



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



August 12, 2013

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 12-17

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for the Rite of Passage - Monument Qualifying House located at 2706 East Valley Road, Minden, NV 89423 is continued through June 2014.

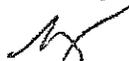
California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- 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,


MEI YUK KUNG
Program Chief

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

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 9-3-94
SACRAMENTO, CA 95814

FACILITY NAME: RITE OF PASSAGE: MONUMENT HOUSE
ADMINISTRATOR: ~~WICK SIMS~~ Peter Woods
ADDRESS: 2706 E. VALLEY ROAD
CITY: MINDEN STATE: NV
CAPACITY: *8 CENSUS: 7
TYPE OF VISIT: Case Management (re-cert.) UNANNOUNCED
MET WITH: Peter Woods

FACILITY NUMBER: 602300047
FACILITY TYPE: 731
TELEPHONE: (775) 267-9411
ZIP CODE: 89423
DATE: 08/28/2013
TIME BEGAN: 09:31 AM
TIME COMPLETED: 12:17 PM

NARRATIVE

1 On today's date, the undersigned analyst met with ROP "Q" house director Peter Woods at the ROP business
2 office in Minden, NV, then drove by automobile to the Monument "Q" house for a site visit. The purpose of
3 today's visit was annual re-certification.
4
5
6 The Monument House is one of two community groups homes for male youth, ages 14-17, located in Minden,
7 Nevada. ROP's other Nevada group home for males is located directly next door (Job House.) Both homes
8 are large single family dwellings - - each with a capacity of eight. At the time of visit, the census for
9 Monument House was seven. Two of the seven youth were adjudicated probation wards placed by Los
10 Angeles County Probation Department. Four others were Nevada youth; one was from the state of Michigan.
11 Youth were not at home however; they were participating in daily programming at ROP's school.
12
13 During the site visit, the home was toured inside and out. The home was noted to be clean, well furnished
14 and equipped and orderly. Food supply was ample; medications were in locked storage in the staff office
15 (which is also kept locked.) Kitchen knives and toxic cleaning supplies were also locked away safely.
16
17 The following records and documentation were received and reviewed as part of re-certification.
18
19 • 2012 and 2013 Fire drill record log.
20 • Nevada DCFS Licensing report dated June 14, 2013
21 • Correspondence from Nevada DCFS licensing analyst Dixie Jeffers dated June 28, 2013 reflecting no
22 child abuse and neglect violations or licensing violations for any of the three ROP "Q" Houses between
23 the licensing period of July 1, 2012 through June 30, 2013.
24 • NV group foster home license for eight children issued July 1, 2013; expires June 30, 2014
25 • Emergency disaster plan.

Based on the above, re-certification is approved through June 2014.

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/12/2013


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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 08/12/2013

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