Licensed Child Caring Agency Site Visit Report
Residential Care

Licensee: Douglas County Juvenile Department
Executive Director: Aric Fromdahl
Assistant Director: Rob Salerno

Date of site visit: 4/26/2022 and 4/27/2022
Licensing Coordinator: Mary Torres

Other Regulatory or Accrediting Agencies: Oregon Department of Human Services (ODHS) Child Welfare – Treatment Services, Oregon Health Authority (OHA), Joint Commission, Oregon Health Authority (OHA)

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 413-215-0501 to 413-215-0586, Licensing Residential Care Agencies Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): As shared by the program, Foundations, River Rock and Rising Light are Qualified Residential Treatment Programs (QRTP) as defined under the federal Family First Prevention Services Act. The sites are also approved by ODHS Child Welfare to provide Behavior Rehabilitation Services (BRS) Residential, Intensive Behavioral Support.The sites were accredited by the Joint Commission in 2020. Foundations serves all genders ages 12-16, River Rock also serves all genders, but their age range is 13-17. Rising Light serves female youth 12-18 who are high risk, high acuity and/or victims of the Commercial Sexual Exploitation of Children (CSEC). All facilities provide staff-secure residential services and/or to provide Individualized Service Plans to youth requiring stabilizations services. The programs provide gender-affirming and inclusive environment for youth who cannot presently live safely in the community to receive services aimed at developing resiliency, self-direction, and healthy interdependence in a social setting. Rising Light's treatment model is Collaborative Problem Solving and their treatment environment espouses the evidence based My Life, My Choice CSEC Prevention and Recovery Curriculum. Both River Rock and Foundations' treatment model is Collaborative Problem Solving and their treatment environment blends elements of the Sanctuary Model and Restorative Justice. We strive to see the best in each youth who crosses our path and as such, we assume positive intent.

Program type and services: BRS Residential Services - Intensive Behavioral Support – Qualified Residential Treatment Program (QRTP)

Capacity and Age Range:
Foundations Facility: 9 youth, ages 12 – 16
River Rock Facility: 12 youth, ages 13 – 17
Rising Light Facility: 8 youth, ages 12 - 18

Funding sources: Oregon Department of Human Services (ODHS) Child Welfare Treatment Services, Coos County

Contracts and sources for referrals: Oregon Department of Human Services (ODHS) Child Welfare Treatment Services, Coos County

Average length of stay:
Foundations: 3 – 6 months
River Rock: 3 – 6 months
Rising Light: 4 – 6 months

Average daily population served:
Foundations: 6.60
River Rock: 7.67
Rising Light: 5.30

Number of children served annually:
Foundations: 25
River Rock: 24
Rising Light: 22

Use of seclusion or restraint: The program does not practice seclusion. Staff receive de-escalation and restraint training through Crisis Prevention Institute (CPI).

Interviews, Observations: Licensing met with the program's management team at the beginning of the two-day review to include the Assistant Director, Program Managers and Residential Referral and Admissions Coordinator.

In conversation, the program reports feeling the long-term effects of COVID to include staffing issues. Initial recruitment remains difficult for the program. Perspective applicants, who generally surface once every 2 months, are only interested in day shifts, Monday through Friday. There is no interest in swing or graveyard. The program reports having temp on-call positions open for the last 2 years with no interest. Since COVID, the program has lost 10 to 12 full-time employees, three of those positions being from Foundations. Despite this, the program recently hired two new employees. A new union contract assisted and provided an increase in pay scale for existing employees. Retention efforts were also bolstered with money left over from a Child Welfare workforce grant used to alleviate student loan debt for current employees. As a result of the ongoing staffing issues, the program is considering the permanent closure of Foundations. At the end of December 2021, Foundations' youth were consolidated into the River Rock facility. Should Foundations close, the program would be considered fully staffed with its' existing workforce. The county would reabsorb the building and could easily repurpose the building. Some ideas include an employee daycare or cafeteria. With the pending closure of Foundations, the Child Welfare contract will need to be renegotiated on July 1, 2022. Child welfare contracts with Douglas County for 29 beds. The

current census is 14 youth. The renegotiation of this contract will consequently result in fewer beds. Moving forward, the program would like to house 13 4o 14 youth at River Rock between the ages of 13 and 17. Rising Light would stay at 8 youth, ages 12 to 18. The day of the tour, River Rock was going through a remodel. This renovation would add more bedrooms. Currently, the building has 11 bedrooms. There are plans to add space to increase capacity to 13 or 14 youth, each having their own room.

The following information was shared and gathered over the review process.

