



JOHN A. WAGNER
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 19-50, Sacramento, CA 95814



ARNOLD SCHWARZENEGGER
GOVERNOR

July 20, 2009

Lawrence Howell
Rites of Passage
2560 Business Parkway, Suite B
Minden, NV 89423

SUBJECT: CERTIFICATION RENEWAL - QUALIFYING HOUSE #5

Dear Mr. Howell:

Pursuant to California Family Code, Section 7911 et al., this is official notification that certification for the Rites of Passage Qualifying House #5, located at 2706 E. Valley Road, Minden, Nevada is continued with the California Department of Social Services (CDSS) through June 26, 2010.

California licensing standards require that all serious incidents continue to be reported to the CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he 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.

Certification will continue to be reviewed annually. We will be following our Department policy which authorizes us to inspect facilities with or without appointment as necessary.

I thank you and your staff for your cooperation during this year's visit. If you have any questions or would like to discuss the report further, please contact Carol Lancaster at (916) 838-5751.

Sincerely,

MEI YUK KUNG, Program Chief

Enclosure

C: CDSS-CFSD, Deputy Compact Administrator, ICPC/Out-of-State
Placement and Policy Unit

FACILITY EVALUATION REPORT

FACILITY NAME:	RITE OF PASSAGE Q HOUSE #5	FACILITY NUMBER:	602300047
ADMINISTRATOR:	RON WESTPHAL	FACILITY TYPE:	731
ADDRESS:	2706 E. VALLEY ROAD	TELEPHONE:	(775) 267-4564
CITY:	MINDEN	STATE:	NV
CAPACITY:	8	ZIP CODE:	89423
TYPE OF VISIT:	Case Management	CENSUS:	6
MET WITH:	Peter Woods, Admin.; Vickie Sims, Case Mngr.; Justin Gaddy, Group Ldr	UNANNOUNCED	
		DATE:	06/26/2009
		TIME BEGAN:	09:45 AM
		TIME COMPLETED:	03:30 PM

NARRATIVE

1
2 PURPOSE OF VISIT
3
4 As mandated by California law, this annual on-site visit and review of the out-of-state group home referenced
5 was conducted by the undersigned analyst on June 25 and 26, 2009 for the purpose of re-certification through
6 evaluating that the facility continues to:
7 • have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision,
8 education and treatment services for the clients served.
9 • remain in substantial compliance with California licensing standards governing the operation of children's
10 group homes, as well as operating and remaining in good standing with licensing authorities in the state
11 of Nevada.
12
13 CLIENTS IN CARE
14
15 A capacity increase from six to eight male adolescents was recently approved by both NV and CA licensing
16 authorities. At the time of visit, the census was six; one client being a probation placement by Sacramento
17 County (CA) Probation authorities.
18
19 NV LICENSING INFORMATION
20
21 As part of this re-certification review, telephone contact was made with the NV licensing analyst. She
22 reported that the facility is inspected by NV licensing annually; her last visit being June 19, 2009. (The Home
23 Inspection Checklist/Report written was provided to this analyst by fax.) She indicated that the facility is in
24 good standing; has had no complaints or issues requiring investigation this licensing period (July 1, 2008
25 through June 30, 2009) and that their license will be renewed and will be good through June 30, 2010.

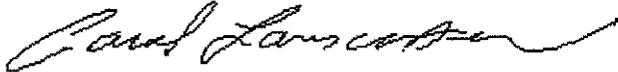
SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

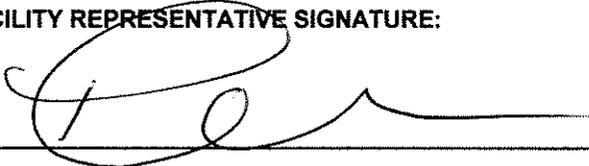
LICENSING EVALUATOR SIGNATURE:



DATE: 06/26/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/26/2009

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

FACILITY NAME: RITE OF PASSAGE Q HOUSE #5

FACILITY NUMBER: 602300047
VISIT DATE: 06/26/2009

NARRATIVE

- 1 SCOPE OF RE-CERTIFICATION REVIEW:
2
3 ● Entrance interview with Administrator Peter Woods.
4 ● Collection of updated and current organizational, staffing and program information material.
5 ● Tour/physical inspection with group director Justin Gaddy of group home and yard
6 ● Medications and toxic household supplies were locked for safekeeping.
7 ● Adequate first aid supplies verified.
8 ● Adequate food and household supplies were verified.
9 ● Facility sketches illustrating emergency exit routes were observed to be posted.
10 ● Evidence of staff conducting random fire drills was provided.
11 ● Review and discussion of program, treatment planning and progress, and staffing with case manager
12 Vickie Sims.
13 ● CA client files reviewed with emphasis on needs and services plans.
14 ● Personnel files reviewed with emphasis on background clearances, First Aid/CPR training, Emergency
15 Intervention training (Jireh.)
16 ● Interviews with two CA placed clients.
17 ● Exit interview.

18
19 FINDINGS:
20
21 The facility was found to be clean, safe, sanitary and in good repair. Facility programming, oversight and
22 staffing satisfactory.
23

24 CERTIFICATION DECISION:
25
26 Re-Certify.
27
28
29
30
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32

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

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