Licensed Child Caring Agency Site Visit Report
Outdoor Youth Program

Licensee: NVW Oregon Newco, Inc. (Deschutes Wilderness Therapy)
Executive Director: Andrew Scott
Program Director: Rachel Grimm

Board Chairperson: Drew Hornbeck
Date of site visit: 10-25 and 10-26-21
Licensing Coordinator: Irvin Minten

Other Regulatory or Accrediting Agencies: NATSP, OBH, AEE, Advanced Education

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 413-215-0901 to 413-215-1031, Licensing Outdoor Youth Program Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): Deschutes Wilderness is a wilderness program that operates in a relational model. The program provides clinically sophisticated treatment in working with adolescents and young adults with a history of developmental trauma and attachment issues.

Program type and services: Deschutes Wilderness is a wilderness immersion program that provides family intensive services. Regular webinars are also available to families.

Capacity (gender and ages): Deschutes Wilderness serves all genders, ages 12-27.

Funding sources: 90% of the program revenue is derived from private payments for program services. Private insurance may reimburse some costs. Outdoor Behavioral Healthcare Council, a trade-group of outdoor youth programs, is working on increasing the amount paid by insurance as the program's services are evidenced based. The program also has a non-profit scholarship foundation to provide some financial relief to families in need.

Contracts and sources for referrals: Educational consultants, mental health professionals, other families, internet, and other professionals.

Average length of stay: The average length of stay is 80-85 days.

Average daily population served: About 27

Number of children served annually: The program serves about 120 children annually.

Use of seclusion or restraint: Approximately 5 times a month the program utilizes physical restraint in the least restrictive manner to ensure youth safety or the safety of others (STATEMENT EDITED FOR CLARITY 02/2023). A restraint is used only after all other less restrictive interventions have failed. The program is currently using Safe Crisis Management System for behavior management. However, the program is in the process of adopting Crisis Prevention Intervention as their behavior management system and hopes to have all program staff trained on CPI by January 2022.

Interviews, Observations: A great deal of conversation took place with Andrew Scott, Executive Director; Daniel Kikkert, Associate Executive Director; Rachel Grimm, Program Director; and Tracie Schuman, Office Manager. Meetings were also held with Alley Twidwell, Experiential Education Director; Aimee Seaborne, EMT, Medical Coordinator; and Matt Potako, Intern Operations Director. Randomly selected and individual interviews were also held at a field site with 3 youth currently enrolled in the program and 2 field staff. I was also able to observe the field site's gathering area, cooking area, and sleeping area as well as several medication administration records and the locked bag where the children's medications are kept.

During interviews with the field staff, it was reported that they felt well trained and equipped to do their job, and they also reported a positive culture within the organization and that they very much enjoyed their job and seeing the changes which the children made while in treatment and they felt as though they were making a difference in the lives of the children in the program. They also both reported that working at the program allowed for much personal growth. Both staff also stated that if they wanted to further discuss and staff a situation, they could call an on-call staff to get advice and further staff the situation. Both staff also exhibited a detailed understanding of the program's suicide prevention protocol.

Each of the 3-youth interviewed reported they felt the program's treatment was very effective and was providing them the opportunity to improve their skills to better manage their behavior, communication, and emotions, while improving their relationship with their parent(s). Each of the youth also reported that they believed the staff were well trained and that the staff was helpful. Each of the youth also reported they felt safe during the day and at night while in their individual tents. Each of the 3 youth also reported they got enough to eat, although one of the youth stated they wished the program offered a larger variety of foods.

Program Strengths: It is my observation and assessment that the program has a very strong and stable leadership team, and that this leadership team drives down the program's mission while modeling and training to a strong therapeutic and trauma informed approach. The program reports they have a great deal of clinical contact with youth and their families, and they are very proud of their staff and leadership training, and their success at teaching youth they can successfully build relationships with people. The program states they employ a relationship model and they rely on their staff to connect with youth and to know what the youth needs in the moment. The program feels their excellent safety record can be attributed to their relationship model and their staff's ability to create relationships, connect in the moment, and de-escalate a youth. The program management also report staff are well trained in soft and hard skills, therapeutic approaches, and de-escalation. There is regular training provided to all staff including weekly training every Thursday and quarterly training for all line staff. Finally, the program feels they have an excellent clinical and leadership team and proudly report that on June 1, 2021, the program was accredited through the Joint Commission, Behavioral Health Care and Human Services Accreditation Program. The program also states that in the past 2-year period, alumni families have donated more than $500,000 and this has led to the program offering many more scholarships so families who can't afford the service can enroll.