- Aside from staffing, the impact of COVID is reflected in the training documentation. Management is confident that training was occurring on an individual basis, but was not routinely documented. In addition, a reassignment of duties made it difficult to tracking training.
- Management expressed appreciation of the positive experience of the current management team. All three, Program Managers offer strong leadership and coaching to their staff.
- Recent relations with law enforcement were strained due to the influx of calls related to difficult youth. The relationship is on better terms.
- The program is moving to a new electronic filing system called Blue Step. This filing system will assist with human resources, financial tracking and has the capability to allow caseworkers to remote in and review their youth's electronic file.
- Rising Light recently hired a second Residential Counselor.
- The program received new vehicles to include three 15-passenger vans, one 14-passenger van, one 7-passenger van, and 2 Impalas. All staff are trained in the transportation of youth.

A couple of months ago, River Rock lost their on-site therapist. The therapist's parent agency grew shorthanded and had the therapist return to their main office. This therapist continues to see Douglas County youth that were already established with her. Youth that arrive to the program without an established provider are referred to Adapt counseling services. The program makes every effort to maintain youth with their established mental health providers and will facilitate Zoom and telehealth meetings for continuity of care.

Youth attend school off site. The program's relationship with Horizon, Horizons, an off-site comprehensive educational setting specifically designed to meet the needs of traumatized, attachment, and disrupted youth, remains positive. The school recently had two teachers leave, but there still remains an instructor available for youth. Both River Rock and Rising Light send staff members to be with youth during the school day. River Rock sends two to three staff members, and Rising Light sends one to two staff members during school hours. Staff transport youth back and forth from school.

During the review, seven youth, randomly selected from all three programs, were interviewed. All youth report positive interactions with staff on a one-on-one basis. However, there was some running themes that were brought to light during the interview. Youth report reacting negatively when staff verbally threatened to write up a "behavioral report," report back to their POs or take away privileges, as leverage to earn compliance from youth. Discussion regarding this was held with the management team during the debrief. It was explained by the Program Managers that staff have been previously discouraged from viewing and utilizing a behavioral report as a punishment. A behavioral report is designed to initiate a "restoration agreement" between youth and staff. There was conversation about possibly encouraging staff to focus on the restoration aspect and less on the behavioral report. Several youths also report staff using inappropriate language when addressing youth. Youth were clear that the inappropriate language is not directed at youth, but rather, used in general speech. It was also reported that staff are inconsistent when it comes to gown and

mouth searches. Transgender youth share negative experiences within the milieu to include name calling, teasing, and bullying. Youth went on to say that staff could intervene quicker in these types of situations and have better follow through with the offending. All youth were able to identify a number of staff who they felt comfortable with talking to should they have any outstanding issue or concern. Strengths identified by the youth include the number of outings, youth having their own room, and the positive relationships established with their assigned counselors. Other strengths are that staff "are there" for youth, and that the milieu is more stable now that the younger kids are gone. Areas for improvement or change identified by youth include staff being more consistent in searches, lessening the "attitude and tone" used by staff, facility cleanliness, the use of more rugs, comfortable couches, and chairs to make River Rock feel more "homey," staff refraining from cursing, using the N-word, and not antagonizing youth. The use of the N-word was described as occurring in the context of a counseling or skill-building group as part of what staff indented to be an instructive example, and not as an insult directed at youth in care. All youth report having a good understanding of their treatment goals and report frequent or daily contact with family and friends.

Program Strengths: The program identified the following strengths regarding each program:
Foundations: Foundations provides a therapeutic environment for youth of all genders. Each youth can have their own room and there is both inside and outdoor space for youth to utilize. Staff are trained in Trauma Informed Care, Collaborative Problem Solving and Non-Violent Crisis Intervention so that they can effectively meet the needs of the population being served.

River Rock: River Rock has a structured program that youth respond to relatively well. Prior to the pandemic, we have had consistency of staff (although staffing shortages makes this hard at times). We work on having good communication which helps our program's strength. Our staff are well trained and build rapport with youth fairly quickly. Staff are trained in Trauma Informed Care, Collaborative Problem Solving and Non-Violent Crisis Intervention so that they can effectively meet the needs of the population being served.

Rising Light: Youth have their own rooms. The smaller population level allows for staff to spend more 1:1 time with the youth. There are many years of experience within the Rising Light Treatment Team. Staff have been trained in Trauma Informed Care, Collaborative Problem Solving and Non-Violent Crisis Intervention. Staff focus on building rapport with youth and meeting them where they are at. Consistency and communication amongst staff are an area of importance within the team to help maintain a supportive, structured, and therapeutic environment. The youth's advancement in the program is celebrated with them earning a new bracelet. We also hold graduation ceremonies for youth who have completed the program.

Program Challenges: The following challenges were identified by the program:
River Rock: Staffing shortages is a huge program challenge. We work with challenging youth and when we have consistent staff and full staff, this helps. The last year or so, there has been a severe staffing shortage. Another issue we have had challenges with, is medication refills and getting youth into see a psychiatric prescriber. There are not a lot of providers in the Roseburg area and when youth are referred to us, if they don't have refills of their psychotropic medications, it could be weeks before we are able to get them into see a primary care provider who could then refer them to a medication prescriber. It hasn't been as big a challenge, but we also run into the challenge of a youth's insurance not transferring to Douglas County or the youth has services in their originating county and there becomes an issue when the youth need services in Douglas County.

