



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**DEPARTMENT OF SOCIAL SERVICES**

744 P STREET, MS 8-3-54

SACRAMENTO, CA 95814



EDMUND G. BROWN JR.  
GOVERNOR

July 24, 2014

RITE OF PASSAGE: JOB HOUSE- 602300005  
2560 BUSINESS PARKWAY, SUITE B  
MINDEN, NV 89423

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

**Capacity : 8 male youth; ages 13-17**

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Rite of Passage - Job House located at 2702 East Valley Road, Minden, NV 89423 is continued through June 2015.

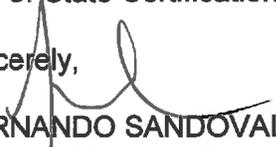
California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- 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 health or safety of a child

Certification will continue to be reviewed annually. 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 Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely,

  
FERNANDO SANDOVAL  
Program Manager II  
Community Care Licensing  
Children's Residential Program

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

**FACILITY EVALUATION REPORT**CCLD Regional Office, 744 P STREET, MS 8-3-64  
SACRAMENTO, CA 95814

<b>FACILITY NAME:</b>	RITE OF PASSAGE: JOB HOUSE	<b>FACILITY NUMBER:</b>	602300005
<b>ADMINISTRATOR:</b>	PETER WOODS	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	2702 EAST VALLEY ROAD	<b>TELEPHONE:</b>	(775) 267-9411
<b>CITY:</b>	MINDEN	<b>STATE:</b>	NV
<b>CAPACITY:</b>	8	<b>ZIP CODE:</b>	89423
<b>TYPE OF VISIT:</b>	Case Management <i>(P. Woods)</i>	<b>CENSUS:</b>	6 ANNOUNCED
<b>MET WITH:</b>	Peter Woods, Program Manager ; LaMont McCann, Group Leader	<b>DATE:</b>	08/09/2014
		<b>TIME BEGAN:</b>	10:24 AM
		<b>TIME COMPLETED:</b>	04:40 PM

**NARRATIVE**

1  
2 On June 9, 2014, CDSS certification analysts Carol Lancaster and Ron Leslie conducted a visit to the facility  
3 referenced for the purpose of annual CDSS re-certification. We began the visit at the ROP Administrative  
4 Offices and school located in Minden, NV where we met up with program director Peter Woods. In addition to  
5 holding an entrance interview and collecting documents and records requested beforehand, two client files  
6 were reviewed.  
7  
8 Subsequently, we proceeded over to the group home to conduct the site visit, being accompanied by Group  
9 Leader LaMont McCann. The clients were not at home during the visit; they were at ROPs private school at  
10 the same location as the Administrative Office.  
11  
12 The Job House is one of three community group homes in Nevada's Carson Valley operated by ROP. The  
13 oldest of the three, it was initially CDSS certified July 13, 1999. It is licensed/certified for eight beds and  
14 largely serves as a step-down (satellite) facility to ROPs Silver State Academy (SSA) located approximately 80  
15 miles away in Yerington, Nevada. Subsequent to graduation from SSA, some students remain with ROP,  
16 relocating to Job House and acclimating to a lower level of care while continuing their education and learning  
17 life/transitional living skills prior to returning to their county/state of origin. At the time of visit, there were six  
18 clients placed in the facility. Five were Nevada placements; one was a CA probation placement from Los  
19 Angeles County. Job House serves predominantly adjudicated (probation youth) ages 14-17.  
20  
21 No significant physical plant or program changes have occurred over the last year. The physical plant is a  
22 large 2600 square foot contemporary four bedroom, two and a half bath ranch style home located in a  
23 semi-rural neighborhood. The home sits on a large lot which offers plenty of outdoor living and recreating  
24 space. ROPs Monument House (currently not operating) is located directly next door. The facility's license  
25 and personal rights are posted in the home as is an emergency disaster plan and floorplan diagrams  
illustrating exit routes in the event of a fire/emergency. Evidence that fire drills are done monthly was also  
checked.

SUPERVISOR'S NAME: Fernando Sandoval

TELEPHONE: (916) 654-0118

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2014



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2014



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 8-3-54  
SACRAMENTO, CA 95814