Program Challenges: The program reports that keeping up with the current demands of the physical environment can be a challenge. Staff retention is also a challenge, although the program's management reports their average front line staff retention time of about 9 months continues to be above the average for the industry. Another challenge reported by the program is that there continues to not be any local access for youth in need of detox prior to their entry into the program, with the closest resources being out of Portland and Eugene. The program also reports that the COVID-19 Pandemic has made it more difficult to recruit and retain staff, particularly in the second year of the pandemic. The program is also concerned that the passage of Senate Bill 749, which places additional requirements on therapeutic consultants who refer families to the program, may lead to some additional challenges.

Changes that have occurred in the last 2 years: Several months ago, the program hired Daniel Kikkert as Associate Executive Director. Mr. Kikkert oversees the program's young adult and family services programs. The program feels this hire has improved the quality of care and the overall safety for the young adults which it serves. In addition, in the past 6 months, the program has hired Aimee Seaborne, EMT, as their Medical Coordinator. The Medical Coordinator works along with Dr. Ryan, Medical Director. The program's responsiveness to medical issues in the field, as well as the program's overall planning around children with medical issues, has been substantially enhanced by having these two positions in place.

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 New Vision Wilderness Program 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
201 High St. SE, Suite 500
Salem, OR 97301

Recommendations: NA

Exceptions: NA

Changes in License: The program's name has changed from New Vision Wilderness to Deschutes Wilderness Therapy Program.

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**				
General Provisions 413-215-0901					
(2) Stationary OYP has organizational camp license from OHA, Public Health Division			**X**		
(3) Bond 50k or 50% of budget (DHS CF 1066)	**X**				
(4) Workers Compensation	**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**			• **The program has requested an exception to the requirement that they obtain an independent financial audit. This request will be considered once the program submits all required and requested documents.**	
(2)(f) Formally evaluate the exec. Director's performance annually	**X**				
(2)(g) Approves annual budget	**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**				
(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	**X**				

nationally recognized non-violent crisis intervention					
(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**		• **The program's policy on child abuse and neglect reporting needs to be updated to reflect current statute. The program's child abuse and neglect reporting policy must reflect current statute.**	
All required policies and procedures as identified in "Agency Type Specific Rules"	**X**				
Administration – Base of operations 413-215-0916(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

(a) Current list of staff and children in each field group	**X**				
(b) Master map of all activity areas used in Oregon	**X**				
(c) Copies of each groups expeditionary route with schedule and itinerary	**X**				
(d) Current communication logs	**X**				
(e) Emergency response plan – reviewed annually	**X**				
Participant Clothing, Equipment & Supplies 413-215-0921	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Each participant has appropriate clothing, equipment, and supplies for the type of activities and weather conditions likely to be encountered	**X**				
(2) Minimum items required: (a) Sunscreen (if appropriate to season) (b) Insect repellent (if appropriate to season) (c) Commercial backpack or materials to construct safe backpack or bedroll (d) personal hygiene items (e) Feminine hygiene supplies (f)(g) Temp appropriate sleeping bag or wool blankets), tarp or poncho, or ground pad (h) Appropriate clothing (i) Clean undergarments and socks or opportunity to wash weekly. Other clothing reasonably clean and in good repair	**X**				
(4) Field staff monitor that clothing, equipment, and supplies are maintained to ensure safety	**X**				
Water Requirements 413-215-0926	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) There is access to potable water while hiking. Staff ensure children drink sufficient amount and at least 3 quarts	**X**				
(3) Water cache is location verified in advance of arrival (if used by program)	**X**				
(4) Water from natural source is sanitized and method is documented	**X**				
(5) Appropriate supply of electrolytes	**X**				
Nutritional Requirements 413-215-0931	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Written menu approved by a dietitian/ nutritionist with knowledge of program	**X**				

