



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

June 17, 2016

JASPER MOUNTAIN SAFE CENTER – 602300065
89124 MARCOLA ROAD
SPRINGFIELD, OREGON 97478

SUBJECT : Certification by the California Department of Social Services (CDSS)

CAPACITY : Up To 18 male and female, Ages 6 - 12

Pursuant to California Family Code, Section 7911 et al., this is official notification that certification for Jasper Mountain SAFE Center located at 89124 Marcola Road, Springfield, Oregon is continued through June 2017.

Certification will be reviewed annually or more often should non-compliance with California Title 22 licensing standards as they apply to California group homes become questionable or at issue. Additionally, serious incidents must be reported to the CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he/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 health or safety of a child

While certified, we will continue to follow our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

If you have any questions, please contact me at (916) 651-5380; or Certification Analyst Ron Leslie at (916) 654-0956

Sincerely,

Original signature on file

MARYJO TOBOLA, PROGRAM MANAGER
Children’s Residential Program
Community Care Licensing

C: Christine Oliver, Program Manager, Out-of-State Placement and Policy Unit

FACILITY EVALUATION REPORTCCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME:	JASPER MOUNTAIN: SAFE CENTER	FACILITY NUMBER:	602300065
ADMINISTRATOR:	JEFF HUSTON	FACILITY TYPE:	731
ADDRESS:	89124 MARCOLA ROAD	TELEPHONE:	(541) 741-7402
CITY:	SPRINGFIELD	STATE:	OR
CAPACITY:	18	ZIP CODE:	97478
TYPE OF VISIT:	Case Management	CENSUS:	17
MET WITH:	Janet Gielow, Director Of Operations	UNANNOUNCED	
		DATE:	06/13/2016
		TIME BEGAN:	01:30 PM
		TIME COMPLETED:	04:30 PM

NARRATIVE

1
2 PURPOSE OF VISIT:
3
4 As mandated by California law, an on-site inspection was performed on June 13, 2016 by analyst Ronald
5 Leslie with the California Department of Social Services (CDSS) for the purpose of annual recertification and
6 to assure that the facility continues to:
7
8 • have adequate and appropriate resources to provide safe, suitable 24 hour residential care, supervision
9 and treatment services to youth in care.
10 • remain in substantial compliance with California licensing standards and regulations, as well as licensing
11 laws and standards of the state the facility is located - in this case, the state Oregon.
12
13 CERTIFICATION HISTORY:
14
15 Pursuant to California Family Code Section 7911 et al., Jasper Mountain Center was initially certified by the
16 CDSS March 6, 2008; and has been re-certified annually since.
17
18 FACILITY, PHYSICAL PLANT, PROGRAM AND ORGANIZATIONAL REVIEW AND CHANGES:
19
20 The SAFE Center includes: four classrooms, a school office and staff break room, four restrooms, a large staff
21 training room, an indoor recreation area and medical rooms. The completion of the new construction in July
22 2014 allowed the existing building to be remodeled and configured into therapy spaces that include: therapist
23 offices, three conference rooms, two family therapy rooms, three play therapy room, two individual therapy
24 rooms and three restrooms.
25

SUPERVISOR'S NAME: MaryJo Tobola**TELEPHONE:** (916) 651-1070**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/01/2016

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

FACILITY REPRESENTATIVE SIGNATURE:*Original signature on file***DATE:** 07/06/2016

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

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** JASPER MOUNTAIN: SAFE CENTER**FACILITY NUMBER:** 602300065**VISIT DATE:** 06/13/2016**NARRATIVE**1 FACILITY, PHYSICAL PLANT, PROGRAM AND ORGANIZATIONAL REVIEW AND CHANGES - continue

2

3

Aside from intensive residential programming, the SAFE Center provides:

4

5

- A 30-90 day residential evaluation center (in lieu of a psychiatric hospital) for children 3-12 who are showing signs of developing serious emotional disturbance and destructive behavior patterns.

6

7

- 72-hour crisis care for children needing immediate stabilization. (Oregon residents only.)

8

- On-site private special education school which specializes in teaching approaches for emotionally

9

- disturbed and abused children (preschool through eighth grade.)

10

11

- Day treatment services (for Lane County school district children.)

12

CA PLACING AGENCIES / CHILDREN IN CARE:

13

14

At the time of visit there were no California probation placements.

15

16

8743 OREGON LICENSURE

17

18

Jasper Mountain is licensed by the Oregon Department of Human Services (DHS), Office of Licensing & Regulatory Oversight, Children's Care Licensing Unit, 3406 Cherry Avenue, Salem, Oregon 97301.

19

20

The license issued is that of a "Child Caring Agency" and encompasses the following Jasper Mountain operations:

21

22

- Residential Care at 37875 Jasper-Lowell Road, Jasper, Oregon

23

24

- Residential Care (SAFE Center) at 89124 Marcola Road, Springfield, Oregon

25

26

The most recent re-licensing inspection was conducted April 1, 2016. No major violations noted.

27

28

FIRE / HEALTH CLEARANCE:

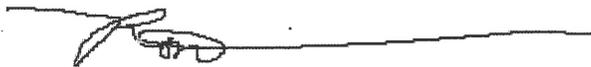
29

30

The facility last underwent a fire inspection by the Oregon State Fire Marshall on February 5, 2016. The Oregon Stat Fire Marshall conducts an inspection once every two years. No deficiencies were noted at the time of inspection.

31

32

SUPERVISOR'S NAME: MaryJo Tobola**TELEPHONE:** (916) 651-1070**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/01/2016**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:***Original signature on file***DATE:** 07/06/2016

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** JASPER MOUNTAIN: SAFE CENTER**FACILITY NUMBER:** 602300065**VISIT DATE:** 06/13/2016**NARRATIVE**1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32MISCELLANEOUS OTHER EVALUATIONS / ACCREDITATIONS:

Jasper Mountain is COA accredited for the following: Crisis Intervention Services; Day Treatment Services; Family Preservation and Stabilization Services; Foster Care; Outdoor Activities Supplement; Residential Treatment Services. Accreditation is good through July 31, 2019.

Jasper Mountain is certified by the Oregon Department of Human Services, Addictions and Mental Health Division as a provider of Psychiatric Residential Treatment Services. This certification, granted August 4, 2014, was good through July 31, 2017.

Jasper Mountain operates an on-site private special education school under the oversight of the Oregon Department of Education. The school is also certified by the California Department of Education.

SCOPE OF RE-CERTIFICATION REVIEW:

Entrance and exit interview by Janet Gielow, Director of Operations.
Collection of current organizational and program information
Tour of the facility and grounds: examination of amenities and supplies.

COMMENTS AND FINDINGS:

Approve certification

SUPERVISOR'S NAME: MaryJo Tobola**TELEPHONE:** (916) 651-1070**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:**

DATE: 07/01/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

Original signature on file

DATE: 07/06/2016