Licensed Child Caring Agency Site Visit Report
Foster Care

Licensee: The Next Door, Inc.
Executive Director: Janet Hamada
Program Director: Melanie Kelly

Board Chairperson: Joella Anglin
Date of site visit: 5-18 and 5-19-2021
Licensing Coordinator: Irvin Minten

Other Regulatory or Accrediting Agencies: DHS Treatment Services and OYA

Program Compliance: The program was found to be compliant or will be compliant with OAR 413-215-0001 to 413-215-0131, Licensing Umbrella Rules, and OAR 413-215-0301 to 413-215-0396, Licensing Foster Care Agencies Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): The Next Door, Inc. provides services to children and families in the community, including foster care. The program provides a highly structured, therapeutic environment that emphasizes individual treatment planning, experiential growth, academic progress and behavior change. The foster care program serves DHS and OYA youth, ages 6-18, all genders.

Program type and services: The program provides foster care services for youth in DHS and OYA custody. Any needed sex offender, mental health, and drug and alcohol treatment services, as well as ILP and mentoring services, are provided on-site by staff employed through The Next Door. Educational services are provided on-site by staff employed through the local school district.

Number of proctor foster parents and program capacity: The program has 2 proctor homes which provide services to DHS youth and 3 proctor homes which provide services to OYA youth. The program also has 2 proctor homes which provide respite only.

Funding sources: DHS and OYA.

Contracts and sources for referrals: Referrals come from DHS and OYA.

Average length of stay: The average length of stay is 9 months.

Average daily population served: The average daily population is about 10 youth.

Number of children served annually: 29 youth were served by the program during the past year. This includes 23 OYA youth and 6 DHS youth.

Interviews, Observations: During the 2-day review, 3 employees and 3 youth currently enrolled at the program were randomly selected and individually interviewed. 3 proctor foster parents were also interviewed at the base facility. A walkthrough of the base facility was also completed, and youth and staff in the program were observed. During the review, there was also a lot of discussion with management staff, including Melanie Kelly, Program Director; Dan Foster, Program Manager; and Jennifer Noel, HR Supervisor.

During interview with the youth, all the youth reported they felt safe in the program, both during the day and at night. All of the youth interviewed also reported they felt the staff and proctor foster parents were adequately trained to assist them in meeting their goals and to assist them and other youth in de-escalating, if needed. 2 of the youth reported they liked their proctor foster parent and that they believed their proctor foster parent cared for them. 1 of the youth reported some issues with his proctor foster parents, but he stated that he continued to talk with them and his case manager about these issues and that these issues were improving. All of the youth reported the program was teaching them skills which improve their ability to communicate, make better decisions, and which better prepare them for adulthood.

During interviews with program staff, it was reported that the agency was a good place to work and that they felt valued and appreciated and that their ideas and input were listened too and considered. They also reported that they had received sufficient training to effectively do their work. The staff also consistently reported they appreciated seeing the positive progress the youth made during the course of their treatment.

During interviews with the proctor foster parents, all of them reported they felt supported, valued, and respected by the staff and management at the agency. They also stated they felt well trained, received respite when they needed it, and all stated that if they wanted to attend a specific training, the program would support and pay for their attendance. The proctor foster parents all stated they received 24/7 support and that there was always someone to call and bounce things off of. The proctor foster parents also stated they felt like they were a valuable part of the team.

During walkthrough of the program, it was found to be well maintained and in good repair. The areas where youth congregated were painted in inviting colors.