Therapy services have been an issue also, as we have lost our contract with CARES. There is not always an available provider in the community that can see youth that are referred to us.

Rising Light: Rising Light has experienced the same challenges as the River Rock and Foundations programs.

Foundations: The above listed concerns for Rising Light and River Rock are also challenges experienced in Foundations.

Changes that have occurred in the last 2 years as reported by the program:
River Rock: When the COVID-19 pandemic began and with changes in the way youth were/could be referred to the program, we saw a huge decline in referrals. At various times we would also be on intake freeze due to COVID-19 outbreaks. SB710 also created a significant change. We were more cautious on accepting youth who previously had behaviors requiring restraints, knowing that we would be liable if anything were to happen. We also saw a pretty big change in referrals and youth in the program when the QRTP process began. We have had youth placed and then pulled from programming if they didn't qualify, but the youth clearly needed BRS level of care.

Rising Light: Rising Light has experienced the same significant changes as the River Rock and Foundations Programs.

Foundations: Foundations has experienced the same changes as mentioned above in regard to referrals, COVID 19, SB 710, and referrals.

Lawsuits: None as reported by the program.

Grievances and complaints filed in the last two years: None as reported by the program.

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

Within 45 days of receipt of this report **Douglas County Juvenile Department** 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 Mary Torres at mary.torres@dhsoha.state.or.us or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Program
Attn: Mary Torres
201 High St SE, Suite 500
Salem, OR 97301

Exceptions: Over this last licensing period, the program has requested and was granted various age exceptions.

Standing egress exception was granted the previous licensing period (2020-2022) and will need to re request this egress exception to cover this licensing period (2022-2024).

Changes in License: The program's license may experience a change during this next licensing period (2022-2024) with the potential closure of Foundations. Should this closure come to fruition, the program will alert Licensing and the program's license will be modified.

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**			The Exec. Director's performance evaluation occurs every September.	
(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**			BCU approval 4/25/22.	
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**			CPI and CPS are utilized by the program.	
(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			**X**		

documents use in child's record when applicable					
(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 policy submitted to cover Conflict of Interest, Policy # A-10, does not meet licensing rule. **CORRECTIVE ACTION:** Create a Conflict-of-Interest policy that is reflective of the following licensing rule: **413-215-0036 Licensing Umbrella Rules: Conflict of Interest** *(Amended 12/01/19)* A *child-caring agency* must have a conflict-of-interest policy that prohibits preferential treatment of board members, employees, volunteers, and contributors. The policy must outline safeguards when the *child-caring agency* allows dual relationships, such as employees serving as proctor foster parents, including the requirement that all material facts of the conflicted transaction and the direct or indirect interest of the board member, employee, volunteer, or contributor are disclosed or known to the board approving the conflicted	

				transaction. If circumstances do not permit board approval of the conflicted transaction, a non-profit *child-caring agency* may obtain the approval of the Attorney General or the Department prior to entering into the transaction. The submitted Youth and Parent/Guardian Rights (Policy # CTS-8) is missing required items. **CORRECTIVE ACTION:** Revise Policy # CTS-8 that is reflective of the following licensing rule. **413-215-0046 Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures** *(Amended 1/1/19)* (a) Except as provided in paragraph (B) of this subsection, the child in care's right to uncensored communication with legal guardians, caseworkers, legal representatives, and other persons approved for communication by the legal guardian or as provided in a court order. (A) This right cannot be waived, including voluntarily. Restriction on communication between a child in care and his or her legal guardian may not be a condition of participation in the program. (B) A child-caring agency may place reasonable limits on communication, but only as provided in the child-caring agency's policy. Reasonable limits include, but are not limited to, having set time periods during the day for visitation and phone calls and imposing moderate limits on the duration of calls or visits. However, a limitation is not considered reasonable if it prevents the ability to meaningfully communicate, such as not allowing contact with a child in care's attorney during regular business hours. (b) The child in care's right to privacy. (c) The child in care's right to participate in service planning or educational program planning. (d) The child in care's right to fair and equitable treatment. (e) The child in care's right to file a grievance (as provided in section (2) of this rule) if the child in care or family feels that they are treated unfairly or if they are not in agreement with the services provided. (f) The child in care's right to have adequate and personally exclusive clothing. (g) The child in care's right to personal belongings. (h) The child in care's right to an appropriate education. (i) The child in care's right to participate in recreation and leisure activities.	