activity levels, listing food supplies for each group					
(3) Minimum 3,000 calories per day offered	**X**				
(4) Hygiene. Reasonable hygiene procedures to prevent infection (a) Cleansing hands after latrine use (b) Cleansing hands prior to food prep or consumption (c) Weekly opportunity for total body hygiene	**X**				
(5) No imposed fasting	**X**				
(6) Staff monitor food intake	**X**				
(7) Food is not used for behavior modification	**X**				
(8) Reasonable time for each meal	**X**				
Safety 413-215-0936	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Written emergency plan that includes: (a) Designation of authority and staff assignments (b) Plans for evacuation (c) Emergency evacuation system that is on standby (d) Transportation and relocation of children when necessary (e) Supervision of children after evacuation or relocation (f) Arrangements for medical care and notifications (physician, nearest relative, parents, legal guardian) (g) A procedure for review of emergency plan by local law enforcement and emergency serve agencies in area of operation	**X**				
(3) Children are instructed on what to do in case of emergency prior to activity	**X**				
(2)(c) Operative flashlights sufficient in number are readily available to staff	**X**				
(4) Emergency plan response review. If applicable.	**X**				
Potential Weapons 413-215-0941	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Staff inventory items (knives, tools etc.) which may pose a danger to self or others and complete a daily count of these items	**X**				

(3) Line of sight supervision when children are using items that might pose a danger to self or others	**X**				
Contraband 413-215-0946	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Staff confiscate contraband found in children's possession and store it so inaccessible	**X**				
(3) Program disposes of contraband (not turned over or confiscated by law enforcement) in accordance with policy	**X**				
Searches 413-215-0951	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)&(2) The program follows written policy and procedures on searches including pat down searches if utilized by program.	**X**				
(2)(a) Searches are documented	**X**				
Safety – Transportation 413-215-0956	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)Vehicle is: (a) Registered (b) Insured for personal injury and liability (d) Maintained in safe condition (e) Equipped with a red triangle reflector device (f) First aid kit (g) Fire extinguisher that is properly secured	**X**				
(2) Children ride in a vehicle manufactured seat and use seatbelts	**X**				
(3) Children are accompanied by at least one person trained in non-violent crisis intervention, de-escalation, physical restraints (if applicable) and FA/CPR	**X**				
(4) Children are not blindfolded or have their vision obstructed, nor handcuffed or shackled while transported by program or contractor	**X**				
Health Services 413-215-0961	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Required physical examination is shared with field staff prior to program activity	**X**				
(2) Copies of health information and authorizations are carried in waterproof container when away from base of operations	**X**				

(3)(4) The program ensures appropriate health care and first aid treatment	**X**				
(5) First aid kit has sufficient supplies and; (a) Meets standards of an appropriate national organization for the activity, location and environment (b) Reviewed with new staff for contents and use (c) Reviewed annually with all staff for contents and use (d) Inventoried after each expedition and restocked as needed	**X**				
(6) The program immediately transports children to medical care beyond what can be provided in the field	**X**				
(7) Complaints or reports by children of illness and injuries is documented in a daily log along with treatment provided	**X**				
(8) No negative consequences imposed on child for reporting injury or illness or for requesting to see health care professional	**X**				
(9) Field staff monitor and document each child's hydration, skin condition, extremities and general physical condition daily	**X**				
(10) WFR or equivalent assess each child's physical condition at least every 7 days and includes: (a) heart rate (b) extremities (c) condition of skin (d) allergies if any (e) general physical condition (f) any health issues (g) provision of appropriate medical treatment if needed	**X**				
Medication 413-215-0961	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(12) Medications are kept locked and stored at required temperatures	**X**				
(13) Prescription medication is issued by a qualified medical professional's valid order and includes dosage. Senior field staff administer all medication	**X**				
(13) Medication records include: (a) Child's name	**X**				

