



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

February 15, 2012

Ms. Judy Littlebury, Director of Operations  
Jasper Mountain  
37875 Jasper-Lowell Road  
Jasper, Oregon 97438

Dear Ms. Littlebury:

**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 Jasper Mountain located at 37875 Jasper-Lowell Road, Jasper, Oregon is continued through March 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

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

Sincerely,

OLANIYAN AKYEEM  
Out-of State Program Analyst

Enclosure

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

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	JASPER MOUNTAIN CENTER	<b>FACILITY NUMBER:</b>	602300050
<b>ADMINISTRATOR:</b>	MICHELLE PERIN	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	37875 JASPER LOWELL ROAD	<b>TELEPHONE:</b>	(541) 747-1235
<b>CITY:</b>	JASPER	<b>STATE:</b>	OR
<b>CAPACITY:</b>	20	<b>ZIP CODE:</b>	97438
<b>TYPE OF VISIT:</b>	Case Management	<b>CENSUS:</b>	20
<b>MET WITH:</b>	Judy Littlebury, Dir of Operations, Julie Williamson, Prog Manager, Michelle Perin Admin Coordinator	<b>UNANNOUNCED</b>	<b>DATE:</b> 01/26/2012
		<b>TIME BEGAN:</b>	11:00 AM
		<b>TIME COMPLETED:</b>	03:00 PM

**NARRATIVE**

1 PURPOSE OF VISIT:  
2  
3  
4 As mandated by California law, this annual review was performed by the undersigned analyst for the  
5 purpose of re-certification by the California Department of Social Services (CDSS) to verify the  
6 facility continues to:  
7 • have adequate and appropriate resources to provide safe, suitable 24-hour residential care,  
8 supervision and treatment services to youth/clients in care.  
9 • remain in substantial compliance with California licensing standards and regulations as well as  
10 remaining licensed and in good standing with the licensing authorities of the state of  
11 geographical location - - in this case, the state of Oregon.  
12

13 CALIFORNIA PLACEMENTS AND PLACING AGENCIES:  
14  
15 At the time of this year's visit, Jasper Mt. had a total of three (3) California youth placed by Ventura  
16 County Human Services. *(It is noted: Jasper Mt. also has two (2) other CA youth placed by Mental*  
17 *Health and SELPA.)*  
18  
19

20 LOCAL STATE LICENSING / COMPLAINTS ISSUES:  
21  
22 Jasper Mountain is licensed by the Oregon Department of Human Services (DHS), Children, Adults  
23 and Families Section. Records review indicated the last inspection was conducted by the DHS on  
24 April 1, 2010 with an expiration date of March 31, 2012. The inspection at the time noted  
25 recommendations to existing policies and a physical plant repair. On May19, 2010, a correction  
action plan was provided to address these issues.

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/26/2012

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/26/2012

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: JASPER MOUNTAIN CENTER

FACILITY NUMBER: 602300050

VISIT DATE: 01/26/2012

**NARRATIVE**

1 On 1/25/2012, contact was made with the DHS licensing representative who reported that Jasper is  
2 currently operating under full compliance and there is no pending legal action or issues of concern  
3 at this time.  
4

5 In the area of complaints, Jasper Mt. has had no substantiated complaints at this facility site in the  
6 last year.  
7

**FIRE CLEARANCE:**

8  
9  
10  
11 The last fire inspection was conducted on December 28, 2011 by the State of Oregon, Office of  
12 State Fire Marshal. Inspection revealed minor deficiencies in the areas of buildings and grounds.  
13 Fire inspections are conducted every other year by that entity. Fire drills are conducted by facility  
14 staff once monthly in the residence and once monthly in the school. Additionally, every three  
15 months, a drill is done between the hours of 10 pm and 6 am. *It is noted that all deficiencies related*  
16 *to this issue have since been corrected.*  
17

18  
19 The facility's water system most recently lab test for Bacteria was conducted on  
20 December 16, 2011 by the Oregon DHS and found to meet standards.  
21

**FACILITY, PHYSICAL PLANT OVERVIEW:**

22  
23  
24 An inspection of the facility campus and grounds was conducted at the time of this review. Since  
25 last year Jasper has completed construction on their new "Depot" building which is designated for a  
26 multi-use therapeutic center. The Depot was completed and dedicated in October, 2011. The  
27 campus inspection revealed no issues of concern. Facility campus, living units were exceptionally  
28 clean, all furniture, equipment was found to be adequate for daily program and in good repair.  
29  
30

**ADMINISTRATIVE, PLAN OF OPERATION, PROGRAM REVIEW AND CHANGES:**

31  
32 There have not been any significant changes in the program since last year.

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/26/2012**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/26/2012

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

FACILITY NAME: JASPER MOUNTAIN CENTER

FACILITY NUMBER: 602300050

VISIT DATE: 01/26/2012

**NARRATIVE**CLIENT(S) SERVICES AND PERSONAL RIGHTS REVIEW:

An interview was conducted with one (1) CA youth who reported that he attends school regularly, participate in weekly groups and receive individual counseling on a regular basis once a week. No issues of concern related to personal rights.

SCOPE AND STATUS OF RECERTIFICATION REVIEW:

- Entrance interview with Judy Littlebury , Director of Operations, Julie Williamson, Program Manager, and Michelle Perin, Administrative Coordinator
- Collection of updated and current licensing documents, organizational and program information material.
- Review and discussion of administrative changes, oversight and visit plan.
- Sample of client files reviewed.
- Sample of personnel files reviewed.
- Client interview.
- Staff interviews

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

No deficiencies noted.

CERTIFICATION DECISION: Recommend Re-certification

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916)654-0118

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 838-5875

LICENSING EVALUATOR SIGNATURE:



DATE: 01/26/2012

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