				(j) The child in care's right to have timely access to physical and behavioral health care services. The existing Grievance Procedure (Policy # CTS-9) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise Policy # CTS-9 that is reflective of the following licensing rule. **413-215-0046 Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures** *(Amended 1/1/19)* (2) Grievance Procedures. (a) A child-caring agency must enact and adhere to written procedures for the children in care and families the child-caring agency serves to submit a grievance. For an academic boarding school, this subsection only applies to grievances about health or safety issues. The child-caring agency must provide the procedures to each child in care and family. The procedures must include all of the following: (A) A process likely to result in a fair and expeditious resolution of a grievance. (B) A prohibition of reprisal or retaliation against any individual who files a grievance. (C) A procedure to follow, in the event the grievance is filed against the executive director, that ensures that the executive director does not make the final decision on the grievance. (D) The name, address, and phone number of: (i) A Department licensing coordinator; and (ii) Any other governmental entities with oversight responsibilities. (b) Grievances and complaints filed with the child-caring agency and all information obtained in their resolution must be maintained for a minimum of two years and provided to the Department upon request. The existing policy related to mandatory child abuse reporting (Policy# A-17) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise the existing policy to include the following information: The submitted policy defines each type of abuse. Under ORS 418.257 additional abuse types are listed that are not reflected in the program's existing policy. Add missing forms of abuse and their definition to include abandonment, willful	

				infliction of physical pain or injury, verbal abuse, financial exploitation, involuntary seclusion, wrongful restraint. In addition, revise policy that is reflective of the following licensing rule. **413-215-0056 Licensing Umbrella Rules: Policies and Procedures (Amended 1/1/19)** (1) For each program it is licensed to operate, a licensee must have and adhere to comprehensive written policies and procedures that are well organized, accessible, and easy to use. (2) In addition to other policies and procedures required by these rules, the policies, and procedures in section (1) of this rule must include: (a) A written policy on mandatory child abuse reporting, consistent with ORS 418.257, 418.258, 419B.005, 419B.010, and 419B.015 that includes requirements that child-caring agency employees, staff, contractors, agents, and proctor foster parents do all of the following: (A) Immediately report suspected child abuse directly to the Department via the child abuse reporting hotline. (B) Receive child-caring agency-provided training on mandatory abuse reporting requirements as part of employee orientation and at least annually thereafter as described in OAR 413-215-0061. (C) Receive child-caring agency-provided training on the definitions of child abuse in ORS 418.257 and 419B.005 that apply in child-caring agencies. A policy regarding documenting and reporting critical events was not submitted for review. **CORRECTIVE ACTION:** Submit a copy of this policy. If one does not exist, generate this policy as outlined by the following rule: **Licensing Umbrella Rules: Policies and Procedures *(Amended 1/1/19)*** (b) A written policy and procedure on documenting, reporting, and saving information about critical events and other types of incidents that includes, but is not limited to: (A) What situations, circumstances, or events warrant a written report. This must include critical events (see OAR 413-215-0091(11)(b)) but may include additional types of incidents or events that the agency tracks internally or is required to provide by other regulatory agencies.	

				(B) What information will be included in a written report. This must include, but is not limited to, the following: (i) Description of the incident including, but not limited to, any injury, accident, or unusual incident. If the incident involves a hold or restraint, whether the child in care was injured or reported pain or injury. (ii) Whether the report meets the definition of a critical event (see OAR 413-215-0091(11)(b)). (iii) Description of the actions the child-caring agency took in response to the incident. (iv) Any children in care involved. (C) Whether and how a report will be shared. Critical events must be shared with the child-caring agency's assigned licensing coordinator (see OAR 413-215-0091(11)(b)) but other types of reports may be shared with other regulatory agencies or legal guardians. (D) How a report will be saved. This must include, but is not limited to, ensuring the report is placed in the individual child in care's record if applicable. Submitted policy regarding personnel (Policy# A-12) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise Policy# A-12 that is reflective of the following licensing rule. **413-215-0061 Licensing Umbrella Rules: Personnel (Amended 1/1/19)** (2) Personnel policies of the child-caring agency and its contractors must include all of the following: (a) For each staff position, a job title and a written job description that defines the qualifications, duties, and lines of authority for the position. (b) A staff development plan providing for opportunities for professional growth through supervision, training, and experience. (c) Procedures for a written annual evaluation of the work and performance of each staff member that include provision for employee participation in the evaluation process. (d) A description of the termination procedures established for resignation, retirement, and dismissal. (e) A written grievance procedure for staff. The policy submitted regarding privacy (Policy# A-11) is related to employees and not youth and their families.	