(b) Name of medication (c) Date, time (d) Dosage and whether medication was not taken (e) Person who administered medication					
(14) Medication is not changed or stopped without consulting a qualified medical professional and documenting it	**X**				
(15) Medication disposal; all unused or expired medications are returned to base of operations for disposal. A field director or senior staff must witness and document disposal	**X**				
Staff Qualifications and Requirements 413-215-0966	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(5) Multidisciplinary Team consists of licensed health care professional, treatment professional and a certified alcohol & drug counselor if program does not exclude children with substance abuse problems	**X**				
Physical Activity Limits and Requirements 413-215-0976	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Program does not assign extremely strenuous exercise at any time (1)(b) Backpack or equipment does not exceed physical abilities	**X**			• **In the child's first 72 hours in the field following enrollment, the program was not monitoring and documenting 3x per day a physical assessment of the child (the same criteria as 413-215-0961(10)). The program must ensure that in the child's first 72 hours in the field following enrollment that they are monitoring and documenting 3x per day a physical assessment of the child.**	
(1)(c) Backpacks are packed to allow to be comfortably worn	**X**				
(1)(d) Children have breaks prior to becoming weary and are long enough to recover and return to activity	**X**				
(1)(e) Hike at the speed of the slowest child in the group	**X**				
(2) Environmental conditions are considered in planning OYP activities	**X**				
(3) Staff must closely monitor children for acclimatization to the elevation and temperature for first 72 hours and; (a) 3x per day, monitor and document physical assessment (same criteria as 413-215-0961(10). (b) Assess each child's level of overall fitness and readiness mentally and physically to engage in more demanding exercise		**X**			

(4) Common daily log which is signed and dated by senior staff must include: (a) Information on health problems, accidents, injuries, illnesses, medications used, behavioral problems, and unusual occurrences (b) Notation of environmental factors such as weather, temperature, and terrain	**X**				
Staff Ratios 413-215-0986	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Field group does not exceed 12 children	**X**				
Group of 2 or more children must be staffed as follows: (a) At least 2 staff one is senior field staff (b) 1:3 staff/child (c) Mixed gender, there must be one female/one male staff (d) minimum 5 years difference in age between direct care staff and child – sole supervision (e) Volunteers and interns may not be included in ratio unless they meet qualifications	**X**				
(4) WFR (or equivalent) – at least one per group	**X**				
(5) At least one staff per group is trained in nonviolent crisis intervention	**X**				
(6) (a) No time where more than 1 staff has not completed all field training	**X**				
(6)(b) 4 or more children, there must be at least 2 staff that have completed all field training	**X**				
Stationary OYP Staff Ratio 413-215-0986(7)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) 1:3 minimum staff/child ratio when engaged in OYP activity (b) 1:10 awake 1:14 sleeping Ratios when not engaged in OYP activities	**X**				
Age Grouping 413-215-0991	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Minimum age is 10 years	**X**				
(2) Program follows its policy on age grouping	**X**				

(3) Children ages 10-12 are placed in a program component designed for this age group			**X**		
(4) If group serves youth aged 18 or older and they are placed in group with children under 18, special care is taken to assess and minimize the risk to children under 18	**X**				
Program Services - Service Planning 413-215-0996(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Encourage parent participation	**X**			• The program's treatment plans do not sufficiently reflect whether the parent/guardian participated in the treatment plans development and review, and if not, why not. The program's treatment plans must reflect whether a parent/guardian participated in the treatment plans development and review, and if not, why not.	
(b) If parent/guardian cannot participate, ensure participation by those responsible for the environment in which child resides prior to placement	**X**				
(c) Support the family (and other) during intervention and if child not accepted	**X**				
(d) Consider family needs, values and responsibilities in planning	**X**				
(e) Orientation for child and family	**X**				
(f) Significant events in child's family is passed on to staff	**X**				
(g) Review service plans, activities and progress with family monthly		**X**			
Critical Incident Program 413-215-1001	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3) Documentation of critical incidents (a) Recorded in daily log, IR completed (b) Categorize as to type and seriousness (c) Record results of staff debriefing (d)& (5) Management review documented (24 hours) (6) Review of "near miss"	**X**				
Field Outdoor Youth Program Activities 413-215-1006	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Written description of each activity, schedule, and itinerary	**X**				
(2) Staff debriefing (route, terrain schedule, weather, potential hazards, background of youth, potential problems)	**X**				
(3) Itinerary	**X**				
(4) Supervision. Field director or designee conduct and document evaluation of child and staff at least every 7 days. Longer than 3 week itinerary requires on-site visits every 3 weeks	**X**				