Program Strengths: The program works closely with their proctor foster parents and provides very good support and training to them, while providing them with 24-hour on call support services and the coordination and provision of respite services. The program also treats their proctor foster parents as team members and does all they can to ensure their proctor foster parents feel valued and respected. The program provides holistic treatment to the youth and supports each youth individually, as their needs require. The program provides on-campus school and their teachers are fully accredited. The program provides case management services and in-house and as-needed sex offender, mental health, and alcohol and drug services to the youth. The program provides a monthly training to their foster parents, in which dinner is provided. Agency staff are trauma informed and are trained in the Sanctuary and Collaborative Problem-Solving models. During the COVID-19 Pandemic, the program has utilized creative efforts to support and retain their proctor foster parents, including providing each proctor foster parent on 2 separate occasions a $500 bonus for each child. Also, for several months during the beginning of the pandemic, every Friday evening, the program purchased meals at local restaurants and delivered them to each foster home. In addition, at the beginning of the pandemic, the program purchased games and activity sets for the proctor foster parents so that they had all that they needed in their home to entertain and occupy the youth. Also, in March 2021, in an attempt to recruit more foster homes, the program initiated their Weekend Warrior Recruitment Campaign, which focuses on recruiting proctor foster parents for respite only, with the hope that if this experience goes well for them, they will want to take youth into their home full time.

Program Challenges: Recruitment of proctor foster parents continues to be a struggle. It is also challenging to get foster parents to complete needed charting and paperwork.

Changes that have occurred in the last 2 years: NA

Lawsuits: NA

Grievances and complaints filed in the last two years: NA

Corrective Actions and Timeframes: Please submit the following to verify compliance.

Within 45 days of receipt of this report The Next Door, Inc. 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 Irvin Minten at Irvin.minten@dhsoha.state.or.us or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Unit
Attn: Irvin Minten
500 Summer St NE (E-94)
Salem, OR 97301

Recommendations: The program did not employ a consistent mechanism to track required employee and proctor foster parent trainings. During the review, it was also often difficult to determine if employees and proctor foster parents had completed required trainings. As a result, it is recommended that the program create a mechanism to track all required employee and proctor foster parent trainings.

Exceptions: NA

Changes in License: NA

Summary of Review					
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Program and services are in scope of license	**X**				
Governance of the Agency 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Minimum of 5 board members	**X**				
(2)(f) Formally evaluate the exec. Director's performance annually	**X**				
(2)(h) Obtain and review an annual independent financial review or audit of financial records.	**X**				
(2)(k) Written quality improvement program	**X**				
(2)(l) Meeting minutes	**X**				

Executive Director or Program Director 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	**X**			• **Janet Hamada, Executive Director, and Melanie Kelly, Program Director, did not have a new check and fitness determination conducted by the DHS Background Check Unit (BCU) prior to this review. Ms. Hamada and Ms. Kelly must complete a BCU check and fitness determination as soon as possible and submit a copy of their BCU approvals to Licensing.**	
(3)(g) Approval from BCU		**X**			
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	**X**				
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)			**X**		
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable	**X**				
(3)(e) Agency uses seclusion appropriately/consistent with policy			**X**		
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	**X**				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215	**X**				
(b)(B) Contract includes the following: (i) Services provided (ii) Contractor fees (iii) Disclosure of information from contractor to agency (iv) Lines of authority (v) Adherence to rules, including background check (vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability	**X**				

Supplemental Information Provided by CCA	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
Documents as indicated on the form titled "Renewal Licensing Required Documents"	X				
Documents as indicated on form titled "Required Financial Documents and Information"	X				
All required policies and procedures as identified in the "Umbrella Rules"	X				
All required policies and procedures as identified in "Agency Type Specific Rules"		X		• **The program's mandatory reporting policy does not reflect statute changes since 2015. The program's mandatory reporting policy must reflect current Oregon statute.** • **The program's critical event/incident report policy does not reflect current Licensing rules. The program's critical event/incident report policy must reflect current child-caring agency licensing rules.**	
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)	X				
413-215-0051(1) Sufficient safe space, equipment, and office equipment	X				
413-215-0091(12) License is posted in common area at each facility	X				
413-215-0001(5)(d) Adequate furnishings and personal items	X				
Medication 413-215-0381	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2)&(5)(e) Medications have a prescription and are stored in the original container with prescription label	X				
(3) Medical treatments, special diets, physical therapy, physical aids or limitations have a written order signed by a physician or qualified medical professional.	X				
(4) Self-administering medications by a child is approved in writing by physician, recommended by agency, and closely monitored	X				
(6) Medications are disposed in accordance with state and federal law	X				
(7) Written record of the disposal of medications includes:	X				

