Oregon Department of Human Services

Licensed Child Caring Agency Unannounced Site Visit Report

Licensee: Jasper Mountain
Executive Director: Beau Garner
Program Directors: Sarah Huff and Taryne Roberts
Date of Unannounced: 11/2/22
Licensing Coordinator: Mary Torres, accompanied by co-worker, Jorge Pelinski
Other Regulatory or Accrediting Agencies: Oregon Health Authority (OHA), Oregon Department of Education (ODE) Private Alternative School, Council on Accreditation (COA) for Services to Children and Families. Jasper Mountain's COA's review is scheduled for 2023.

Purpose: Per OAR 413-215-0101 (1) (b) Children's Care Licensing is required to perform at least one unannounced site visit a year where children in care reside.

Previous Findings from Review dated	Repeat Findings Further Action Needed	Comments
Supplemental Information Provided by CCA Documents as indicated on the form titled "Renewal Licensing Required Documents" Completed health inspection of the Castle indicates that improvements are needed to the fenced area around the playground. **CORRECTIVE ACTION:** Complete recommended tasks and submit pictures of those improvements to Licensing.	**Yes☐ No✓**	The program provided photo proof on 6/14/22 via email that verified improvements were made to the playground's fence as required by the Health Inspection.
Supplemental Information Provided by CCA Documents as indicated on the form titled "Renewal Licensing Required Documents"	**Yes✓ No☐**	***REPEAT FINDING:*** The program's Fire Marshall inspection is scheduled for November of 2022 due to budget shortfalls experienced by the county. It is requested that the program submit a copy of the 2022 Fire Marshal Report once completed in November. Any noted violations will be abated and approved by the Fire Marshal inspector.

Updated Fire Marshal reports for The Castle and the SAFE Center were not submitted at the time of the review. Previous inspections completed in Nov of 2020 were submitted. **CORRECTIVE ACTION:** Schedule updated fire marshal inspections for The Castle and SAFE Center and forward those completed inspections to Licensing for review.		
Supplemental Information Provided by CCA Documents as indicated on form titled "Required Financial Documents and Information" Agency did not submit a Tax Compliance Certificate issued from the Department of Revenue but did submit a copy of the application filled out. **CORRECTIVE ACTON:** Submit completed Tax Compliance Certificate signed by a representative of the Department of Revenue to Licensing once received.	**Yes☐ No✓**	The approved Tax Compliance Certificate was submitted via email on 11/16/22.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Submitted Conflict of Interest policy 3.C.5 Protections Against Nepotism requires revision to meet Licensing rule. **CORRECTIVE ACTION:** Revise Conflict of Interest to include the required information and resubmit to Licensing for review.	**Yes☐ No✓**	Revised Conflict of Interest that meets Licensing Rule was submitted via email on 6/14/22.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Submitted grievance policy 2.H.6 Consumer Grievance Procedure requires revision to meet Licensing rule. **CORRECTIVE ACTION:** Revise grievance procedure to include the required information and resubmit to Licensing for review.	**Yes☐ No✓**	Revised Grievance Policy that meets Licensing Rule was submitted via email on 8/23/22.

Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Submitted mandatory reporting policy 3.E.2 Reporting of Child Abuse requires revision to meet Licensing Rule. **CORRECTIVE ACTION:** Revise child abuse reporting policy to include the required information and resubmit to Licensing for review.	**Yes☐ No✓**	Revised Mandatory Reporting Policy that meets Licensing Rule was submitted via email on 6/14/22.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Submitted personnel policies 3.C Recruitment and Selection require revision to meet Licensing rules. **CORRECTIVE ACTION:** Revise personnel policies to include required information and resubmit to Licensing for review.	**Yes☐ No✓**	Revised policy was submitted to Licensing on
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Submitted privacy policy 2.G Confidentiality requires revision to meet Licensing rules. **CORRECTIVE ACTION:** Revise privacy policy to include the highlighted information and resubmit to Licensing for review.	**Yes☐ No✓**	The correct information was located on the program's website.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Submitted behavior management policy 2.A.4 Jasper Mountain Interventions – Clinically Appropriate Interventions requires revision to meet licensing rules. **CORRECTIVE ACTIVE:** Revise behavior management policy to include the required	**Yes☐ No✓**	Revised policy submitted via email on 7/19/22.

