



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744  
SACRAMENTO, CA 95814



April 18, 2014

**NORTHWEST PASSAGE CHILD & ADOLESCENT CENTER-**  
602300075  
203 UNITED WAY DRIVE  
FREDERIC, WI 54837

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

**Capacity: Up to 35 male & female youth; ages 6 -17**

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Northwest Passage III in Frederic, Wisconsin is continued through April 2015.

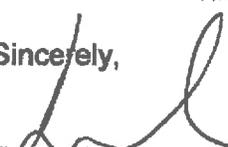
California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- 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) 654-0118, or Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely,

  
**FERNANDO SANDOVAL**  
Staff Services Manager II  
Community Care Licensing Division  
Children's Residential Program

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 744 P STREET, MS 8-3-54  
SACRAMENTO, CA 95814

FACILITY NAME: NORTHWEST PASSAGE CHILD & ADOLESCENT CENTER  
ADMINISTRATOR: ELLEN RACE  
ADDRESS: 203 UNITED WAY DRIVE  
CITY: FREDERIC STATE: WI  
CAPACITY: 35 CENSUS: 35  
TYPE OF VISIT: Case Management; *Re-Cert.* ANNOUNCED  
MET WITH: Carrey Lillihaug, Admissions Director

FACILITY NUMBER: 602300075  
FACILITY TYPE: 731  
TELEPHONE: (715) 327-4402  
ZIP CODE: 54837  
DATE: 03/27/2014  
TIME BEGAN: 10:07 AM  
TIME COMPLETED: 02:15 PM

NARRATIVE

1  
2 PURPOSE OF VISIT:  
3  
4 Annual on-site re-certification visit pursuant to California Family Code Section 7911 et al.  
5  
6 CERTIFICATION HISTORY  
7  
8 Northwest Passage was originally certified by the California Department of Social Services, Community Care  
9 Licensing Division (CDSS-CCLD) as an out-of-state group home provider March 1, 2013.  
10  
11 CALIFORNIA PLACING AGENCIES:  
12  
13 At the time of this re-certification visit, no California foster youth were in placement. The California foster child  
14 placed last year in conjunction with the facility's initial certification successfully completed the program and  
15 was discharged back to lower level group home care in California. Because the facility has expressed  
16 ongoing interest and willingness to consider/accept other CA foster youth and has received several referrals  
17 (although none resulted in a good fit and were accepted,) re-certification is under consideration.  
18  
19 At the time of visit, the facility was full at 35 - - all children in placement being from Wisconsin, Minnesota and  
20 Illinois.  
21  
22 FACILITY AND PROGRAM INFORMATION; POPULATION SERVED:  
23  
24 Northwest Passage Ltd., was established as a 501(c)(3) non-profit organization in 1979. Northwest operates  
25 three licensed facilities in the state of Wisconsin - - Northwest Passage III, located at 203 United Way Drive,  
Frederic, Wisconsin, is the subject of this report. (The other two facilities are not CDSS certified.)

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

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

LICENSING EVALUATOR SIGNATURE:

*Original Signed by Carol Lancaster*

DATE: 04/17/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

*Original Signed by Facility Representative*

DATE: 04/17/2014

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

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** NORTHWEST PASSAGE CHILD &  
ADOLESCENT CENTER**FACILITY NUMBER:** 602300075**VISIT DATE:** 03/27/2014**NARRATIVE**

1  
2 FACILITY AND PROGRAM INFORMATION; POPULATION SERVED: (Continued)  
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5 The Frederic, Wisconsin facility has a 35 bed capacity. At the time of visit, the facility was full (census 35.)  
6 Two different programs are operated within the building/physical plant:  
7  
8 ● A 19 bed co-ed child and adolescent clinical assessment center (clients ranging in age from 6-17.).  
9 ● A 16-bed intensive residential treatment program for adolescent females ages 12-17.  
10  
11 The programs operate separately and independently from one another and the clients do not co-mingle.  
12  
13 Youth placed at the facility attend an on-grounds school.  
14  
15 WISCONSIN LICENSING INFORMATION:  
16  
17 The facility is licensed as a Residential Care Center by:  
18  
19 Wisconsin Department of Children and Families  
20 Child Welfare Licensing Section  
21 201 East Washington Ave, E200  
22 Madison, WI 53703  
23  
24 (608) 267-7932  
25  
26 Wisconsin Licensing issues perpetual licenses (i.e., The license remains effective unless revoked, suspended  
27 or voluntarily suspended.)  
28  
29 Contact with the Wisconsin licensing evaluator reflected positively on the facility -- the facility was reported to  
30 be in good standing with no outstanding enforcements or licensing actions.  
31  
32

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/17/2014


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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/17/2014

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: NORTHWEST PASSAGE CHILD &  
ADOLESCENT CENTER

FACILITY NUMBER: 602300075

VISIT DATE: 03/27/2014

**NARRATIVE**1  
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32FIRE INSPECTION:

The facility's last inspection was conducted January 31, 2013 by the Wisconsin Department of Safety and Professional Services. No violations were found at that time.

FOOD SERVICE INSPECTION:

The facility has a commercial type kitchen that was last underwent an inspection by the Wisconsin Department of Health on December 18, 2013 with no deficiencies cited.

CRISIS DE-ESCALATION, PREVENTION AND INTERVENTION

Staff are trained in verbal and physical (non-violent) crisis intervention through the Crisis Consultant Group, LLC, Virginia. The facility has a Seclusion (Protective Separation) Room.

SCOPE OF REVIEW:

- Entrance interview; program discussion and exit interview conducted with Admissions Director Carrie Lillehaug.
- Collection and review of updated/current facility and program related material.
- Contact with Wisconsin licensing authorities.
- Collection and review of the facility's most recent fire and health department inspection reports.
- Facility tour conducted.
- Examination of furniture, bedding, equipment and supplies, kitchen, menus, food supply, storage space, medical office, recreation space and school/educational related space and amenities.

FINDINGS

The facility presented well -- appearing clean, safe, sanitary and in good repair. No deficiencies observed. Recertification approved.

SUPERVISOR'S NAME: Fernando Sandoval

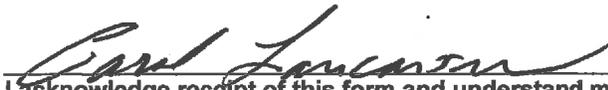
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