(a) description (b) name (c) reason (d) method (e) staff & witness signature					
(10) Written record of the administration of medication includes: (a) name (b) description (c) dates, times (d) missed doses (e) medication disposed (f) method of administration (g) ID of person administering (h) possible adverse reactions (i) medication taken outside facility	**X**				
Placement of a Child by Agency 413-215-0356	Yes	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Placement is consistent with recommendations in the current home assessment	**X**				
(3) Home does not exceed: (a) 4:1 ratio approved proctor foster parent (b) 7:2 ratio approved proctor foster parents (c) 2 children under age of 3	**X**				
(6) At time of placement the agency provides proctor foster home parents with: (a) Child's name, date of birth and reason for placement (b) Name and phone# of assigned worker (c) Information on health, behavioral characteristics and needs of child	**X**				
(d) Authorization and written instructions for obtaining medical, dental and other and emergency care	**X**				
Respite Care 413-215-0366	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Agency has and adheres to a respite care policy	**X**				
(2)(a) Alternate caregivers are (A) at least 21 years of age and (B) have completed background checks	**X**				
(2)(b) Agency approval is received prior to using respite care	**X**				

(2)(c) Proctor foster home notifies agency in advance when providing respite care that will exceed max number of children authorized	**X**				
(2)(d)&(e) Respite care plan for each child and includes emergencies	**X**				

Records of Proctor Foster Homes 413-215-0351	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Last Name of Proctor Foster Parent(s)	**X**				
(2)(a) Certificate that includes: age range of children, restrictions or limitations, and statement that the home meets standards established in these rules	**X**				
(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.	**X**				
(2)(d) All documents pertaining to formal complaints. See also 413-215-0336	**X**				
(2)(e) and 413-215-0356(5) Signed contract	**X**				
(2)(f) List of all children placed that includes identifying and placement information 413-215-0356(4) Documentation of the basis for placement	**X**				
(2)(g) Documentation of home visit (every 180 days)	**X**				
(3) Documentation of changes in address, name and household composition, and exceptions or suspensions	**X**				
(4) Documentation of inactive status (if applicable)	**X**				
413-215-0313(1)(a) at least 21 years of age	**X**				
413-215-0341 Written notice to proctor foster home if decertified	**X**				
413-215-0349(1)-(7) Required notifications	**X**				
Assessment and Approval of Proctor Foster Homes Written Assessment 413-215-0316	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)&(2) Assessment is based on an on-site review of the home, observations and interviews of each household member, background check, any information gathered during assessment.	**X**				

(2)(a) Application signed by all applicants	**X**				
(2)(b) Home is primary residence and where each child will reside	**X**				
(2)(c) Statement of physical and mental health	**X**				
(2)(d) Report from licensed health care or mental health professional if determined appropriate by agency	**X**				
(2)(e) Minimum of 4 references (only one can be relative)	**X**				
(2)(f) Contact information for 2 individuals if applicant displaced by natural disaster		**X**		• **The program does not obtain and maintain contact information for 2 individuals if a proctor foster parent is displaced by a natural disaster. The program must obtain and maintain contact information for 2 individuals if a proctor foster parent is displaced by a natural disaster.**	
Assessment and Approval of Proctor Foster Homes Written Home Study includes the following: 413-215-0316(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Standards for the Proctor Foster Home 413-215-0318 – Safety Assessment (CF0979) although form is no longer required in rule, it may be accepted but must also include evidence the following has been addressed: (1)(a) Home is primary residence (1)(d) For children in custody of the Department, the home must post and comply with the Foster Children's Bill of Rights (1)(g) Authorization must be received from the agency prior to the beginning of hunting or target practice by the child (2)(a) If there are potential hazards in or around the home, a plan to prevent exposure of the child to the hazard must be developed and approved by the agency (2)(a) Space heaters must be plugged directly into a wall outlet and equipped with top-over protection (2)(d) Home and furnishings must be clean and in good repair and grounds must be maintained	**X**				