				CORRECTIVE ACTION: Submit privacy policy for review. If a policy does not exist, create one to include what is outlined in rule. **413-215-0066 Privacy *(Amended 06/29/18)*** (1) A *child-caring agency* must have and adhere to a written policy that addresses protection of the privacy of children and families the *child-caring agency* serves or has served. (2) Except as provided in section (4) of this rule, a *child-caring agency* may not disclose any identifying information of a *child in care*, including a picture, without first obtaining the written consent from the child's parents or legal guardians. (3) A *child-caring agency* must ensure the privacy of all information that identifies a *child in care* or *family* the *child-caring agency* serves. A *child-caring agency* may not disclose such information without proper written consent or as otherwise allowed by law. (4) A person making a report of abuse as required in ORS 418.258 and 419B.010 may include references to otherwise confidential information for the sole purpose of making the report. The existing Behavior Management Policy (Policy # CTS-1) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise Policy # CTS -1 that is reflective of the following licensing rule. **413-215-0076 Licensing Umbrella Rules: Discipline, Behavior Management & Training, and Suicide Prevention (Excluding Adoption Agencies) *(Amended 09/01/2021)*** (b) The discipline and behavior management policies and procedures must prohibit the following: (A) Spanking, hitting, or striking with an instrument. (B) Committing an act designed to humiliate, ridicule, or degrade a child in care or undermine the self-respect of a child in care. (C) Punishing a child in care in the presence of a group or punishment of a group for the behavior of one child in care. (D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact. (E) Assigning extremely strenuous exercise or work or requiring a child in care to spend prolonged time in one position likely to produce unreasonable discomfort. (F) Using restraint or involuntary seclusion as discipline.	

				(G) Permitting or directing a child in care to punish another child in care. (H) Using any other kind of harsh punishment. (I) Denying a parent, guardian, or sibling the right to visit or communicate with a child in care solely as a disciplinary measure against the child in care. (J) Aversive conditions, which includes, but is not limited to, any technique designed to or likely to cause a child physical pain, the application of startling stimuli, and the release of noxious stimuli or toxic sprays, mists, or substances in proximity to the child in care. (3) Behavior Management. (C) Use of restraints, if applicable. (i) Chemical restraint, meaning the administration of medication for the management of uncontrolled behavior, is prohibited. Chemical restraint is different from the use of medication for treatment of symptoms of severe emotional disturbances or disorders. (ii) Mechanical restraint, meaning the use of any physical device to involuntarily restrain the movement of a child in care as a means of controlling his or her physical activities, is prohibited. (d) Training. (A) Only child-caring agency staff and proctor foster parents who have been trained in a nationally recognized nonviolent crisis-intervention system consistent with OAR 413-215-0077 may use restraint or involuntary seclusion and only, when necessary, as a last resort to prevent a child in care from inflicting harm to self or others. (B) Any use of restraint or involuntary seclusion must be conducted within the parameters of the nationally recognized system in which the child-caring agency staff or proctor foster parent is trained and must meet the requirements and provisions described in OAR 413-215-0077. (C) Any child-caring agency staff or proctor foster parent utilizing restraint or involuntary seclusion must be trained on the type of restraint or involuntary seclusion used, and the restraint or involuntary seclusion must be within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained and must be consistent with OAR 413-215-0077. (e) Review. The policies of the child-caring agency must require that whenever a restraint is used on a child in care more than two times in seven days, there is a review by the executive director, the director's designee, or a management	

				team to determine the suitability of the program for the child in care, whether modifications to the child in care's plan are warranted, and whether staff need additional training in alternative therapeutic behavior management techniques. The child-caring agency must take appropriate action indicated by the review. Youth Searches policy (Policy# YC-1) requires revision to meet compliance. CORRECTIVE ACTION: Revise Policy# YC-1 that is reflective of the following licensing rule. **413-215-0079 Licensing Umbrella Rules: Safety** *(Adopted 09/01/2021)* (2) Searches. If a child-caring agency carries out searches on children in care or visitors, the child-caring agency must have written policies and procedures that, at a minimum, comply with all of the following: (a) A prohibition on strip searches. (b) A prohibition on body cavity searches. (c) Requirement that searches will be conducted in the least intrusive manner possible for the type of search being conducted. (d) Requirement that pat down searches of children in care will only be conducted when necessary to discourage the introduction of contraband, or to promote the safety of staff and other children in care and will only be conducted as follows: (A) By staff trained in proper search techniques; (B) By a staff member of the same sex as the child in care being searched, and in the presence of another staff member; (C) The child in care must be told the child is about to be searched; (D) The child in care must be asked to remove all outer clothing (gloves, coat, hat, and shoes) and empty all pockets; (E) The staff member must then pat the clothing of the child in care using only enough contact to conduct an appropriate search; (F) If the staff detects anything unusual, the child in care must be asked to identify the item, and appropriate steps must be taken to remove the item for inspection; (G) If the child in care refuses to comply, the executive director or designee must be notified immediately and be responsible to resolve the matter; and	

