Oregon Department of Human Services

Licensed Child Caring Agency Site Visit Report
Residential Care

Licensee: Multnomah County Department of Community Justice
Senior Manager: Ken Jerin
Juvenile Services Division Director: Deena Corso

County Chairperson: Deborah Kafoury
Date of site visit: 5/24/2022
Licensing Coordinator: Mary Torres

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

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: As summarized by the program, the Assessment and Evaluation (A&E) Program is a Behavior Rehabilitation Services (BRS) short term residential program designed to provide comprehensive assessment, temporary structure, stabilization, and treatment readiness. The A&E program serves youth who may otherwise be in detention awaiting a community placement. The goal of this program is to provide a safe place where youth and family can make longer term plans for the youth. The BRS A&E program is a voluntary program for youth of all genders, ages 13-17, who require a staff secured, out of home placement for assessment, evaluation, stabilization, and transition planning. Youth may be enrolled for up to 90 days based on individual needs.

Program type and services: The program explains that participants receive an assessment administered by a licensed mental health professional, as well as a service plan that is developed by the Primary Counselor, parent (guardian), and the youth. Each youth in the program has an individualized service plan that reflects how the program will address the youth's issues, describes anticipated outcomes, and is reviewed and approved by the youth and the parent/guardian. Additional assessments (alcohol and drug, psychiatric evaluation) may be provided as indicated as well as assistance in obtaining assessments in the community (psychological or psycho sexual). The core philosophy of the program is to provide holistic, trauma-informed, client- and family-focused services for young people and their families, engaging youth in an array of services with consideration given to their developmental levels, gender needs, cultural background, community support, parental involvement, and other social support. The program follows best practices for trauma-informed care and has adopted a model which emphasizes strength-based and cognitive-behavioral interventions. Services also include individual and group counseling in a culturally responsive environment, skill training, family counseling, and parent training.

Capacity and Age Range: 16 youth, ages 13-17 years

Funding sources: Multnomah County General Fund, Clackamas County Department of Community Justice, Oregon Health Authority (OHA), Medical Assistance Programs, Medicaid, Oregon Department of Human Services (ODHS)

Contracts and sources for referrals: Multnomah County Department of Community, Clackamas County Department of Community Justice, Oregon Department of Human Services (ODHS)

Average length of stay: 46 days

Average daily population served: 4.8 youth

Number of children served annually: 29-50 youth

Use of seclusion or restraint: The program does utilize the use of seclusion and restraint. Staff are trained annually in Crisis Prevention Intervention (CPI).

Interviews, Observations: The program's two Community Justice Managers guided a tour of the facility and participated in answering questions regarding the facility and program practices. The program's inhouse classroom instructor was also interviewed. In person family visitation is scheduled for Fridays. The facility has access to a well-stocked library and will be benefiting from a librarian on site, 10 hours a week. The program services both male and female youth. Due to staffing issues and low census, the girls' pod is currently unoccupied. The last female in program left the program in March of this year. In April, the program began medication administration for its' residents. Prior to April, Detention was handling medication distribution.

Three youth were interviewed during the review. All three report positive experiences while in program, highlighting various strengths to include "empathic" staff, positive group sessions, frequent and fun outings, the availability of assigned counselors and staff who motivate youth to do better. No areas of improvement could be identified by interviewed youth. Youth report family contact easily arranged with the help of the program's counselors.

Program Strengths: The program self identifies their strengths as follows: Multnomah County A&E consists of a healthy, diverse working population that possess compassion and a deep commitment to the youth they serve. Our program utilizes milieu staff that are highly skilled and trained as well as Social Service staff who are plugged into community resources to help better our clients transition back into the community.

Program Challenges: Challenges over the last licensing period as summarized by the program are as follows: Our program is located in Multnomah County Juvenile Detention so our physical design comes across as being a rigid environment. Staffing has been an issue since Covid but due to our low client numbers, we've been able to sustain our staffing needs.

Changes that have occurred in the last 2 years: A&E temporarily lost the contract with Clackamas County (CCH) which impacted referral numbers. A&E also completed certifying as a Qualified Residential Treatment Program (QRTP) through the Joint Commission in order to maintain the contract with ODHS and will recertify in 2023. The COVID-19 pandemic also impacted the program in various ways. The program has quarantined or had to temporarily shut down on three different occasions. In addition, staff were called upon to help in other areas of the building, Juvenile Custody Counselors (JCC) saw their youth less frequently, police are making fewer arrests and the pool of youth available to be referred through Justice Services Department (JSD) diminished.

Lawsuits: None as reported by the program.

Grievances and complaints filed in the last two years: There was one grievance (2/28/22) that a youth filed regarding staff supervision and a possible confidentiality breach. As a result, this particular staff was under a formal investigation by Multnomah County Department of Community Justice and was re-assigned to work off our program until the investigation was resolved. The investigation determined there was no security/confidentiality breach and staff were re-instated to work in the program.

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

Within 45 days of receipt of this report **Multnomah County Department of Community Justice** 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 was granted two age exceptions.

Changes in License: None over this last licensing period.