(2)(e) No accumulation of garbage or debris (2)(f) Home has an adequate source of safe water to be used for personal hygiene (2)(g) There is a provision for safe storage and administration of all medications in the household (2)(i)(A)Children may not be exposed to any second-hand smoke in home or vehicle. (2)(i)(B) Household members may not provide any form of tobacco, nicotine, or other product illegal for a minor to possess (2)(i)(C) All products referenced in (B) must be stored safe and in a manner inaccessible to children (4)(d) Written authorization must be received by proctor foster home prior to transporting a child out of state or country (4)(e) Proctor foster home must request approval from Department no less than 90 days prior to international travel					
(b) Names and ages of children in the home and children no longer in the home	**X**				
(c) Background check for all household members over 18 and those under 18 as determined appropriate	**X**				
(d) Background check from every state (or country) of residence in last 5 years for household members over 18 and those under 18 as determined appropriate	**X**				
(e) Placement preferences	**X**			- **The program's initial home studies were well written, concise, and sufficiently comprehensive.**	
(f) Motivation for providing foster care	**X**				
(g) Life experiences and challenges	**X**				
(h) Relevant health history	**X**				
(i) Education and training	**X**				
(j) Employment and finances	**X**				
(k) Current support systems and need for additional support services	**X**				
(l) Marital history, including previous marriages, divorces, and long-term relationships		**X**		• **During the review, 3 foster home files were reviewed. Of the 3 files reviewed, only one of the files contained an initial home study written**	

				during the review period. The other files were for foster homes that were initially studied prior to the period under review. This home study did not contain information on the applicant's previous marriages, divorces, and long-term relationships. The program must ensure that their initial home studies contain information on the applicant's previous marriages, divorces, and long-term relationships.	
(m) Parenting skills and values	**X**				
(n) Lifestyle	**X**				
(o) Religion or spiritual beliefs	**X**				
(p) Cultural background and experiences with diverse cultural groups	**X**				
(q) Ability to respect spiritual beliefs, sexual orientation, gender identity, and gender expression, disabilities, national origin, and cultural identities of each child and provide opportunities to enhance the positive self-concept and understanding of child's heritage	**X**				
(r) Assessment of current and previous licenses, certifications and other applications for providing care including adults. Information must include any denials, suspensions revocations, or terminations	**X**				
(s) Assessment of the areas in which training is needed and the plan of the agency for providing needed training and timeframes	**X**				
(t) Applicant's home and community	**X**				
(u) Assessment and recommendations including the characteristics and maximum number of children who may be placed in care	**X**				
Annual Review and Approval 413-215-0331(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Updated home study	**X**			- **The program's annual updated home studies were well written, concise, and sufficiently comprehensive.**	
(b) Background check(s)	**X**				
(d) Out of state background check (if applicable)	**X**				
(e) Documentation that home remains in compliance with safety standards 413-215-0318	**X**				

(f) Recommendation to approve or deny re-issuance of certificate	**X**				
Orientation for Proctor Foster Homes Applicants 413-215-0321(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) & 413-215-0061(4)(a) Policies and procedures of the agency	**X**				
(b) & 413-215-0061(4)(d) Attributes of population. Needs and characteristics of children needing placement	**X**				
(c) Attachment, separation, and loss issues for children and families	**X**				
(d) Importance of cultural identity and ways to foster this identity	**X**				
(e) Impact of foster care on child and family	**X**				
(f) Rights and responsibilities of proctor foster parent and agency	**X**				
(g) Resources available	**X**				
(h) Confidentiality	**X**				
(i) Rights of families and children	**X**				
(j) Provided copies of (A) Program statement (B) Requirements for Proctor Homes (C) Policies of agency governing proctor foster homes (D) Training requirements (E) Licensing rules (F) Expectations for working with the agency	**X**				
Orientation – Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(b) Ethical and professional guidelines	**X**				
(c) Organizational lines of authority	**X**				
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	**X**				
(f) Privacy laws	**X**				
(g) Emergency procedures	**X**				
Training for Parents in Proctor Foster Care Written Training Plan includes:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

