

CDSS

JOHN A. WAGNER  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



ARNOLD SCHWARZENEGGER  
GOVERNOR

June 24, 2009

Chris Banken, Executive Director  
Mingus Mountain Academy  
P.O. Box 26485  
Prescott Valley, AZ 86312

Subject: **Initial Certification for Out-of-State Group Home  
Mingus Mountain: Emily House (CDSS facility #602300062)**

Dear Mr. Banken:

Pursuant to California Family Code Section 7911 et al., this is official notification that effective the date of this letter, Mingus Mountain's Emily House is certified as meeting California Title 22 licensing standards as they apply to children's group homes. This certification is good for one year or until June 24, 2010.

California licensing standards require all serious incidents 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. Use of restraint (whether or not they result in an injury to a child.)
- f. Any unusual incident or absence that threatens the physical or emotional health or safety of a child.
- g. Injuries and illnesses that require hospitalization or medical treatment (beyond first aid.)

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.

If you have any questions, please contact Carol at (916) 838-5751; or myself at (916) 327-8763.

Sincerely,

MEI YUK KUNG, PROGRAM CHIEF

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	MINGUS MOUNTAIN: EMILY HOUSE	<b>FACILITY NUMBER:</b>	602300062
<b>ADMINISTRATOR:</b>	CHRIS BANKEN	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	3801 N. ROBERT ROAD	<b>TELEPHONE:</b>	(928) 759-9410
<b>CITY:</b>	PRESCOTT VALLEY	<b>STATE:</b> AZ	<b>ZIP CODE:</b> 86314
<b>CAPACITY:</b>	7	<b>CENSUS:</b> 7	<b>DATE:</b> 04/29/2009
<b>TYPE OF VISIT:</b>	<i>Initial Certification</i>	UNANNOUNCED	<b>TIME BEGAN:</b> 09:45 AM
<b>MET WITH:</b>	Jessi Peter, Team Leader; Bo Fleming, Quality Assurance	<b>TIME COMPLETED:</b>	01:32 PM

**NARRATIVE**

1  
2 On today's date, the undersigned analyst conducted on onsite visit and evaluation of the facility referenced for  
3 the purpose of initial certification by the California Department of Social Services (CDSS) as mandated by  
4 California law. In conducting this visit, this analyst's objective was to determine whether the facility:  
5 • has adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision  
6 and treatment services to youth/clients in care.  
7 • is in substantial compliance with California licensing standards and regulations as well as being licensed  
8 and in good standing with the licensing authorities of the state of geographical location - - in this case, the  
9 state of Arizona..  
10

11 The Mingus Mountain Emily House is one of two satellite group homes to the larger 80- bed Mingus Mountain  
12 Academy, where clients are typically placed initially for residential care and treatment within the Mingus  
13 Mountain organization. The Academy was first certified by the CDSS June 26, 2008 as an 80-bed residential  
14 treatment/educational program for female youth ages 12 to 18. (*NOTE: For a complete description and  
15 overview of MMA, its program, purpose, methods and goals, reference the initial certification report  
16 of June 26, 2008.*)  
17

18 The Emily House basically serves as an extension of the Academy program and is offered to clients who  
19 have successfully adjusted and/or completed the Academy program. While placed at Emily House, clients  
20 continue to participate in school and programming Monday through Friday at the Academy, but are offered the  
21 opportunity to live off-campus and step down to a lower level care in a more home-like environment in the  
22 nearby community of Prescott Valley in a traditional neighborhood setting. While here, transitional living skills  
23 are heavily focused upon - - the goal being to prepare the young women who are clients for adulthood and  
24 living independently. The home itself is a three bedroom, two bath single family dwelling. Two of the  
25 bedrooms accommodate two clients; one bedroom accomodates three for a total bed capacity of seven.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 06/24/2009



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/24/2009

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

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 19-50  
SACRAMENTO, CA 95814

FACILITY NAME: MINGUS MOUNTAIN: EMILY HOUSE

FACILITY NUMBER: 602300062

VISIT DATE: 04/29/2009

**NARRATIVE**

1 The facility is licensed in the state of Arizona by the Arizona Department of Health Services, Division of  
2 Licensing Services, Office of Behavioral Health Licensing, as a Level 2 Behavioral Health Residential Agency  
3 (Lic. #BH-1487.) It's current license was issued August 5, 2008 and is good for the period May 1, 2008  
4 through April 30, 2009. The last annual licensing survey was performed May 23, 2007; the plan of correction  
5 to that survey was accepted and cleared September 7, 2007.  
6

7 Mingus Mountain is also accredited by the Joint Commission. This accreditation includes the Emily House.  
8 The last date of accreditation was September 15, 2007. This accreditation is good for up to 39 months.  
9

10 The facility's last fire clearance is dated May 22, 2007 based on inspection by an official with the Central  
11 Yavapai Fire District. Fire drills are done monthly; one on each of the three shifts.  
12

SCOPE OF INITIAL CERTIFICATION REVIEW:

- 13  
14
- 15 • Application for Certification submitted and reviewed.
  - 16 • Verification that home meets all applicable licensing and fire safety laws and regulations in the state of  
17 Arizona.
  - 18 • Onsite visit and evaluation:
    - 19 • Entrance interview and facility and program discussion/meeting with Team Leader Jesse Peterson  
20 and Quality Assurance Director Bo Fleming.
    - 21 • Physical tour/inspection of home: License was posted, toxic household chemicals and cleaners as  
22 well as medications safely maintained in adequate and locked storage; ample supply of food,  
23 cooking and eating utensils; linens and bedding; and other home amenities.
    - 24 • Staffing level deemed adequate; all staff had background clearances as appropriate.
    - 25 • Exit interview.
- 26

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

27  
28  
29 Based on the application submitted as well as this analyst's observations, evaluation and analysis of the  
30 facility and program, the Emily House appears suitable for certification by the CDSS at this time.  
31

CERTIFICATION DECISION:

32 Certify.

SUPERVISOR'S NAME: Mei Yuk Kung

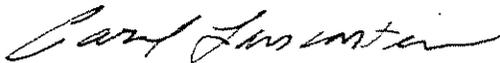
TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 05/05/2010



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/05/2010