



## Licensed Child Caring Agency Unannounced Site Visit Report

**Licensee:** Northwest Youth Discovery

**Executive Director:** Rich Streeter

**Board Chairperson:** Jennifer Weeks

**Date of Unannounced:** 10.13.2021

**Licensing Coordinator:** Aubrey Kelly

**Other Regulatory or Accrediting Agencies:** Oregon Youth Authority (OYA)

**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:<br>License Renewal Site Visit 03-30-2021                                                                                                                                                                                                                                                                                                                                                                | Repeat Findings<br>Further Action Needed                            | Comments                                            |
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| 413-215-0551(10) Written record of the administration of medication includes: (h) possible adverse reactions: "(10) Written record of the administration of medication is missing (h) possible adverse reactions"                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Required documentation was found in files reviewed. |
| 413-215-0561(5) There is at least one on-site employee authorized to apply the <i>reasonable and prudent parent</i> standard: "NWYD has not been training staff or aware of the reasonable prudent parent standard."                                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Required documentation was found in files reviewed. |
| 413-215-0556(4) Designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard: " <b>Repeated Finding:</b> NWYD will need to ensure staff are trained in 413-215-0556(4). Program is not training to the standard and will need to ensure designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard." | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Required documentation was found in files reviewed. |

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| 413-215-0576(2) Parent/guardian has acknowledged in writing: (c) Any policies and procedures upon request: <b>"Repeated Finding:</b> Disclosures were missing that parent/guardian can request, (c) any policies and procedures upon request."                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Required documentation was found in files reviewed.                                                                                                                                                                              |
| 413-215-0581(1) Summary sheet contains the following: (a) The name, gender, date of birth, religious preference, and previous address: <b>"NWYD currently has two face sheets that were missing many of the requirements in a summary sheet. NWYD will need to develop a summary sheet including the requirements listed in 413-215-0581 (1) a through e."</b>                                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | It was reported during the visit by staff a new summary sheet was created, however it does not appear it is currently being used. The program shall ensure the summary sheet that is used contains all the required information. |
| 413-215-0581(1) Summary sheet contains the following: (b) Name and location of previous and current school.                                                                                                                                                                                                                                                                                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | See above comment regarding summary sheet                                                                                                                                                                                        |
| 413-215-0581(1) Summary sheet contains the following: (c) Date of admission.                                                                                                                                                                                                                                                                                                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | See above comment regarding summary sheet                                                                                                                                                                                        |
| 413-215-0581(1) Summary sheet contains the following: (d) Legal custody.                                                                                                                                                                                                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | See above comment regarding summary sheet                                                                                                                                                                                        |
| 413-215-0581(1) Summary sheet contains the following: (e) The name, address, and telephone number of:<br>(A) The child in care's parents.<br>(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 <i>child in care</i> .<br>(C) Other persons significant to child<br>(D) Other professionals to be involved in service planning (if applicable) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | See above comment regarding summary sheet                                                                                                                                                                                        |
| OAR 413-215-0056: NWYD will need to update their mandatory abuse policy to meet the requirements in OAR 413-215-0056                                                                                                                                                                                                                                                                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | See above comment regarding summary sheet                                                                                                                                                                                        |
| OAR 413-215-0051: During the renewal review it was found that medication policy did not meet all the requirements. NWYD has submitted a revised policy that now meets this requirement and will no longer require corrective action.                                                                                                                                                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | The policy was reviewed and approved.                                                                                                                                                                                            |

| New Findings from Site Visit | Comments |
|------------------------------|----------|
| None                         |          |

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| <b>Interview Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p>Client #1: The client likes it, previously was at another program and didn't like it here. This program feels more homey, staff care about the clients and respects boundaries. They are hoping to discharge in Dec. They currently have a job. Their favorite staff is Taylor. They get along with all staff and peers and tries to support peers. They talk to family a lot, they are going on their first home pass soon. They have a therapist at the program and doesn't feel like they are connecting with their therapist. They feel safe here and no one has put their hands on them since admission. The food is good. Chores are rotated. They have had cabin fever due to Covid but staff is making an effort to get clients out of the house.</p> |

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| <b>Observations</b>                                                                                                                                                                                |
| <p>The program was very clean. The program has done a significant amount of work in the backyard and the garage area, which is now office space. The backyard now has a sand volleyball court.</p> |

**Corrective Actions and Timeframes:**

Please submit the following to verify compliance.

Within 45 days of receipt of this report **NW Youth Discovery** 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 Aubrey Kelly, [Aubrey.J.Kelly@dhsosha.state.or.us](mailto:Aubrey.J.Kelly@dhsosha.state.or.us) or sent by regular mail to the following address:

Department of Human Services  
Children's Care Licensing Program  
Attn: Aubrey Kelly

201 High St. SE Suite 500  
Salem, OR 97301

Licensing Coordinator's Signature: Aubrey Kelly Date: 11-22-2021  
Manager Review: H. Gilman Date: 11-17-2021