FACILITY NAME: RITE OF PASSAGE: JOB HOUSE

FACILITY NUMBER: 602300005

VISIT DATE: 06/09/2014

**NARRATIVE**

- 1 Additionally,  
2     • Chemicals, "sharps", medications and client records are being stored appropriately in locked locations.  
3     • First aid kit present and accounted for as were emergency numbers.  
4     • Smoke detectors located throughout the house were tested and determined to be functioning.  
5  
6 Subsequent to the site visit, CDSS analysts Lancaster and Leslie returned to the ROP Administrative  
7 Offices/School, toured the building, resources, and amenities there; conducted a client interview; and  
8 performed an exit interview.  
9  
10 Job House is licensed as a Group Foster Home (No. 473924-004) in the state of Nevada by the Nevada  
11 Department of Health and Human Services, Division of Child and Family Services. At the time of visit, the  
12 license was valid (good for the period July 1, 2013 through June 30, 2014.) Through contact made with the  
13 Nevada licensing analyst, the undersigned was able to verify that an updated license is pending and that the  
14 facility is in good standing with that oversight agency.  
15  
16 Throughout the last year, no complaints have been received by the CDSS.  
17  
18 The following areas require attention and correction:  
19  
20 1. Admission Agreement: A review of the California client's file (reference LIC 858 for his identity,) reflects  
21 that when he was transferred from Silver State Academy to Job House, no new admission agreement  
22 was created and signed by the facility and the placing agency.  
23 2. Bed Linens: All client beds should have: mattress pad, fitted bottom sheet, top sheet, pillow case on  
24 pillow, adequate blanket, comforter or bedspread. At least one bed did not meet this standard.  
25 3. The grate over the intake vent for the central heating and A/C system located on the wall near the ceiling  
26 in the dining / living room was visibly covered with dust.  
27 4. The false drawer front of the kitchen cabinet housing the sink was missing.  
28  
29 CDSS is requesting that evidence of correction be provided relative to these areas by August 15, 2014.  
30 Additionally, ROP is being requested to provide an updated Nevada license and fire inspection report to the  
31 CDSS when issued as well as provide a copy of any Nevada licensing reports issued to them throughout the  
32 year.

**RECOMMENDATION:**

Re-Certify through June 2015.) Certification may be impacted if items above are not corrected timely.

SUPERVISOR'S NAME: Fernando Sandoval

TELEPHONE: (916) 654-0118

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2014



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2014



WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P STREET, MS 8-3-54  
SACRAMENTO, CA 95814



EDMUND G. BROWN JR.  
GOVERNOR

July 24, 2014

**RITE OF PASSAGE: MONUMENT HOUSE- 602300047**  
2560 BUSINESS PARKWAY, SUITE B  
MINDEN, NV 89423

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

**Capacity : 8 male youth; ages 13-17**

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Rite of Passage - Monument House located at 2706 East Valley Road, Minden, NV 89423 is continued through June 2015.

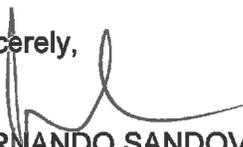
California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
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- 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

Certification will continue to be reviewed annually. 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 Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely,

  
FERNANDO SANDOVAL  
Program Manager II  
Community Care Licensing  
Children's Residential Program

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

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	RITE OF PASSAGE: MONUMENT HOUSE	<b>FACILITY NUMBER:</b>	602300047
<b>ADMINISTRATOR:</b>	PETER WOODS	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	2706 E. VALLEY ROAD	<b>TELEPHONE:</b>	(775) 267-9411
<b>CITY:</b>	MINDEN	<b>STATE:</b>	NV
<b>CAPACITY:</b>	8	<b>ZIP CODE:</b>	89423
<b>TYPE OF VISIT:</b>	Case Management (Re-Cert) ANNOUNCED	<b>DATE:</b>	06/09/2014
<b>MET WITH:</b>	Peter Woods, Program Manager; LaMont McCann, Group Leader	<b>TIME BEGAN:</b>	02:00 PM
		<b>TIME COMPLETED:</b>	02:30 PM

**NARRATIVE**

1  
2 On today's date, CDSS analysts Carol Lancaster and Ron Leslie were in the state of Nevada in order to  
3 conduct CDSS re-certification visits to ROPs three group homes located in the Minden/Gardnerville area of  
4 Nevada's Carson Valley.  
5  
6 The Monument House is one of the three, has a licensed capacity of eight and serves male youth ages 14-17.  
7 Monument House's program is one in a continuum of care, serving as a step-down facility from ROP's Silver  
8 State Academy which is located approximately 90 miles southeast in Yerington, NV. Transitional living skills  
9 are also the focus.  
10  
11 At the time Monument is not operating. It has been been unoccupied since the beginning of the year due to  
12 low client census and some interior updating (i.e., painting.) ROP plans to reopen it when client census  
13 dictates. In the meantime, Job House, which is located directly next door (capacity eight; serving the same  
14 type of clientele) is meeting the needs of youth transitioning down from Silver State.  
15  
16 Nevertheless, the home was was toured inside and out. It was observed to be in very good condition, fully  
17 furnished and ready for occupancy.  
18  
19 Based on favorable reviews and inspections of the other two ROP group homes (Job and Mount Rose  
20 Houses,) certification will be reapproved. Mr. Woods is being directed however to contact/notify analyst Ron  
21 Leslie when the facility reopens/begins being used again.  
22  
23 Re-certification is approved through June 2015 contingent on the above notification being made; otherwise,  
24 re-certification may be revisited.  
25

SUPERVISOR'S NAME: Fernando Sandoval

TELEPHONE: (916) 654-0118

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2014



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2014



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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P STREET, MS 8-3-54  
SACRAMENTO, CA 95814



EDMUND G. BROWN JR.  
GOVERNOR

July 24, 2014

RITE OF PASSAGE: MT. ROSE- 602300070  
2560 BUSINESS PARKWAY, SUITE B  
MINDEN, NV 89423

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

**Capacity :** 8 female youth; ages 13-17

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Rite of Passage - Mount Rose House located at 1967 Sorrel, Gardnerville, NV 89423 is continued through June 2015.

