Licensed Child Caring Agency Site Visit Report
Foster Care

Licensee: Yamhill Community Action Partnership (YCAP)
Executive Director: Alexandra Hendgen
Program Director: Amber Hansen-Moore
Board Chairperson: Beth Wytoski

Date of site visit: December 2nd, 2021
Licensing Coordinator: Ed Wyller with assistance from Tom Heidt, and Holly Ivey

Other Regulatory or Accrediting Agencies: Federal government conducts a week audit every three years for the SafeShelter program.

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): Yamhill Community Action Partnership (YCAP) reports the following: "Youth Outreach (YO) provides services to youth age 11-21. We provide runaway and homeless youth services that provide short term emergency shelter for youth 11-17 (called Safe Shelter). a transitional living program (TLP) for older homeless youth, street outreach, and a youth Drop-in Center. Safe Shelter provides essential supportive services and licensed, therapeutic host homes to runaway and homeless youth age 11-17 for up to 21 days."

Program type and services: Foster Care Agency – shelter for homeless runaway youth for Yamhill County.

Number of proctor foster parents and program capacity: YCAP – SafeShelter currently has two host homes and a staff of six. Two current host homes can serve a total of five youth.

Funding sources: The federal Health and Human Services' Family and Youth Services Bureau (FYSB) provides 100% of the funding for SafeShelter program. Other funders include ODHS, private foundations, and individual donors.

Contracts and sources for referrals: YCAP reports the following referral~~'s~~ sources for the SafeShelter program: schools, law enforcement, parents, and youth self-referral. A Memorandum of Understanding (MOU) exists between Yamhill County Health and Human Services and Yamhill Community Action Partnership for mental health services.

Average length of stay: YCAP reports the average length of stay to be 7 days and the maximum days allowed is 21 days for these services.

Average daily population served: N/A

Number of children served annually: YCAP SafeShelter reports serving 11 youth annually.

Interviews, Observations: At time of the review there were no youth in host homes, no youth were interviewed. I conducted a phone interview with one of the two foster / host home parents. They reported working as a host home parent for 5 years with YCAP. They reported previous foster care experience working for DHS with teenage girls. They reported that YCAP does visit the home for safety checks and also assists with transporting youth to and from their residence so contact with the program often. They reported feeling supported by the program and if they need help can ask for support. They appreciate the training and enjoy helping youth. Reported length of stay in their home is 3-5 days with a few youth that stay longer.

Program Strengths: YCAP reports, "Youth Outreach (YO) staff are one of its greatest strengths. Many of the staff have lived experience and are able to identify with the youth they serve. The Drop-in Center and prevention services provided through it are another strength. YO see hundreds of kids a year who participate in safe, healthy recreational activities, skill building workshops, and prevention groups around topics such as safe dating, anti-bullying, self-worth, drug and alcohol prevention, and mental health supports. We excel at building protective factors and positive influences that support youth in achieving positive growth and development."

Program Challenges: YCAP reports, "The Covid-19 pandemic presented a tremendous barrier to Youth Outreach programs. Youth Outreach closed its Drop-in Center due to health and safety concerns in early 2020. Program activities slowed while the State went into lock-down. In the summer of 2020, when deemed safe, staff were deployed to increased outreach to identify and serve runaway and homeless youth while the Drop-in remained closed until September. Wildfires again affected services. The air quality in the Drop-in and outside was at hazardous levels, so staff were unable to do outreach, and youth were unable to come to the Drop-in until the air quality became safe again.

Changes that have occurred in the last 2 years: YCAP reports, "In July 2020, YCAP took steps to enhance the leadership of Youth Outreach by investing in a full-time program director. The prior program director was part-time. With the investment in a full-time director, YCAP is able to provide better oversight and leadership of Youth Outreach programs and services."

Lawsuits: YCAP reports no lawsuits in the last two years.

Grievances and complaints filed in the last two years: YCAP reports no formal grievances by clients, parents, or staff have been reported.

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

Within 45 days of receipt of this report Yamhill Community Action Partnership 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 Ed Wyller at Edward.Wyller@dhsoha.state.or.us or sent by regular mail to the following address:

Due to Covid-19 pandemic and working remotely the preferred method is to send directly to Ed Wyller at his email address

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

Exceptions: N/A

Changes in License: N/A

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**				
(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		• Missing completed tax compliance certificate	
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				
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: (a) description (b) name (c) reason (d) method (e) staff & witness signature	x				
(10) Written record of the administration of medication includes:	x				

(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					
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**		• Certificates were in proctor parent charts, however, were missing age range of children, restrictions or limitations and statement that the home meets standards.	
(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**		
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 (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.			**x**		

(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**		
(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**		
(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					
(u) Assessment and recommendations including the characteristics and maximum number of children who may be placed in care					
Annual Review and Approval 413-215-0331(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Updated home study	**x**				
(b) Background check(s)		**x**		• Foster / Host home parents last background check was 2019 and not occurring for annual review as required.	
(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			**x**		

(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					
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: 413-215-0326(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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					
Position					
(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**		• Need new background checks for any new position changes.	
(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**				
413-215-0371(2)(b) Universal Precautions	**x**				
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**				
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					
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**				
(f) Required consents and authorizations	**x**				
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 (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	**x**				
(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				
(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	• Youth are placed short term and if they have money, it is detailed on the home personal property check list.	
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:

- Update related YCAP policies to the related changes from SB 710. These are new rule requirements that are now in the Licensing Umbrella Rules: Restraints and Involuntary Seclusions (413-215-0077) 8e, 11d, 11e, and (413-215-0078) 1a, 1b, 1c.

Licensing Coordinator's Signature: _____ Date: 12-8-21

Manager Review: _____ Date: 12-8-2021