				(H) All searches must be documented in writing. (e) Policy regarding obtaining appropriate consents for searches. (f) If the child in care refuses to comply with a requirement of the search, the program must follow established policies to determine if the child in care can be refused admission to or discharged from the program. (g) Information regarding any personal or room searches and protocols for confiscation of contraband items, including the notification of law enforcement if illegal contraband is discovered. This information will include the procedures and rationales of the child-caring agency for any program-initiated room or body search. Use of Restraint and Seclusion policy (Policy# CTS-22) requires revision to meet compliance. CORRECTIVE ACTION: Revise Policy# CTS-22 to include the following item as in rule. **413-215-0077 Licensing Umbrella Rules: Restraints and Involuntary Seclusion (Adopted 09/01/2021)** (e) Limitations. The child-caring agency must have a policy that prohibits the application of a nonviolent restraint to a child in care who has a documented physical condition that would contraindicate the use of that particular restraint, unless a qualified medical professional has previously and specifically authorized its use in writing for the child in care. Documentation of the authorization must be maintained in the child of care's record.	
All required policies and procedures as identified in "Agency Type Specific 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**			Room #3 at Rising Light has profanity written on walls. Room #4 at River Rock has multiple holes in the wall. Room #2 at River Rock door and door frame damaged River Rock has soaked towels outside shower stall as makeshift bath mat Bathroom at River Rock has a hole in the wall **CORRECTIVE ACTION:** Wipe clean or paint over profanity. Repair holes in the walls.	
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), 0516(4(a)(I) & 0521(1) Adequate furnishings and personal items	**X**				
413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair		**X**			
413-215-0511(2)(d) Rooms are free of harmful drafts, odors, and excessive noise	**X**				

413-215-0511(2)(e) Rooms are adequate in size and arrangement	**X**			Replace or repair door and door frame Develop a plan where towels are picked up from the floor to avoid saturated towels from being left on floors for extended periods of time. Repair hole in wall in bathroom Room #10 at River Rock noticeably cool during the facility's tour. **CORRECTIVE ACTION:** Assess youth's comfort level with the room's temperature and evaluate what maybe causing the noticeable difference in room temperature to ensure a normal comfort range.	
413-215-0511(2)(f) System provides a continuous supply of hot and cold water to taps located throughout the facility	**X**				
413-215-0511(2)(h) Building is well ventilated and room temperature is within a normal comfort range		**X**			
413-215-0516(1) All parts of the facility ensure the safety of children	**X**				
Room and Space Requirements Bedrooms 413-215-0516(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Adequate furnishings and personal items	**X**			Bedrooms at River Rock and Rising Light have either no or fixed windows that require an exception from Licensing. **CORRECTIVE ACTION:** Submit new window exception for this next licensing period (2022-2024). Rising Light has single occupancy bedrooms. River Rock has two double occupancy bedrooms but is moving to single occupancy bedrooms.	
(b) Separate from rooms used for dining, living, laundry, kitchen, and storage	**X**				
(c) Outside room with window allowing egress from building		**X**			
(d) Ceiling at least 90 inches	**X**				
(e) Minimum 60 SF per bed	**X**				
(f) No more than 25 if dorm style			**X**		
(g) Permanently wired fixtures	**X**				
(h) Window covering			**X**		
(i) Beds are 3 feet apart and maintained to ensure safety	**X**				
Room and Space Requirements Bathrooms 413-215-0516(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a)(A)&(B) 1:8 ratio for toilets and sinks	**X**			Bathrooms at River Rock and Rising Light have no windows. ***REPEAT FINDING from 2021 Unannounced Visit*** Bathroom at River Rock continues not to have a source of ventilation.	
(a)(D) Hot and cold running water, soap, and approved hand drying options	**X**				
(a)(E) 1:10 ratio for shower or bathtub	**X**				
(a)(E) Individual privacy	**X**				
(a)(F) Window covering			**X**		
(a)(G) Permanently wired fixtures	**X**				
(a)(H) Adequate ventilation		**X**			
(b)&(c) Wooden racks on floors are prohibited and impervious shower mats are disinfected & dried daily			**X**		

				CORRECTIVE ACTION: Address lack of ventilation during the facility's current remodel.	
Room and Space Requirements Kitchen 413-215-0516(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Used exclusively for storage, food preparation, dish washing and activities related to eating	**X**				
(b) Walls, floors are easily cleanable	**X**				
(c) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean					
(e) Equipment is easy to clean beneath, between and behind	**X**				
Room and Space Requirements 413-215-0516	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) There is a separate living room or lounge area – 15 SF minimum per child	**X**				
(5) There is a separate dining room with capacity for ½ of children in care and 15 SF per child in care	**X**				
(7) Laundry is separate from living areas, kitchen, and dining	**X**				
(8) Separate storage areas are provided for food, kitchen supplies, utensils, clean linens, soiled linens and clothing, cleaning supplies and equip, poisons, chemicals, outdoor recreational and maintenance equipment	**X**				
(9) Outdoor activity area is protected from vehicles and other hazards and of a size and availability appropriate to the age and needs of children in care	**X**				
(11) & 413-215-0076(3)(c)(C)Time out rooms have adequate space, heat, light and ventilation and is not capable of locking			**X**		
Furnishings and Personal Items 413-215-0521	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) There is a bed with frame, clean mattress and pillow and personal storage (dresser, closet)	**X**				
(2) Linens are in good repair. There is a waterproof mattress cover or mattress. Linens are appropriate and towels and washcloths are provided	**X**				
(3) Bedding is changed weekly or when soiled	**X**				