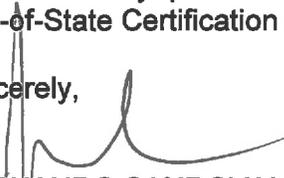
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Certification will continue to be reviewed annually. We will continue to follow our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

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Sincerely,

  
FERNANDO SANDOVAL  
Program Manager II  
Community Care Licensing  
Children's Residential Program

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

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	RITE OF PASSAGE: MT. ROSE	<b>FACILITY NUMBER:</b>	802300070
<b>ADMINISTRATOR:</b>	PETER WOODS	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	1967 SORREL	<b>TELEPHONE:</b>	(775) 267-9411
<b>CITY:</b>	GARDNERVILLE	<b>STATE:</b>	NV
<b>CAPACITY:</b>	8	<b>ZIP CODE:</b>	89423
<b>TYPE OF VISIT:</b>	Case Management (CR - CRTS.)	<b>CENSUS:</b>	4
<b>MET WITH:</b>	Peter Woods, Program Manager; LaMont McCann, Group Leader	<b>DATE:</b>	06/09/2014
		<b>TIME BEGAN:</b>	10:24 AM
		<b>TIME COMPLETED:</b>	04:40 PM

**NARRATIVE**

1  
2 On June 9, 2014, CDSS certification analysts Carol Lancaster and Ron Leslie conducted a visit to the facility  
3 referenced for the purpose of annual CDSS re-certification. We began the visit at the ROP Administrative  
4 Offices and school located in Minden, NV where we met up with program director Peter Woods. In addition to  
5 holding an entrance interview and collecting documents and records requested beforehand, two client files  
6 were reviewed  
7  
8 Subsequently, we proceeded over to the group home to conduct the site visit, being accompanied by Group  
9 Leader LaMont McCann. The clients were not at home during the visit; they were at school.  
10  
11 Mount Rose is the newest of ROPs three community group homes in Nevada's Carson Valley. Initially  
12 licensed by the Nevada Department of Children and Family Services on July 7, 2011 and CDSS certified  
13 October 10, 2011, Mount Rose serves female youth, ages 14-17. It has a capacity of eight; the census at the  
14 time of visit was four. Two of the four were Clark County, NV probation placements; two were placed by  
15 California probation agencies (Los Angeles and Monterey Counties.)  
16  
17 The group home is an upscale 2476 square foot single family home with five bedrooms and three baths  
18 located on approximately an acre. Most properties in the area have horses or livestock. The girls at Mount  
19 Rose have chickens from which they get fresh eggs daily and lambs, which they raise seasonally while  
20 participating in 4-H, ultimately competing and showing them at the fair in Reno.  
21

**FINDINGS**

- 22  
23  
24  Condition of the home is very good -- Clean, safe, sanitary and in good repair both inside and out. Home  
25 is well furnished, equipped and supplied.  
 Food supply adequate; menu observed to be posted on refrigerator.

**SUPERVISOR'S NAME:** Fernando Sandoval**TELEPHONE:** (916) 654-0118**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/24/2014

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/24/2014

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 8-3-84  
SACRAMENTO, CA 95814

FACILITY NAME: RITE OF PASSAGE: MT. ROSE

FACILITY NUMBER: 602300070

VISIT DATE: 06/09/2014

#### NARRATIVE

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FINDINGS

- Nevada license and client personal rights were posted.
- Emergency disaster plan and facility sketch illustrating exit routes in case of fire or other emergencies were observed to be posted throughout the home in numerous locations.
- Chemicals, "sharps", medications and client records are being stored appropriately in locked locations.
- First aid kit present and accounted for as were emergency numbers.
- Fire drill log reflects fire drills are being done monthly.
- Smoke detectors located throughout the house were tested and determined to be functioning.

Subsequent to the site visit, CDSS analysts Lancaster and Leslie returned to the ROP Administrative Offices/School, toured the building, resources, and amenities there; conducted a client interview; and performed an exit interview.

Mount Rose House is licensed as a Group Foster Home (No. GF 473924-05) in the state of Nevada by the Nevada Department of Health and Human Services, Division of Child and Family Services. Initially licensed July 1, 2011, its license is re-issued yearly provided substantial compliance is maintained. At the time of visit, the license was valid (good for the period July 1, 2013 through June 30, 2014.) Through contact made with the Nevada licensing analyst, the undersigned was able to verify that an updated license is pending and that the facility is in good standing with that oversight agency.

Throughout the last year, no complaints have been received by the CDSS.

No substandard or out-of-compliance areas were identified during this review.

ROP is being requested to provide an updated Nevada license and fire inspection report to the CDSS when issued as well as provide a copy of any Nevada licensing reports issued to them throughout the year.

RECOMMENDATION:

Re-Certify for one year (through June 2015.).

SUPERVISOR'S NAME: Fernando Sandoval

TELEPHONE: (916) 654-0118

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2014