413-215-0326(1)					
(a) Minimum of 15 hours of training before placement	**X**				
(b) Minimum of 15 hours training annually prior to approval	**X**				
(c)(A) Characteristics and needs of children who are placed	**X**				
(c)(B) Ways to effectively parent children, including application of the *reasonable and prudent parent standard*	**X**				
(c)(C) Positive behavior management	**X**				
(c)(D) Importance of family of the child and working with the family	**X**				
(c)(E) Importance of age-appropriate or developmentally appropriate extracurricular, enrichment, cultural, and social activities	**X**				
(c)(F) Preparation of child for independence based on age, stage of development, and child's needs	**X**				
(c)(G) Legal responsibility to report suspected child abuse	**X**				
(2) Training is documented	**X**				

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Staff Name	**X**			- **The program's staff files were nicely organized and complete.**	
Position	**X**				
(3)(g) Date of Hire	**X**				
(3)(a) record of education, training and previous employment	**X**				
(1)(b) & (3)(b) reference checks completed and documented	**X**				

(1)(a) & (3)(c) Background check completed and documented	X				
(3)(d) Annual performance evaluations	X				
(3)(f) Record of personnel actions	X				
(3)(g) Termination date, reason for termination	X				
(3)(h) Current job description	X				
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency policies and procedures	X				
(b) Ethical and professional guidelines	X				
(c) Organizational lines of authority	X				
(d) Attributes of population served	X				
(e) & (5)(a) to (c) Mandatory reporting (annually) that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X				
(f) Privacy laws	X				
(g) Emergency procedures	X				
New Employee Orientation – Foster Care (30 days) 413-215-0371	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Discipline and behavior management including de-escalation, crisis prevention, positive behavior management, and disciplinary techniques that are non-punitive in nature	X				
(1)(b) Restraint and seclusion (if applicable)			X		
Ongoing Training	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0371(2)(a) Environmental emergencies		X		• **4 staff files were reviewed during the review. Of the 4 staff files reviewed, only 3 of the staff had been employed at the program for more than 1 year. Of the 3 staff files reviewed who had been employed at the program for longer than 1 year, all 3 did not have yearly ongoing training on environmental**	

				emergencies. All program staff must receive yearly ongoing training on environmental emergencies.	
413-215-0371(2)(b) Universal Precautions		**X**		• **Of the 3 staff files reviewed who had been employed at the program for longer than 1 year, all 3 did not have yearly ongoing training on universal precautions. All program staff must receive yearly ongoing training on universal precautions.**	
413-215-0371(2)(c) Discipline and Behavior Management	**X**				
413-215-0371(3) Maintain current CPR/First Aid certification	**X**				
413-215-0371(4) Training related to the *reasonable and prudent parent standard* and developmentally appropriate activities		**X**		• **Of the 3 staff files reviewed who had been employed at the program for longer than 1 year, all 3 did not have yearly ongoing training on the reasonable and prudent parent standard and developmentally appropriate activities. All program staff must receive yearly ongoing training on the reasonable and prudent parent standard and developmentally appropriate activities.**	
413-215-0061(5) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	**X**				
Comments:					

Children's Records	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Name	**X**				
Initial Evaluation 413-215-0386(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