(4)&(5) Personal hygiene supplies and appropriate clothing are provided	**X**				
Food Services 413-215-0536(1)&(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation	**X**				
(1)(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes.	**X**				
(1)(b) Menus are kept for at least 6 months	**X**				
(1)(c) Drinking water is freely available	**X**				
(2)(a) Food is stored, prepared & served in a sanitary manner	**X**				
(2)(c) & (d) Food products are obtained from commercial suppliers (exception of fruits & vegetables), unpasteurized juice is prohibited, and only Grade A pasteurized and fortified milk in appropriate container.	**X**				
Safety 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2)(a) Written emergency plan	**X**				
(2)(b) Telephone numbers for local police and fire are posted near all telephones	**X**				
(2)(c) Operative flashlights sufficient in number are readily available to staff	**X**				
(3)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 yrs., and contains; (A) identify of person conducting drill (B) date & time (C) notification method (D) staff participating (E) # of children & staff evacuated (F) special conditions simulated (G) problems encountered (H) time to complete	**X**				
Safety – Transportation 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(5)(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC		**X**		Black Impala (without cage) – driver's seat has no back cover 15 passenger van has no 1st aid kit and padlock key to emergency box is missing	

				14 passenger van 2021 has expired registration **CORRECTIVE ACTION:** Make necessary repairs to the driver's seat in the black Impala. Ensure that the 15-passenger van has a 1st aid kit and that a lock to the padlock is placed on the van's key chain. Renew the registration for the 2021 14 passenger van. Place insurance and accident packet in each vehicle.	
Medication 413-215-0551	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3)&(7)(e) Medications have a prescription and are stored in the original container with prescription label	**X**				
(4)&(5) Herbal supplements and remedies, medical treatments, special diets, physical therapy, physical aides, or limitations have a written order signed by a physician or qualified medical professional.	**X**				
(7)(c) Medications are inaccessible to children	**X**				
(8) Medications are disposed in accordance with state and federal law	**X**				
(9) Written record of the disposal of medications is maintained and includes: (a) description and amount (b) name (c) reason (d) method (e) staff & witness signature	**X**				
(10) Written record of the administration of medication includes: (a) name (b) description (c) dates and 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**		Medication Administration Records (MARs) reviewed at Rising Light and River Rock reflected several times where missed medication was not appropriately documented. **CORRECTIVE ACTION:** Determine if the missed documentation is related to a specific staff member and follow up with additional training. Remind all staff the importance of medication documentation.	
Extracurricular, Enrichment, Cultural & Social Activities 413-215-0554	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

(2) Children have ongoing opportunities to participate in at least one age-appropriate or developmentally appropriate activity	**X**				
Minimum Staffing Requirements 413-215-0561	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)&(2) Supervision is adequate for the type of program, location, age and type of children, ability of supervisor to respond, electronic back-up systems. Minimum ratios are maintained: Under 30 months of age: 1:4 30 months to > 6 yrs. or non-ambulatory: 1:6 Ages 6 and older: 1:7 Overnight (staff awake) 1:10	**X**				
(4)(a) When one staff on duty, there is additional staff immediately available with max response time of 30 minutes	**X**				
(5) There is at least one on-site employee authorized to apply the *reasonable and prudent parent* standard	**X**				
Separation of Residents 413-215-0566	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Children are in separate bedrooms than adults, unless parent and child, or there is written approval from guardian/parent and licensing coordinator	**X**				
(2) There is adequate supervision of children if both males and females are served by the program	**X**				

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Staff Name/Position	**X**				
(3)(g) Date of Hire	**X**				

