

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ADELPHOI VILLAGE, INC.

LEGAL ENTITY

To operate MIDDLE CREEK

NAME OF FACILITY OR AGENCY

Located at 1114 VILLAGE WAY, LATROBE, PA 15650

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Secure Care

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 14
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 3800: Child Residential and Day Treatment Facilities

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 1, 2011 until June 2, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 473050

Robert E. Robinson

ISSUING OFFICER

Seidark Goll

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

Richard J. Gold
Deputy Secretary for
Children, Youth and Families

PHONE: (717) 787-4756
FAX: (717) 787-0414

JAN 21 2011

Mr. Blair Kucinski, Executive Director
Adelphoi Village
1119 Village Way
Latrobe, Pennsylvania 15650

Dear Mr. Kucinski:

RE: Adelphoi Village - Middle Creek
License # 473050
1114 Village Way
Latrobe, Pennsylvania 15650

As a result of the Department of Public Welfare's licensing/approval inspection conducted on December 15, 2010, we have found the above-named agency to be in complete compliance with Title 55, PA Code: Chapter 3800 Regulations. Therefore, a regular certificate of compliance is being issued. Your Certificate of Compliance is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard J. Gold".

Richard J. Gold
Deputy Secretary

Enclosures

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Adelphoi Village Middle Creek				TELEPHONE: 724-520-1111	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: 1114 Village Way Latrobe Pa 15650				COUNTY: Westmoreland	<i>Nathan Humes (vt)</i>	<i>1-13-11</i>
INSPECTED BY: Nathan Humes				INSPECTION DATE(S): 12/15/2010	<i>Wicki J. Lenhardt</i>	<i>1-13-11</i>
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Elaine Bobuck</i>	<i>1-13-11</i>
	X					

The Department of Public Welfare conducted a Licensing Inspection of Middle Creek 1 on 12/15/2010 for the licensing year extending from 03-01-2010 to 03-01-2011. Middle Creek 1 is a secure care unit for males, ages 13-18. This program is designed to treat adjudicated delinquent adolescent boys who have committed serious or chronic offenses, are aggressive, runaway risks and display other serious delinquent behaviors.

During the inspection departmental staff:

- Did a walk through of the facility with no issues noted.
- Reviewed menus and staffing schedules with no issues noted
- Reviewed the fire drill log, showing there were no issues with them.
- Reviewed daily schedule, showing that seclusion is no longer utilized during quiet time.
- Review of children's files 4 of 13 were reviewed with no issues noted.
- The facility began utilizing an approved form by this Department that if a child prefers to have their door shut during quiet time, they must fill out this form, the child does have the opportunity to change their mind. If children have their doors shut then they are checked on by a staff person every 5 minutes. These forms were all completed and some want their door open and some prefer it shut.

There were 2 staff and 2 children interviewed during the inspection. The children stated they felt safe, enjoyed the program and felt the staff helped them and treated them with respect. They also stated that they have never been in their rooms with the door shut with the exception of bedtime.

Information gathered during the staff interviews showed the Agency offers training daily on line and weekly with trainers. All clients appeared to be safe in their environment and there were no issues regarding their safety, well being or permanency. It should also be noted that the Agency has requested a less than 12 month license to align the program with the others, with an expiration date of 06/02/11.

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
Ch. 3800	None	N/A	N/A	N/A	Recommend full license
THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT TO YOUR REGIONAL OFFICE BY: XX/XX/XX					
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE					
TITLE					
DATE					
TELEPHONE NUMBER					