(a) Agency request and review all available reports of child's past and present behavior, educational status, and physical and mental health.	**X**				
(b) Preliminary determination whether prospective child has disorders, disabilities, or deficits for which care, supervision, training, rehab, or treatment is needed	**X**				
Information about Children in Care 413-215-0396(1) Summary sheet contains the following:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a)The name, gender, date of birth, religious preference, and previous address	**X**				
(b) Name and location of previous and current school	**X**				
(c) Date of admission	**X**				
(d) Legal custody	**X**				
(e) The name, address, and telephone number of: (A) The child's parents. (B) The child's legal guardian, if different than parents, and legal relationship (C) Other persons significant to child (D) Other professionals to be involved in service planning (if applicable)		**X**		• **The program's summary sheet did not contain a heading to list other persons significant to child. The program's summary sheet must contain a heading to list other persons significant to child.**	
(f) Required consents and authorizations					
Health Services 413-215-0376	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Medical history obtained within 30 days (a) significant findings (b) current immunizations, history of surgical procedures-health issues-injuries (c) allergies (d) dental, vision, hearing, behavioral health, and (f) physician orders	**X**				
(2)(e) Documentation of age appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease	**X**				
(3) Agency provides or arranges for	**X**				

(a) information on maintaining reproductive health and birth control (b) prenatal care (c) well baby care (d) fetal alcohol syndrome (e) accessing health insurance (f) cancer screenings (g) feminine hygiene products (h) access to birth control and vaccinations					
(4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14)	**X**				
Consents 413-215-0391(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Provide routine and emergency medical care	**X**				
(b) Use the discipline and behavior management system	**X**				
(c) Use restraint or seclusion (if applicable). Must specify the reasons for the intervention and how staff and proctor foster home parents are trained and supervised	**X**				
(d) Restrict contact with persons outside of the agency	**X**				
(e) Allow access as defined in 413-215-0091 & 0101	**X**				
(f) Impose a dress code	**X**				
(g) Apply the *reasonable and prudent parent* standard	**X**				
Disclosures 413-215-0391(2) Parent/guardian has acknowledged in writing:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Mandatory child abuse reporting requirements	**X**				
(b) Information regarding personal or room searches and protocols for confiscation of contraband	**X**				
(c) Statement of Rights of Children and Parents/Guardians	**X**				
(d) Grievance policies and procedures	**X**				
(e) Any policies and procedures upon request	**X**				

Authorizations 413-215-0391(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Disclose information	**X**				
(b) Child specific visitors	**X**				
(c) Visitation resources are pre-approved	**X**				
(d) Activity specific authorizations are pre-approved to allow children to participate in potentially hazardous activities, including but not limited to using motorized yard equipment, swimming, and horseback riding.	**X**				
Service Planning 413-215-0396(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) All documentation written in terms that are easily understood	**X**			**-The program's service plans were well written. Services were also well documented, and goals were tailored to the individual youth**	
(b) Intake document is completed the date child accepted into care (emergency placement 48 hours)	**X**				
(c) Child is served according to an individual service plan that outlines goals for services and care coordination	**X**				
(d) Assessment is completed within 30 days and contains relevant historical info., current behavioral observations, identified need for services, and how agency will provide or coordinate services	**X**				
(e) (A)&(B) Service plan within 60 days (parent, guardian and child actively involved). Describes how child's issues will be addressed, anticipated outcomes and reviewed by child and guardian/parent.	**X**				
(e)(C)&(D) Service plan is reviewed quarterly and revised when information indicates other services should be provided	**X**				
Case Management 413-215-0396(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Services are documented, progress toward achieving goals is tracked	**X**			**.**	
(b)-(d) discharge planning and instructions	**X**				

(e) Follow-up services identified (if applicable)	X				
(f) Incident Reports	X				
Financial Records 413-215-0396(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Records contain (if applicable) (a) date, amount, (b) source (c) purpose (d)&(e) signatures	X				
Personal Possessions Records 413-215-0396(5)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Individual written inventory of all personal possessions is maintained and updated as needed	X				
Records and Documentation 413-215-0071	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Stored safely	X				
(2) Permanent, legible, dated, and signed	X				
(7) Permanent registry for each child in care includes (name, gender, birth date, names, addresses of parents or guardians, dates of admission, and placement upon discharge)	X				
Comments/Corrective Actions:					

Licensing Coordinator's Signature: _____ Date: 05-21-2021

Manager Review: _____ Date: 5-20-2021