information and resubmit to Licensing for review.		
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Submitted Suicide Prevention Policy 2.A.6.02 Enhanced Supervision to Prevent Self Harm requires revision to meet Licensing rule. **CORRECTIVE ACTION:** Revise suicide prevention policy to include the highlighted information and resubmit to Licensing for review.	**Yes✓ No☐**	***REPEAT FINDING:*** A final draft of the program's revised Suicide Prevention Policy is still required. The last draft submitted on 9/19/22 requires final timeframe as to when notifications to both Licensing and legal guardians will be made by the program.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" A policy regarding Searches was not submitted at the time of the review. **CORRECTIVE ACTION:** Review the Licensing rule related to searches. Create or modify program's Search Policy to include the required information and submit to Licensing for review.	**Yes☐ No✓**	This policy was later located in the program's Policy and Procedure packet.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Newly added information regarding restraints in the program's policies does not reflect required information. **CORRECTIVE ACTION:** Include the following information in the program's restraint section of their policy packet and resubmit to Licensing for review.	**Yes☐ No✓**	Revised policy meeting Licensing Rule was submitted via email on 6/14/22 and 8/23/22.
Supplemental Information Provided by CCA All required policies and procedures as identified in "Agency Type Specific Rules" Foster Care Medication Policy requires revision to meet Licensing rule	**Yes☐ No✓**	Revised policy submitted via email on 9/5/22.

CORRECTIVE ACTION: Include the following item missing from existing policy Requirements Regarding Child's Medical Care and Notifications Requirements and resubmit to Licensing for review.		
Supplemental Information Provided by CCA All required policies and procedures as identified in "Agency Type Specific Rules" Foster Care Policy subtitled Requirements Regarding the Number of Children Placed by JM (page11) includes incorrect information **CORRECTIVE ACTION:** Update this section with the correct information as stated in Licensing rule and resubmit to Licensing for review.	**Yes☐ No✓**	The program's policy was corrected and resubmitted via email on 6/14/22.
Supplemental Information Provided by CCA All required policies and procedures as identified in "Agency Type Specific Rules" Foster Care Policy subtitled Responsibilities to Monitor Certification Compliance (page21) includes incorrect information. **CORRECTIVE ACTION:** Update this section with the correct information as stated in Licensing rule and resubmit to Licensing for review.	**Yes☐ No✓**	The program's policy was corrected and resubmitted via email on 6/14/22.
Physical Plant 413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair Second wooden step from the bottom of the stairway located between the admin office and the boardroom office is broken **CORRECTIVE ACTION:** Repair/replace wooden step that is broken	**Yes☐ No✓**	The program provided photo proof on 6/14/22 and 7/13/22 via email reflecting the required repairs.
Physical Plant 413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair	**Yes☐ No✓**	The program provided photo proof on 6/14/22 and 7/13/22 via email reflecting the required repairs

Boys' bathroom located in the Castle has a hole in the wall behind the door and a burnt-out light bulb. **CORRECTIVE ACTION:** Repair hole behind bathroom door and replace light bulb.		
Safety (3)(a) Evacuation drill occurs monthly under varying conditions 413-215-0541 During the 2020 year, both the Castle and SAFE Center missed multiple monthly evacuation drills. The Castle missed 4 drills. The SAFE Center missed 2 drills. All monthly drills were completed for the 2021 year. In addition, the program's evacuation form was missing the total number of children evacuated. **CORRECTIVE ACTION:** Ensure that evacuation drills are completed and documented on a monthly basis.	**Yes☐ No✓**	During the review, the program modified the evacuation drill to include the total number of children evacuated. As per the program, the importance of the monthly drills has been reiterated & both sites are back on track moving forward. Both sites are documenting their monthly drills.
Health Services 413-215-0546 (Res.) and 413-215-0376 (Foster Care) (2)(e) Documentation of age-appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease Age-appropriate instruction is reportedly occurring when residents meet with nursing staff, but that instruction is not being recorded. **CORRECTIVE ACTION:** Ensure that documentation of this age-appropriate instruction is recorded in the youths' files from this point forward.	**Yes☐ No✓**	The program has modified their health assessment intake form, adding a section to record the completion of age-appropriate instruction taught to each resident. A copy of this modified form was submitted via email on 7/25/22.
Consents 413-215-0576(1) (Res) and 413-215-0391(1) (Foster Care) (e) Allow access as defined in 413-215-0091 & 0101	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.

Five out of the five youth files reviewed did not have a written consent related to allowing access to youth as defined by OAR. **CORRRECTIVE ACTION:** Add this consent to existing intake paperwork.		
Consents 413-215-0576(1) (Res) and 413-215-0391(1) (Foster Care) (f) Impose a dress code Five out of the five youth files reviewed did not have a written consent related to imposing a dress code. **CORRECTIVE ACTION:** Add this consent to existing intake paperwork.	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.
Information about Children in Care 413-215-0581(1) (Res) and 413-215-0396(1) (Foster Care) Summary sheet contains the following: (b) Name and location of previous and current school (c) Date of admission (d) Legal custody (e) The name, address, and telephone number of: (A) The child in care's parents. (B) The child in care's legal guardian, if different than the parents, and a copy of the document that provides for his or her authority over the child in care. (C) Other persons significant to child (D) Other professionals to be involved in service planning (if applicable) Summary sheet does not allow space for residents' previous school setting. **CORRECTIVE ACTION:** Add space where a residents' previous school and school's location can be added to the summary sheet.	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.