(5) Staff debriefing. documented	**X**				
(6) Child debriefing. Documented and provided to parents	**X**				
Communication 413-215-1011	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Maintain a system that includes the use of GPS receivers, 2-way radio, and cell phone communication or follows the applicable land managing agency requirement and includes: (a) reliable communication between group and base of operations (b) back up plan for re-establishing communication in event regular communication fails	**X**				
(3) Communication plan is reasonable and sufficient to provide routine and emergency care (a) oral communication between field group and base of operations – regularly scheduled (b) Absence of oral communication shall not exceed 72 hours (c) Field group cannot be more than an hour away from ability to contact emergency services	**X**				
(4) Base of operations must have immediate access to emergency #'s, contact personnel and procedures for an emergency evacuation or critical incident	**X**				
Work 413-215-1016	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
In compliance with child labor laws	**X**				
Animals and Pets 413-215-1021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Free of disease and cared for in safe and clean manner	**X**				
(2) Children not exposed to danger from animals	**X**				
(3) Vaccinated	**X**				
Solo Experiences 413-215-1021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Individual solo plan (a) child is instructed on the solo experience	**X**				

(b) Child has and received instruction on a back-up plan (c) Designated staff member responsible for coordination and implementation					
(2) Staff familiar with site, child's skill level and hazardous conditions. Makes arrangements for medication, food and water	**X**				
(3) Plan for supervision	**X**				
(4) Solo emergency plan	**X**				
Behavior Management 413-215-1031	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Appropriate physical assist	**X**			- **The program does not utilize time outs**.	
(3) Time out (c) Designated staff member to observe child at least every 15 minutes (d) IR if exceeds one hour or visual separation (e) Sensitive reintroduction to group (f) Timeouts exceeding 3 hours in 24 hour prd. are reviewed (h) No physical restraint if child leaves time-out			**X**		

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Staff Name	**X**			• **In 4 of the 6 applicable staff files reviewed, an ODHS Background Unit (BCU) approval was not present. The program must immediately submit a BCU check request on all employees who have not had a completed BCU check, send confirmation to Licensing that this has occurred and send copies of the outcome of each of the BCU checks once obtained from the BCU. In the meantime, any and all employees without a BCU approval must be restricted to the working under the preliminary-hire parameters outlined in the BCU rules. The program must also ensure that all newly hired employees have timely background checks completed and documented going forward.**	
Staff Positions	**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 (1)(c) Employee meets minimum qualifications stated in current job description	X				
413-215-0956 If staff transport, have valid driver's license	X				
Staff Qualifications and requirements 413-215-0966	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Qualifications are verified through documentation of minimum requirements for work experience, education, and classroom instruction	X				
(4) All staff have documented training and experience in conducting any OYP activity he/she is assigned to conduct	X				
Required Staff Positions 413-215-0966(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Executive Director meets requirements in 413-215-0021(3) &(4) **Executive Director (also functioning as Field Director)** (A) at least 25 yrs. of age (B) Have one of the following: (i) 5 yrs. paid full time experience in social services or wilderness field with at least one year administrative (ii) Bachelor's degree and 4 yrs. paid full time exp. in social services or wilderness with one year administrative (iii) Master's degree and 3 years paid full time exp. in social services or wilderness with one year administrative (C) Knowledge and experience demonstrating competence in the performance or oversight of the following: program planning and budgeting, fiscal management, supervision of staff, personnel management, employee performance assessment, data collection, reporting, program evaluation, quality assurance, and	X				

developing and maintaining community resources (D) Demonstrate by his or her conduct the competencies required by this rule and compliance with program policies and procedures implementing these rules (E) Completed field training as required by 413-215-0981(3) **Field Director** (A) at least 25 yrs. of age (B) Minimum of 30 college level semester hrs or 45 qtr hrs recreational therapy or related field or one year of OYP field experience (C) Demonstrate knowledge and understanding of applicable licensing rules (D) Completed field training as required by 413-215-0981(3) (E) Hold a WFR or equivalent (F) Completed an approved course in nonviolent crisis intervention **Senior Field Staff** (A) at least 21 years of age (B) Associate degree or HS diploma or equivalent with 30 college level semester hrs or 45 qtr hrs of study or comparable experience and training in a field related to recreation and outdoor youth program activity (C) Minimum of 40 24-hour file days of program exp. or equivalent in outdoor programs documented in personnel file. (D) Completed field training as required by 413-215-0981(3) (E) Hold a WFR or equivalent (F) Completed an approved course in nonviolent crisis intervention					
Field Staff Requirements 413-215-0966(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