(3)(a) record of education, training, and previous employment	X			Reference checks are completed during the extensive background checks completed for all county employees. This information is kept separate from the personnel files. Four out of the five personnel files reviewed did not document the completion of annual evaluations. **CORRECTIVE ACTION:** Ensure that annual performance evaluations are completed and maintained in their respective personnel files from this point forward.	
(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				
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		New Employee Orientation for three staff members could not be verified during the audit of personnel files. **CORRECTIVE ACTION:** Submit a plan as to how new employee training will be provided and appropriately documented from this point forward.	
(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			
New Employee Orientation – Residential (30 days) 413-215-0556	**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
413-215-0536(2)(b) Employees who handle food served to children have a valid food handler's card	X			Four out of five personnel files did not reflect the completion of required ongoing training in these areas. **CORRECTIVE ACTION:** Submit a plan as to how this training will be provided and appropriately documented from this point forward.	
413-215-0541(5)(a) Employees transporting children have: current driver's license, insurance, trained in emergency procedures and behavior management, and training for 15+ passenger vans if applicable)		X			
413-215-0556(2)(a) Environmental emergencies		X			
413-215-0556(2)(b) Universal Precautions		X			
413-215-0556(2)(c) Discipline and Behavior Management		X			
413-215-0556(3) Staff providing direct care must maintain current CPR/First Aid certification	X				
413-215-0556(4) Designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard			X	The program's counselors are the designated staff members trained in the application of prudent parent standard.	
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
Health Services 413-215-0546					
(2) Medical history obtained within 30 days (significant findings, current immunizations, history of surgical procedures-health issues-injuries, allergies, dental, vision, hearing, behavioral health, and physician orders)	**X**			Youth files reviewed do not reflect the documentation of age-appropriate instruction. **CORRECTIVE ACTION:** Develop a procedure where age-appropriate instruction is documented in the youths' files from this point forward.	
(2)(e) Documentation of age-appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease		**X**			
(4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14)	**X**				
Consents 413-215-0576(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Provide routine and emergency medical care	**X**			Consent allowing access could not be located in the youth files. **CORRECTIVE ACTION:** Add required consent to intake packet. See following rule for reference: **413-215-0576 Consents, Disclosures, and Authorizations** *(Amended 09/01/2021)* (1) Consents. For each *child in care* in placement with a *residential care agency*, the *residential care agency* must ensure that a parent or legal guardian signs a consent that authorizes the *residential care agency* to undertake each of the following: (e) To allow access to a *child in care* as required in ORS 418.305 and OAR 413-215-0091 and 413-215-0101. Consent imposing a dress code could not be located in the youth files.	
(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 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**			

				CORRECTIVE ACTION: Add required consent to intake packet that the program may impose a dress code during a youth's stay. Consent applying reasonable and prudent parent standard could not be located in the youth files. **CORRECTIVE ACTION:** Add required consent to intake packet. See following rule for reference: **413-215-0576 Consents, Disclosures, and Authorizations** *(Amended 09/01/2021)* (1) Consents. For each *child in care* in placement with a *residential care agency*, the *residential care agency* must ensure that a parent or legal guardian signs a consent that authorizes the *residential care agency* to undertake each of the following: (g) To apply the *reasonable and prudent parent standard* to determine whether the *child in care* is allowed to participate in *age-appropriate or developmentally appropriate activities* including extracurricular, enrichment, cultural, and social activities.	
Disclosures 413-215-0576(2) Parent/guardian has acknowledged in writing:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Information regarding personal or room searches and protocols for confiscation of contraband		**X**		Disclosure regarding personal and room searches and protocols for confiscation of contraband could not be located in the youth files. **CORRECTIVE ACTION:** Add required disclosure to intake packet. See rule for reference: **413-215-0576 Consents, Disclosures, and Authorizations** *(Amended 09/01/2021)* (2) Disclosures to parent or legal guardian. At the time a *residential care agency* takes a *child in care* into placement, the *residential care agency* must ensure that each parent or legal guardian of the *child in care* receives and acknowledges in writing the receipt of each of the following: (a) Information regarding any personal or room searches and protocols for confiscation of contraband items, including the notification of law enforcement if illegal contraband is discovered. This information will include the procedures and rationales of the *residential care agency* for any program-initiated room or body search. Disclosure stating that policies and procedures will be provided upon request.	
(b) Statement of Rights of Children and Parents/Guardians	**X**				
(c) Any policies and procedures upon request		**X**			

				CORRECTIVE ACTION: Add required disclosure to intake packet. See rule for reference: **413-215-0576 Consents, Disclosures, and Authorizations** *(Amended 09/01/2021)* *(*2) Disclosures to parent or legal guardian. At the time a *residential care agency* takes a *child in care* into placement, the *residential care agency* must ensure that each parent or legal guardian of the *child in care* receives and acknowledges in writing the receipt of each of the following: (c) The *residential care agency* will make any written policy or procedure pertaining to program services available for review by the *child in care*, parent, or legal guardian, upon request.	
Authorizations 413-215-0576(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Disclose or exchange information with others	**X**			Two out the five youth files reviewed did not have activity specific authorizations. **CORRECTIVE ACTION:** Ensure that this authorization is obtained and kept in the respective youth file from this point forward.	
(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**			
Information about Children in Care 413-215-0581(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**			Courtesy reminders were made to the program to consistently document youths' date of admission as well as who specifically has legal custody of the youth (i.e., which agency or which listed parent).	
(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 in care's parents. (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 *child in care*. (C) Other persons significant to child (D) Other professionals to be involved in service planning (if applicable)	**X**				

Service Planning 413-215-0581(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(b) Intake document is completed the date child accepted into care (emergency placement 48 hours)	**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 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 413-215-0581(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**				
(f) Incident Reports	**X**				
Financial Records 413-215-0581(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Records contain date, amount, source, purpose, signatures	**X**				
Personal Possessions Records 413-215-0581(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**				

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

Licensing Coordinator's Signature: _____ Date: 6/3/22

Manager Review: _____ Date: 5-30-2022