Information about Children in Care 413-215-0581(1) (Res) and 413-215-0396(1) (Foster Care) Summary sheet contains the following: Youth's date of admission is unclear on the summary sheet. **CORRECTIVE ACTION:** Modify the summary sheet to include admission date.	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.
Information about Children in Care 413-215-0581(1) (Res) and 413-215-0396(1) (Foster Care) Summary sheet contains the following: Summary sheet does not clearly document who has legal custody of the admitted youth. **CORRECTIVE ACTION:** Modify the summary sheet to confirm who has legal custody of youth once admitted.	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.
Information about Children in Care 413-215-0581(1) (Res) and 413-215-0396(1) (Foster Care) Summary sheet contains the following: Files where youth were under the legal custody of a guardian different form their parent did not reflect the document to confirm this authority. **CORRECTIVE ACTION:** Modify the intake process where documentation to confirm the legal authority of a youth if not the parent.	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.
Financial Records 413-215-0581(4) Records contain date, amount, source, purpose, signatures Youth financial records are not being individually maintained nor kept in the youths' files. Monthly records with the entire milieu's spending are physically stored in the program and required information is missing.	**Yes☐ No✓**	A new form for tracking/recording youth financial records was generated and shared at the time of the program's review. Since then, this new tracking is being utilized and stored in each youth's respective file.

Information is later entered into a separate electronic account record that is being kept by the main admin office. **CORRECTIVE ACTION:** Solidify a process where financial records for each youth are maintained and reflect all necessary information listed to include youth and staff signatures for each entry.		
Personal Possessions Records **413-215-0581(5)** Individual written inventory of all personal possessions is maintained and updated as needed Youth files did not reflect consistent documentation of youths' personal possessions. **CORRECTIVE ACTION:** Ensure that individual written inventory of personal possessions is recorded and updated to include the addition of possessions and/or when items are discarded, lost, destroyed, etc.	**Yes☐ No✓**	The program's newly appointed support services coordinator digitized all of the inventory lists for youth. Hard copies of these inventory lists are placed in each youth's respective files on a monthly basis or when inventory changes occur.
Records of Proctor Foster Homes 413-215-0351 (2)(b) & 413-215-0316(4) Notification of acceptance or denial of application. If denial is due to substantiated abuse, the reason for denial is disclosed to applicant. Files reviewed did not reflect documentation of acceptance or denial of application **CORRECTIVE ACTION:** Implement a process where applicants are notified in writing of either the program's acceptance or denial of application	**Yes☐ No✓**	The program created a template letter to reflect either the acceptance or denial of a foster parents' foster care application. A copy of this letter was submitted via email on 6/14/22.
Records of Proctor Foster Homes 413-215-0351 (2)(g) Documentation of home visit (every 90 days)	**Yes☐ No✓**	A new tracking form was generated to ensure documentation of all routine home visits. This new form was submitted via email on 6/14/22.

Documentation of home visits every 90 days is not consistent or clear in the files reviewed **CORRECTIVE ACTION:** Implement a process where home visits are conducted every 90 day and clearly documented in each foster family's files		
Assessment and Approval of Proctor Foster Homes Written Assessment 413-215-0316 (2)(a) Application signed by all applicants One out of the two foster parent files did not have an application signed by both providers **CORRECTIVE ACTION:** Ensure that all applicants sign the required application from this point forward.	**Yes☐ No✓**	Once the TFC program has been reinstated, the newly hired foster care coordinator will ensure all signatures are captured.
Annual Review and Approval 413-215-0331(2) (e) Documentation that home remains in compliance with safety standards 413-215-0318 One out of the two foster parents' files did not reflect documentation of safety standards (CF0979) signed by both applicants. **CORRECTIVE ACTION:** Ensure that safety standards (CF0979) form is signed by both applicants	**Yes☐ No✓**	Once the TFC program has been reinstated, the newly hired foster care coordinator will ensure all signatures are captured.
Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1) (c)(A) Characteristics and needs of children who are placed Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	**Yes☐ No✓**	The program has recently hired a new foster care coordinator who will be generating a new training plan to utilize once the TFC program has been reinstated.

Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1) (c)(B) Ways to effectively parent children, including application of the *reasonable and prudent parent standard* Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	**Yes☐ No✓**	The program has recently hired a new foster care coordinator who will be generating a new training plan to utilize once the TFC program has been reinstated.
Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1) (c)(D) Importance of family of the child and working with the family Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	**Yes☐ No✓**	The program has recently hired a new foster care coordinator who will be generating a new training plan to utilize once the TFC program has been reinstated.
Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1) (c)(E) Importance of age-appropriate or developmentally appropriate extracurricular, enrichment, cultural, and social activities Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	**Yes☐ No✓**	The program has recently hired a new foster care coordinator who will be generating a new training plan to utilize once the TFC program has been reinstated.

Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1) (c)(F) Preparation of child for independence based on age, stage of development, and child's needs Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	**Yes☐ No✓**	The program has recently hired a new foster care coordinator who will be generating a new training plan to utilize once the TFC program has been reinstated.
Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1) (2) Training is documented Training is not uniformly documented in the foster families' files **CORRECTIVE ACTION:** Ensure clear, consistent documentation of training from this point forward	**Yes☐ No✓**	The program has recently hired a new foster care coordinator who will be generating a new training plan to utilize once the TFC program has been reinstated.
Disclosures 413-215-0391(2) Parent/guardian has acknowledged in writing: (e) Any policies and procedures upon request Three out of three youth files reviewed did not have a disclosure related to policies and procedures upon request. The intake forms used were outdated. **CORRECTIVE ACTION:** Use the program's updated intake forms where this disclosure exists.	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.
Authorizations 413-215-0391(3) (b) Child specific visitors	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.

Authorizations regarding child specific visitors were absent in two out of the three files reviewed **CORRECTIVE ACTION:** Ensure that child specific visitors authorization is in the youths' files		
Authorizations 413-215-0391(3) (c) Visitation resources are pre-approved Authorizations regarding pre-approved visitation resources were absent in two out of the three files reviewed **CORRECTIVE ACTION:** Ensure that pre-approved visitation resources authorization is in the youths' files	**Yes☐ No✓**	Updated intake form submitted via email on 6/14/22.

New Findings from Site Visit	Comments
Physical Plant 413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair	**The Castle:** - 1st floor bathroom recently had mirror removed - 1st floor bathroom's ceiling has the possible beginnings of moisture damage/mold - 1st floor – bedroom #4 has broken window blinds **The Safe Center:** - Bathtub needs recaulking - Bathroom ceiling has the possible beginnings of moisture damage/mold **CORRECTIVE ACTION:** - Replace mirror or repair and paint wall where the mirror once hung - Assess and treat the bathroom ceilings in both facilities if moisture damage/mold is found - Replace window blinds in bedroom #4 - Re caulk along bathtub
413-215-0091 Licensing Umbrella Rules: Responsibilities of Licensees (11) Notify the Department in the following circumstances: (a) Immediately when information on the "CCA Contact Information Form" changes. An updated form may be submitted electronically, or the change may be	Recent promotions may warrant an updated CCA Contact Information Form **CORRECTIVE ACTION:** Review current CCA Contact Information Form and submit updated document given recent promotions.

communicated directly to a department licensing coordinator.	

Interview Summary
The following information was shared and gathered during the unannounced site visit: - Both programs, The Castle, and The Safe Center, currently have 12 residents in their respective buildings. Four youth were recently discharged from the program due to ongoing behavioral issues. - There are plans to reopen Crystal Creek in the upcoming new year. - The program is exploring having additional staff members attending and become certified in advanced CPI training. - The majority of all meals for both facilities are being prepared in Crystal Creek's industrial kitchen and transported to each site. - Staffing status and changes were discussed. Several staff members were met with during this site visit. The program continues to take active steps to remain in compliance with SB710 and has been working collaboratively with Licensing, OTIS, CPI instructors and their Senator, inviting ongoing discussions and seeking to understand the intent behind this new legislation. Four youth were interviewed individually. Although all youth reported feeling safe in the program, two youth disclosed concerns related to one specific staff member. The concerns reported were sufficient for Licensing to report to the Child Abuse Hotline. Strengths identified by youth include the program meeting youth needs, craft activities, breakfast meal options, frequent contact with family members and former foster parents. No areas of improvement were reported, but two recommendations that were made were more nature walks and youth having their own rooms. Staff support youth in various ways. This support includes hugs, space, talking to youth, sitting with staff and staff checking in with youth. All youth were able to provide a list of staff whom they had a good relationship with and could report issues to. Treatment goals were understood by youth and progress is measured by staff and summarized on daily point sheets.

Observations
Tour of Crystal Creek was unremarkable. No concerns regarding the building's physical space were noted.

Corrective Actions and Timeframes:

Please submit the following to verify compliance.

Within 45 days of receipt of this report **Jasper Mountain** must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any

and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to **Mary Torres** at **mary.torres@odhsoha.oregon.gov** or sent by regular mail to the following address:

Department of Human Services
Children's Care Licensing Program
Attn: Mary Torres
201 High St. SE Suite 500
Salem, OR 97301

Licensing Coordinator's Signature: _____ Date: 12/08/22

Manager Review: _____ Date: 12-8-2022