(A) at least 21 years of age (B) HS diploma or equivalent, or comparable experience directly relevant to assigned OYP responsibilities (C) Completed field training as required by 413-215-0981(3) (D) Certified in FA/CPR	**X**				
Staff Health Requirements 413-215-0971	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Free of infectious diseases and capable of competently fulfilling all responsibilities reasonably associated with employment	**X**			• **The program is not consistently completing the annual health history for program staff to ensure that staff do not have recent history of physical injuries, infectious diseases, and drug and alcohol abuse which might currently interfere with employment responsibilities. The program must ensure that all staff complete an annual health history to determine if staff have recent histories of physical injuries, infectious diseases, and drug and alcohol abuse which might currently interfere with employment responsibilities.**	
(2)&(3) Annual health history that includes: (a) Standard physical health questions, including history of infectious diseases (b) History of physical injuries (c) History of drug or alcohol abuse or dependence that required residential or outpatient treatment or that might currently interfere with employment responsibilities		**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 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**				
Orientation – OYP specific	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

413-215-0971(2) Health History Questionnaire (a) Standard physical health questions, including history of infectious diseases (b) History of physical injuries (c) History of drug or alcohol abuse or dependence that required residential or outpatient treatment or that might currently interfere with employment responsibilities	**X**				
413-215-0981(2) Orientation must occur before any contact with children or prospective children and must include: (a) OYP mission and goals, including admissions criteria and services provided (b) Personnel structure including org chart and job descriptions (c) Overview of quality improvement program, including critical incident program (d) Risk management procedures and safety precautions (e) Instruction in discipline and behavior management policies and procedures of the OYP, including de-escalation and the use of physical restraint (f) Instruction in physical assist policies and procedures of the OYP (g) Review and discussion of all other policies relevant to field staff responsibilities, such as clothing, nutrition, vehicle use, communication methods, cooking and camping equipment and their use (h) Emergency plan	**X**				
Staff Training 413-215-0981	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3) 7 days minimum of field training and assessed by the field director or designee for each of the following before assuming sole supervision of children: (a) Water, food, and shelter procurement, preparation, and conservation (b) "Leave no Trace Principles" (c) Recognition and management of the presenting issues of the children served,		**X**		• **The program's staff training log does not clearly document whether new staff are receiving training on first aid contents and use and basic navigation skills. The program's staff training log must clearly document that new staff are receiving training on first aid contents and use and basic navigation skills.**	

including mental health and substance abuse issues (d) Instruction in safety procedures and safe use of fuel, fire, and life protection equipment (e) Sanitation procedures related to food, water, and waste (f) Special instruction to ensure proficiency in each specific OYP activity for staff who conduct and staff who supervise an OYP activity (g) Wilderness medicine, including health issues related, but not limited to: (A) Acclimation (B) Exposure to the environment and environmental elements (C) Signs, symptoms, and treatment of water intoxication and dehydration (D) Foot blisters (E) Diarrhea (F) Recognizing differences between symptoms of a health concern and behavioral issues (G) Bites and Stings (H) Allergic reactions (I) Gender specific health issues (h) First aid kit contents and use (i) Basic navigation skills (j) Local environmental precautions, including terrain, weather, insects, poisonous plants, wildlife, and proper response to adverse situations (k) Critical incident prevention, identification and response (l) Knowledge and ability to implement the emergency plan (m) Report writing including development and maintenance of logs, journals, and IR's (n) Other skills as required by OYP					
(4) There is documented completion of orientation and field training and assessment by senior field staff prior to providing sole supervision of children	**X**				
(5) Ongoing training for field staff to maintain and upgrade skills	**X**				

(6) Training documentation includes name/qualifications of instructor, date of training, training content, and number of hours of the training	X				
413-215-1001 Staff are trained in critical incident prevention, identification and response	X				
413-215-0061(5) 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				
Comments:					

Children's Records	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Name	X				
Date of Placement	X				
Program Services 413-215-0996	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(b) Admissions Assessment includes all of the following components: (A) social history (B) Health history (C) Psychological history (D) If mental health diagnosis- has determination by licensed, certified, or registered mental health professional on whether OYP is appropriate and how care needs will be addressed	X				

