



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

July 9, 2012

Mr. Michael McFarland, Executive Director  
Mingus Mountain Academy  
P.O. Box 26485  
Prescott Valley, Arizona 86312

Capacity: 9  
Population Served: Females 12-18

Dear Mr. McFarland:

**SUBJECT: RECERTIFICATION BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)**

Pursuant to California Family Code, Section 7911 et al., this is official notification that the Certification for Mingus Mountain Farrington House, located at 100 S. Dewey Road, Dewey Arizona is continued through April 2013.

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 physical or emotional health or safety of a child

In addition, services to non-minor dependents as specified in W&I Code 16501.1 (c)(1), may not be provided until the facility is licensed by their state to do so, and is certified by the State of California. Certification will continue to be reviewed annually. We will be following our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

If you have any questions or would like to discuss this report further, please contact me at (916) 838-5875.

Sincerely,

OLANIYAN AKYEEM  
Out-of State Program Analyst

C: Rosalind Hyde, Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

## FACILITY EVALUATION REPORT

CCLD Regional Office, 744 P STREET, MS 18-80  
SACRAMENTO, CA 95814

FACILITY NAME:	MINGUS MOUNTAIN: FARRINGTON HOUSE	FACILITY NUMBER:	602300061
ADMINISTRATOR:	JESSICA HINES	FACILITY TYPE:	731
ADDRESS:	100 S. DEWEY ROAD	TELEPHONE:	(602) 335-2089
CITY:	DEWEY	STATE:	AZ
CAPACITY:	9	ZIP CODE:	86327
TYPE OF VISIT:	Case Management	CENSUS:	DATE:
MET WITH:	Jessica Hines, Quality Care Director	UNANNOUNCED	04/26/2012
		TIME BEGAN:	10:00 AM
		TIME COMPLETED:	05:00 PM

## NARRATIVE

1 PURPOSE OF VISIT:  
2  
3 As mandated by California law, this annual review was performed by the undersigned analyst for the purpose  
4 of re-certification by the California Department of Social Services (CDSS) to verify the facility continues to:  
5 \* have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision  
6 and treatment services to youth/clients in care.  
7 \* remain in substantial compliance with California licensing standards and regulations as well as remaining  
8 licensed and in good standing with the licensing authorities of the state of geographical location - - in this  
9 case, the state of Arizona.  
10

11 CALIFORNIA PLACEMENT'S AND PLACING AGENCIES:  
12  
13 At the time of visit, the total campus census for California youth at the Farrington House was six (6). The total  
14 census of all three Mingus programs were 125. Mingus Mountain Academy (MMA) is currently contracted with  
15 nine (9) California county Social Services and Probation agencies ranging from southern to northern  
16 California. These counties are as follows: Alameda, Lassen, Riverside, Sacramento, San Francisco, San  
17 Joaquin, Shasta, Sonoma and Stanislaus counties.  
18

19 LOCAL STATE LICENSING / COMPLAINTS ISSUES:  
20  
21 Contact was made with the The Arizona Department of Health Services, Division of Licensing Services  
22 licensing representative who reported that Mingus is currently operating in substantial compliance at this time.  
23 The current license was issued on 4/5/2012 and is valid from 5/1/2012 through 4/30/2013.  
24  
25

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)654-0118

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 838-5875

LICENSING EVALUATOR SIGNATURE:

DATE: 08/13/2012

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2012

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: FARRINGTON HOUSE

FACILITY NUMBER: 602300061

VISIT DATE: 04/26/2012

**NARRATIVE**

1 In the area of complaints: Mingus has not had any substantiated complaints in the last year.  
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FIRE INSPECTION:

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5 The most recent fire inspection was completed on April 12, 2011. The report was issued by the Central  
6 Yavapai Fire District of Arizona. No violations noted.  
7

CLIENT(S) SERVICES AND PERSONAL RIGHTS REVIEW:

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9  
10 All students interviewed reported they have been informed of their personal rights. Students  
11 reported that they attend school, participate in weekly groups and receive individual counseling on a  
12 regular basis.  
13

14 Student interviews and client file reviews confirmed that student's were given the proper  
15 medical/dental treatment and follow-up services both annually and on an as needed basis. No  
16 issues of concern with students receiving medical services.  
17

ADMINISTRATIVE CHANGES AND PLAN OF OPERATION:

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21 Since last year, Michael McFarland has been appointed to the Executive Directors position. All necessary  
22 documents relative to this personnel change has been requested for record file. (See Plan of Correction)  
23

SCOPE OF CERTIFICATION REVIEW:

- 24  
25  
26 • Entrance interview and facility briefing conducted with the following administrative staff: Jessica Hines,  
27 Quality Assurance Director; Vince Moser, Group Living Director and Jose Toro, Human Resources  
28 Director.  
29 • Collection of updated and current organizational and program information material.  
30 • Tour/physical inspection of facility and grounds.  
31 • Sample of staff and client files reviewed.  
32 • Five clients from California interviewed.  
• Exit interview.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)654-0118

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 838-5875

LICENSING EVALUATOR SIGNATURE:



DATE: 08/14/2012

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/14/2012

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 744 P STREET, MS 19-20  
SACRAMENTO, CA 95814

FACILITY NAME: MINGUS MOUNTAIN: FARRINGTON HOUSE

FACILITY NUMBER: 802300081

VISIT DATE: 04/26/2012

NARRATIVE

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OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:

1. Administrative Organization: Provide a copy of Michael McFarland, Executive Directors resume and criminal record clearance.

The POC is due by September 13, 2012.

CERTIFICATION DECISION: Certification recommend through April 2013

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)654-0118

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