



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

May 31, 2016

NORTHWEST PASSAGE: PRAIRIEVIEW – 602300075
203 UNITED WAY DRIVE
FREDERIC, WI 54837

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

CAPACITY : Up To 35 male and female, Ages 6 - 17

Pursuant to California Family Code, Section 7911 et al., this is official notification that certification for Northwest Passage: Prairieview located at 203 United Way Drive, Frederic, Wisconsin is continued through April 2017.

Certification will be reviewed annually or more often should non-compliance with California Title 22 licensing standards as they apply to California group homes become questionable or at issue. Additionally, serious incidents must be reported to the CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he/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

While certified, 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 Certification Analyst Ron Leslie at (916) 654-0956

Sincerely,

Original signature on file

MARYJO TOBOLA, PROGRAM MANAGER
Children’s Residential Program
Community Care Licensing

C: Lisa Witchey, Bureau Chief, Out-of-State Placement and Policy Unit

FACILITY EVALUATION REPORT

FACILITY NAME:	NORTHWEST PASSAGE CHILD & ADOLESCENT CENTER	FACILITY NUMBER:	602300075
ADMINISTRATOR:	ELLEN RACE	FACILITY TYPE:	731
ADDRESS:	203 UNITED WAY DRIVE	TELEPHONE:	(715) 327-4402
CITY:	FREDERIC	STATE: WI	ZIP CODE: 54837
CAPACITY:	35	CENSUS: 31	DATE: 05/25/2016
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 08:00 AM
MET WITH:	Amanda Lundquist, Prairieview Director		TIME COMPLETED: 04:00 PM

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25PURPOSE OF VISIT:

As mandated by California law, an on-site inspection was performed on May 25, 2016 by analyst Ronald Leslie with the California Department of Social Services (CDSS) for the purpose of annual recertification and to assure that the facility continues to:

- have adequate and appropriate resources to provide safe, suitable 24 hour residential care, supervision and treatment services to youth in care.
- remain in substantial compliance with California licensing standards and regulations, as well as licensing laws and standards of the state the facility is located - in this case, the state Wisconsin (WI).

CERTIFICATION HISTORY

Northwest Passage was originally certified by the California Department of Social Services, Community Care Licensing Division (CDSS-CCLD) as an out-of-state group home provider March 1, 2013.

CALIFORNIA PLACING AGENCIES:

At the time of this certification visit, no California foster youth were in placement. The previous California foster child has reached the age of eighteen. The youth has remained as a California school placement. The facility has expressed ongoing interest and willingness to accept other CA foster youth.

At the time of visit, the facility census was 31 - - all children in placement being from Wisconsin, Minnesota, and Kentucky.

SUPERVISOR'S NAME: MaryJo Tobola**TELEPHONE:** (916) 651-1070**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:**

DATE: 05/26/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/31/2016

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:** 05/25/2016**NARRATIVE**1
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32FACILITY AND PROGRAM INFORMATION; POPULATION SERVED:

Northwest Passage Ltd., was established as a 501(c)(3) non-profit organization in 1979. Northwest operates 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.)

FACILITY AND PROGRAM INFORMATION; POPULATION SERVED: (Continued)

The Frederic, Wisconsin facility has a 35 bed capacity. At the time of visit, the facility had 31 beds in use. Two different programs are operated within the building/physical plant:

- A 19 bed co-ed child and adolescent clinical assessment center (clients ranging in age from 6-17.).
- A 16-bed intensive residential treatment program for adolescent females ages 12-17.

The programs operate separately and independently from one another and the clients do not co-mingle.

Youth placed at the facility attend an on-grounds school.

WISCONSIN LICENSING INFORMATION:

The facility is licensed as a Residential Care Center by: Wisconsin Department of Children and Families.

Current license was issued on April 24, 2015 and is valid for two years. The next continuation date will be March 1, 2017.

Contact with the Wisconsin licensing evaluator reflected positively on the facility - - the facility was reported to be in good standing with no outstanding enforcements or licensing actions.

Northwest Passage is certified through AdvancED Accreditation Commission. Certification is valid until June 30, 2020.

SUPERVISOR'S NAME: MaryJo Tobola**TELEPHONE:** (916) 651-1070**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:**

DATE: 05/26/2016**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 05/31/2016

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814**FACILITY NAME:** NORTHWEST PASSAGE CHILD &
ADOLESCENT CENTER**FACILITY NUMBER:** 602300075**VISIT DATE:** 05/25/2016**NARRATIVE****1** FIRE INSPECTION:**2****3** The facility's last inspection was conducted March 1, 2016 by the Wisconsin Department of Safety and
4 Professional Services. No violations were found at that time. Fire clearance is valid for one year.**5****6** FOOD SERVICE INSPECTION:**7****8** The facility has a commercial type kitchen that was last underwent an inspection by the Wisconsin
9 Department of Health on December 16, 2015 with no major deficiencies cited. The certification expires
10 January 20, 2019.**11****12** CRISIS DE-ESCALATION, PREVENTION AND INTERVENTION**13****14** Staff are trained in verbal and physical (non-violent) crisis intervention through the Crisis Consultant Group,
15 LLC, Virginia. The facility has a Seclusion (Protective Separation) Room with a pressure lock.**16****17** SCOPE OF REVIEW:**18**

- 19**
- Entrance interview; program discussion and exit interview conducted with Prairieview Director, Amanda
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- 20**
- Lundquist.
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- Collection and review of updated/current facility and program related material.
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- 22**
- Collection and review of the facility's most recent fire and health department inspection reports.
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- Facility tour conducted.
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- Examination of furniture, bedding, equipment and supplies, kitchen, menus, food supply, storage space,
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- 25**
- medical office, transportation vehicles, recreation space and school/educational related space and
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- 26**
- amenities.

27 FINDINGS AND NOTES**28****29** Facility has broken ground on a new gymnasium which will house athletic activities as well as various indoor
30 recreational programs.**31** Facility impressed with clean, living units, locked closets and well-organized staff/client files.**32** The facility presented well - - appearing clean, safe, sanitary and in good repair. No deficiencies observed.
Certification approved.**SUPERVISOR'S NAME:** MaryJo Tobola**TELEPHONE:** (916) 651-1070**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/31/2016

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