE SERVICES, INC.	FACILITY NUMBER:	602300007
ADMINISTRATOR:	CAL FURNISH	FACILITY TYPE:	731
ADDRESS:	5 LANE LN.	TELEPHONE:	(307) 674-6878
CITY:	SHERIDAN	STATE: WY	ZIP CODE: 82801
CAPACITY:	78 / 127	CENSUS: 123	DATE: 01/29/2007
TYPE OF VISIT:	Required	UNANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	Exec Director Cal Furnish Asst Director Rebecca Oatts Treatment Director Bud Patterson Business Director Lance Moyer	TIME COMPLETED:	05:45 PM

NARRATIVE

1 (Note: For an in depth comprehensive overall review of the program, reference the 2005
2 recertification report.)
3
4 PURPOSE OF VISIT:
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6
7 This on-site recertification visit performed by the undersigned analyst with the State of California,
8 Department of Social Services, Community Care Licensing Division, Out-of-State Certification Unit
9 (CDSS CCL OSCU) on the dates of January 29 and January 30, 2007 is required annually to ensure
10 that:
11 • the facility continues to provide a safe and suitable 24-hour residential living environment so as to
12 meet the care and treatment needs of dependents and wards placed at the facility by county social
13 service and probation authorities ordered to do so by a California Juvenile Court .
14 • a satisfactory level of compliance with Wyoming licensing and other (regulatory) agencies having
15 oversight responsibilities in relation to the facility continues to exist.
16 • facility administration continues to demonstrate the ability and willingness to correct any areas of
17 non-compliance (if identified,) so as to allow for recertification.
18
19
20 CALIFORNIA PLACING AGENCIES:
21
22 At the time of visit, there were a total of 30 children from California placed at the facility by social
23 services and probation representatives from eight (8) of California's 58 counties. This represents a
24 67% increase over last year and does not include an additional 3 children from California placed by
25 parents and/or adoption authorities.

SUPERVISOR'S NAME: Marian Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 323-1692**LICENSING EVALUATOR SIGNATURE:** **DATE:** 02/20/2007

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/20/2007

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 01/29/2007

NARRATIVE

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FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:

Since Normative Youth Service's (NYS) 2006 recertification visit by CDSS, Wyoming licensing has approved and issued another 12 bed Residential Treatment Center license on the complex at 17 Lane Lane. This addition raises the cumulative capacity to 127. At the time of the visit, the census was 123. The program offered, the Positive Normative Culture, continues to operate with no significant programmatic changes since last year.

It should be noted that NYS is also certified by the Wyoming Department of Health, Substance Abuse Division, to provide adolescent substance abuse services; is accredited by the Joint Commission of Healthcare Organizations; and NYS' institutional school is accredited by the Wyoming Department of Education.

FIRE CLEARANCE:

The most recent fire inspection encompassing all the licensed structures on campus was performed on July 28, 2006. Although some minor deficiencies were cited in the Wyoming State Fire Marshall's report, all were quickly corrected and ultimately signed off on August 11, 2006.

LOCAL STATE LICENSING / COMPLAINTS ISSUES:

Since last year's re-certification visit, the Wyoming Department of Family Services (DFS - - the state licensing authority) has undergone some reorganization and changes, including the loss of the former long-term licensing analyst who retired. This analyst was successful however in reaching Program Monitor John Kiedroski with DFS who indicated that the facility is regarded well and in good standing. Residential Treatment Center licenses for each of the seven group residences were last reissued for a two year period effective April 15, 2006.

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LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 323-1692

LICENSING EVALUATOR SIGNATURE: *Carol Lancaster*

DATE: 02/20/2007

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FACILITY REPRESENTATIVE SIGNATURE:

Al Jurnish

DATE: 02/20/2007

FACILITY EVALUATION REPORT (Cont)Out of State Cert, 744 P Street, M.S. 19-50
Sacramento, CA 95814

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 01/29/2007

NARRATIVE

1 Page 3

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HEALTH DEPARTMENT CLEARANCES:

On April 21, 2006, NYS' food service operation was recertified by a Consumer Health Specialist with the State of Wyoming Department of Agriculture.

ADMINISTRATION AND PLAN OF OPERATION REVIEW:

No significant or remarkable changes in administration or plan of operation.

CLIENT(S) AND PERSONAL RIGHTS REVIEW:

Upon intake, every client and their representative (and/or parent) is provided with a comprehensive handbook which includes an extensive section on personal rights and the grievance procedure. In interviewing ten California clients as part of this review, none raised any personal rights issues or, remarkably, had any negative comments to air. All conveyed that while not always happy about being at NYS and so far from home, they nevertheless believed the program was benefiting them.

MEDICAL, DENTAL, AND NUTRITIONAL FOLLOW-UP SERVICES:

Primary medical care and services continues to be provided on campus by a full-time nurse who lives adjacent to the Medical/Treatment Center and a licensed physician who is on campus three days per week. Clients' dental and vision needs are met with off-campus providers in the nearby community.

TREATMENT SERVICES (COUNSELING, GROUPS, THERAPY, ETC):

Over the past year, NYS has added an additional psychiatrist and two licensed clinicians. Currently, treatment and mental health needs are met by: two psychiatrists who provide diagnosis and pharmacology services; three licensed clinicians/therapists; and residential staff counselors - - each student/client having an assigned one-to-one counselor and mentor.

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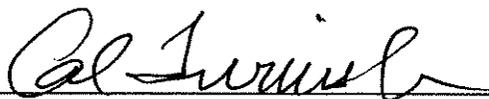
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DATE: 02/20/2007

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: NORMATIVE SERVICES, INC.

FACILITY NUMBER: 602300007

VISIT DATE: 01/29/2007

NARRATIVE

1 Page 4
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3
4 **SCOPE OF CERTIFICATION REVIEW:**
5 o Entrance Interview.
6 o Collection of new and/or updated certification related forms and other material
7 o Assessment of buildings and grounds and critical operational (i.e., safety related) issues
8 including, but not limited to:
9 o Physical plant tour examining facility grounds, residential living units, school/classrooms,
10 cafeteria/food service, recreation areas/gym and administrative offices.
11 o Assessment of accommodations, furniture/bedding, equipment, food and cleaning supplies,
12 medical and first aid supplies.
13 o Observation of staff supervision and staff to staff interactions, as well as client to staff and client to
14 client
15 o Assessment of emergency procedures -- i.e., posted exit and evacuation routes; presence of fire
16 extinguishers and adequate first aid and other emergency related supplies.
17 o Review of collateral agency reports and information -- i.e., Wyoming fire safety authority;
18 residential licensing authority; health department (food services) authority, etc.
19 o Interviews with ten clients placed by California placement representatives; and review of client
20 files.
21 o Review of ten staff files.
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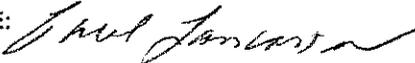
1	Page 5
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3	<u>OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:</u>
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5	1. In one of the living residences toured, no interior sketch illustrating exit routes was observed to
6	be posted and/or in view inside the residence.
7	
8	
9	Facility sketches illustrating emergency exit routes should be posted inside of each residence in
10	conspicuous locations near exits/doors to aid in evacuation. To correct this issue, please create
11	and produce up-to-date sketches of each group living residence on the NYS' complex as well as
12	provide a sketch of the entire exterior grounds/complex.
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14	There are no other concerns or areas of substandard conditions. Overall, the facility appears
15	modern and updated in appearance; clean, safe, sanitary and in good repair.
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21	<u>CERTIFICATION DECISION:</u>
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23	Re-certify.
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SUPERVISOR'S NAME: Marian Kung

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