(E) For a child with indications of substance abuse, must include professional determination whether detox is indicated prior to child entering field portion of program					
(1)(c) MDT review (if applicable)	**X**				
(1)(d) Summary evaluation	**X**				
(1)(e) Field entry (A) Interview and orientation prior to leaving for field portion of program (B) Field Director or senior field staff assigned to child conduct interview (C) Medically trained field staff review child's health history and physical exam	**X**				
Health Services 413-215-0961	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Prior to engaging in activity, physician report with health history is obtained and new exam is recorded on a form provided by program that clearly documents the type and extent of the activity in which the child will be engaged	**X**				
(1)(a) Physical assessment is based on climate, temp, and altitude the child will be participating in given the child's age, weight, sex, physical condition, and recent drug or alcohol use. Any restrictions must be stated.	**X**				
(1)(b) If child has received medication within last 6 months, physical exam form must include clearance for participation in activities and description of any possible special needs due to use of medication.	**X**				
(1)(c) If child is in a risk group for strenuous or extreme conditions due to medical issues, written clearance must be noted on the physical exam that child may participate in (A) occur in altitudes over 5,000 feet, (B) include strenuous exercise (C) expose child to cold or hot temperatures	**X**				
(1)(d) Child does not participate in activity until all blood work and lab work have been received and reviewed by a physician	**X**				
(9) Daily physical assessment	**X**				
(10) Weekly physical assessment	**X**				

Consents 413-215-0918(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Provide routine and emergency medical care	**X**			• **The program does not have a consent which details their discipline and behavior management system. The program must have a consent which details their discipline and behavior management system for parents and guardians to sign at the time of admission.** • **The program does not have a consent which states they will allow access as defined in 413-215-0091 and 0101. The program must have a consent which states they will allow access as defined in 413-215-0091 and 0101.**	
(b) Use the discipline and behavior management system		**X**			
(c) Use restraint (if applicable)	**X**				
(d) Time outs (if applicable)			**X**		
(e) Allow access as defined in 413-215-0091 & 0101		**X**			
Disclosures 413-215-0918(2) Parent/guardian has acknowledged in writing:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Personal searches and protocols for confiscation of contraband	**X**				
(b) Child and family rights	**X**				
(c) Transportation policies and procedures	**X**				
(d) Orientation procedures	**X**				
Authorizations 413-215-0918(3)		**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Authorization to exchange information with others	**X**				
(b)&(c) Visitors pre-approved (with exceptions)	**X**				
(d) Activity specific authorizations (pre-approved)	**X**				
(e) All others (pre-approved)	**X**				
Child File requirements 413-215-0916 Base of operations has a file that includes:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Legal guardian ID, contact information and custody status	**X**			• **The program's consent to treat the child does not include language that the program can conduct searches, confiscate contraband, and notify law enforcement if illegal contraband is discovered. The program's consent to treat the child must include language that the program can conduct searches, confiscate contraband, and notify law enforcement if illegal contraband is discovered as well as**	–
(b) Emergency contact information – 24 hours per day	**X**				
(c) Demographics (name, gender, date of birth, previous address)	**X**				
(d) Eligibility and exclusionary criteria, basis for admission	**X**				

(e) Medical forms	X			**details of the program's practices and procedure for searches.**	
(f) Authorization for medical treatment	X				
(g) Legal guardian consent (treat child, specific interventions, and confiscate contraband)		X			
413-215-0956(4)(a) If program recommends transport company – noted in child's record (b) Note in child's record if child was blindfolded or shackled during transport by a company	X				
Service Planning	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0991(5) Placement decisions are documented and reviewed weekly for (3) youth ages 10-12 and (4) for youth under 18 who are placed in a group with adults	X				
413-215-0996(2) Service plan includes all necessary parties or documents reason why guardians did not participate (a) Initial service plan (on or before admission) (b) Updated service plan (within 14 days of field entry) (c) Monthly review of service plan. Changes are shared with child and legal guardian (d) Discharge summary	X				
(3)(h) Educational needs are part of service plan	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				
(3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.	X				
(7) Permanent registry for each child includes: Name	X				

Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge					
Comments:					

Licensing Coordinator's Signature: _____ Date: 11/12/2021

Manager Review: _____ Date: 11-11-2021