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**			At the time of the review, the Licensing Coordinator could not verify an annual performance evaluation was completed for the Juvenile Services Division Director. **CORRECTIVE ACTION:** Submit copies of the performance evaluations for the Division Director for 2020 and 2021. A copy of the program's quality improvement plan was not submitted to Licensing for review. **CORRECTIVE ACTION:** Submit a copy of the program's quality improvement plan to Licensing.	
(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**			Background check for the Division Director was approved on 5/10/22.	
(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**			CPI	
(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		A Certification of Occupancy for the program's facility was not submitted. **CORRECTIVE ACTION:** Submit a Certification of Occupancy for the program's facility.	
Documents as indicated on form titled "Required Financial Documents and Information"	X				
All required policies and procedures as identified in the "Umbrella Rules"		X		Program's existing Grievance Policy requires modification to be in compliance with Licensing Rule **CORRECTIVE ACTION:** Modify existing policy to include the following information as required by 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. The procedures must include all of the following: (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 (Mary Torres, 201 High St SE Suite 500 Salem, OR 97301, 503-798-5300) and (ii) Any other governmental entities with oversight responsibilities. The program's policy regarding Mandatory Child Abuse Reporting was not submitted to Licensing. **CORRECTIVE ACTION:** Submit a copy of the program's Mandatory Child Abuse Reporting Policy to Licensing for review. The program's policy regarding Discipline and Behavior Management was not submitted to Licensing. **CORRECTIVE ACTION:** Submit a copy of the program's Discipline and Behavior Management Policy to Licensing for review.	
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), 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				
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				
(b) Separate from rooms used for dining, living, laundry, kitchen, and storage	X				
(c) Outside room with window allowing egress from building		X		Bedroom windows are fixed. **CORRECTIVE ACTION:** Submit an exception to Licensing for the fixed bedroom windows.	
(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		Fixed windows in bedrooms are frosted except for the top window pane/section to allow natural light. Some frosted window panes/sections in several bedrooms have been scratched off or etched with graffiti. **CORRECTIVE ACTION:** Re-frost window panes/sections where the frost has been scratched off or etched into.	
(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				
(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		
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	X				

(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			Detention prepares and delivers meals to residents in their respective pods.	
(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		The program did not submit all copies of the facility's evacuation drills for the last licensing period 2020/2021. The program's evacuation drill is being improperly filled out. Staff are documenting "Monthly" in the section that states "Time required to complete drill." **CORRECTIVE ACTION:** Submit all evacuation drills for 2020 and 2021 to Licensing for review. Retrain staff to document the time it took for the drill to be completed from start to finish (i.e., 6 mins 20 secs) rather than listing how often the drills are conducted. REPEAT FINDING.	
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				
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		The program recently took over medication administration. The following items requires consistent documentation of the following items: missed doses and the reason(s) why, possible adverse reactions, documentation of when medication is started and stopped. **CORRECTIVE ACTION:** Coach and/or retrain staff on documenting all missed doses and the reasons why, list the medication's possible adverse reactions on the medication log, clearly document the start and stop of medication during a youth's stay and consider adding a separate PRN (as needed) medication log.	
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					
(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			Employees' dates of hire could not be verified with the information provided at the time of the review. **CORRECTIVE ACTION:** Verify with Licensing how employees' dates of hire are consistently documented or will be from this point forward. A copy of current job descriptions could not be verified with the information provided at the time of the review. **CORRECTIVE ACTION:** Verify with Licensing that current job descriptions are kept in each employee's respective file or will be from this point forward.	
(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			
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		Three new employee training records could not verify the completion of New Employee Orientation in the following areas:	
(b) Ethical and professional guidelines		X			
(c) Organizational lines of authority		X			

(d) Attributes of population served		X		Agency policies and procedures Ethical and professional guidelines Organizational lines of authority Attributes of population served Mandatory reporting **CORRECTIVE ACTION:** Verify the completion and documentation of the above training topics within 30 days of hire from this point forward.	
(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		Two new employee training records could not verify the completion of training in these areas: Discipline and Behavior Management Restraint and seclusion **CORRECTIVE ACTION:** Ensure the completion and documentation of the above training topics within 30 days of hire from this point forward.	
(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		
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		Employee training records for two veteran staff members could not verify the completion of annual training in these areas: Disciple and Behavior Management CPR/First Aid certification Reasonable and prudent parenting Mandatory Child Abuse Reporting	
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		X			

standard are trained in application of the standard				**CORRECTIVE ACTION:** Ensure the completion and documentation of the above training topics on an annual basis from this point forward.	
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 did not reflect documentation of age-appropriate instruction. **CORRECTION ACTION:** Create a procedure where age-appropriate instruction in these areas is documented in each youth's respective file.	
(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**				
(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**				

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**			The program's existing intake packet does not include a disclosure advising that the program will make any policy and procedure available to the resident or their family upon request. **CORRECTIVE ACTION:** Modify the existing intake packet to include a disclosure advising that the program will make any policy and procedure available to the resident or their family upon request.	
(b) Statement of Rights of Children and Parents/Guardians	**X**				
(c) Any policies and procedures upon request		**X**			

Authorizations 413-215-0576(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Disclose or exchange information with others	**X**			The program has and utilizes an authorization for hazardous activities. The program is open to listing the examples noted in rule to include using motorized yard equipment, swimming, and horseback riding as well as any other activity that the program chooses to highlight.	
(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**			The program utilizes a summary sheet form for each youth, but this document is not being consistently filled out at the time of intake. This was brought to the attention of management and a commitment was made to have this form properly filled out this point forward.	
(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**	Given the short length of stay for most youth, youth are discharged prior to their service plan being reviewed on a quarterly basis.	
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**				

	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
(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		Two out of five youth files reviewed did not include an inventory of all personal possessions. **CORRECTIVE ACTION:** Develop a process where each youth's personal belongings are inventoried on a consistent basis and that documentation is kept in each youth's file from this point forward.	
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: 6/29/22

Manager Review: ________________ Date: 6/29/2022