Licensed Child Caring Agency Site Visit Report
Residential Care

Licensee: Rimrock Trails Treatment Services
Executive Director: Erica Fuller
Board Chairperson: Monica Elsom

Date of site visit: June 7 & 8, 2022
Licensing Coordinator: Robin DuVal

Other Regulatory or Accrediting Agencies: Carrie Wouda with Oregon Health Authority (OHA) participated during this review for OHA review.

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): Rimrock is a licensed Residential Care program, also licensed by Oregon Health Authority, which provides services to youth with co-occurring mental health and substance use disorders.

Program type and services: The program provides 24-hour structured care and the opportunity for teens to achieve distance from negative influences withing their social environment. While stabilizing and moving through the stage of early abstinence, the program helps teens build distress tolerance, emotion regulation, and the interpersonal skills necessary to lead a more positive and productive life. The campus provides a safe and supportive therapeutic environment conducive to learning, empowerment, and change. The program is intentionally co-ed to replicate a real-world environment and provide the opportunity to build interpersonal relationship skills. All counseling and treatment services provided by Rimrock Trails are guided by a trauma-informed philosophy that embraces the principles of safety, compassion, collaboration, support, and empowerment. Rimrock blends evidence-based practices from medicine and psychology with historically proven addiction treatment methods. Their methods are strength-based, neuro-biologically-grounded, and trauma-informed. The program provides a learning center for school credit recovery and enrichment activities such as equine therapy, a low ropes course, and a climbing wall. Adolescent Treatment Aides (TAs) are the program's daily floor staff that support clients in day-to-day activities. TAs are Certified Peer Recovery Support Specialists, which means they are individuals who are in recovery from substance use or co-occurring mental health disorders. They have a shared understanding and respect for what clients are going through as they have experienced similar struggles in their own lives. They can provide clients support and share the tools, skills, and education they learned in their recovery to help them transform their life. They also facilitate groups, provide 1:1 supported counseling, participate with and engage in program activities with clients, monitor for safety, facilitate Restorative Circles, respond to incidents, and supervise the program to ensure that policies and procedures are being followed that result in daily program consistency during clients stay at Rimrock.

Rimrock Trails utilizes Collaborative Problem Solving (CPS) as a method for understanding behavior challenges in a compassionate, accurate and non-adversarial way. Family involvement and participation is also a key component in the treatment program.

Capacity and Age Range: 24, ages 12-17

Funding sources: Division of Medical Assistance Programs (DMAP), Medicaid/Medicare, Commercial Insurances, Block Grants funding, Juvenile Justice Flex Funds, schools and other community partners, grants, and fundraising.

Contracts and sources for referrals: OHA, Coordinated Care Organization contracts, Regence, various commercial insurance companies, OHA-Room and Board, DMAP residential and outpatient, Deschutes County, Oregon Department of Education, Deschutes Juvenile and Central and Eastern Oregon Juvenile Justice Consortium (COEJJC), Redmond School District, Mountain Star Relief Nursery.

Average length of stay:

July 2020 - June 2021 = 46 days
July 2021 – June 2022 = 30 days
Pre-COVID = 50 days

Average daily population served:

July 2020 – June 2021 = 8
July 2021 – June 2022 = 2
Pre-COVID = 16

Number of children served annually:

July 2020 – June 2021 = 64 clients total
July 2021 – June 2022 = 20 clients total
Pre-COVID = 115 average annually

Use of seclusion or restraint: no

Interviews: Three youth, ages 13, 14 and 17 were interviewed individually and all reported feeling safe, staff are trusting, food is good and plentiful, no issues receiving medications as ordered, there is regular unrestricted phone time and video calls with family, and numerous recreational activities both inside and outside the program were described. Youth shared personal examples of how the program is helping each of them, they meet weekly with their therapist, and they feel heard and are involved in their treatment plan and goals. Least favorite things reported about the program is the bedtime is too early (9:30pm), having the boys and girls separated, group sessions are too long (1 ½ hours), and the daily repetitiveness of the routine. The program does well at keeping youth happy and having someone to talk to, keeping youth calm and staff providing emotional support, and handling youth needs when having a hard time. Youth reported there was nothing that the program could improve on, other than some staff can be “annoying”. One youth specifically stated staff are “really cool” and they were going to “miss this place” when they’re discharged.

Two staff were interviewed individually, and both described the extensive training they received prior to the program reopening. One staff was unclear about who to report suspected child abuse to, and this licensor provided on-the-spot training and followed up with management.* Staff meetings occur weekly, daily contact with their supervisor, and staff feels free to express concerns, and feels heard and understood. One staff reported some growing pains and relationship building with their supervisor, although the two are working towards the same goals of understanding each other. Staff feel the program is adequately staffed but was challenging during a time some staff were out with COVID. When a youth enters the program, staff are expected to read their information in the electronic system, plus there are shift change huddles and regular contact with the therapists. Staff stated youth have regular unrestricted contact with family, including family therapy time. The program does well at having staff that really cares and wants to help youth, program is open to making changes, and managers are approachable and receptive. Areas the program could improve on are the interpersonal challenges among staff, more guidance on the floor "in the moment" for staff, consistent expectations and rules, and funding for program enhancement for things like newer pool sticks for playing 8-ball. Management was recently made aware of issues with staff documentation, and management was quick to get a training scheduled to address the concern.

**Note: In collaboration with the program and CCLP, a mandatory abuse reporting training was scheduled and occurred July 20, 2022.*

Observations: The overall program is welcoming and well maintained, inside and outside including landscaping. The agency has a thorough COVID screening process upon arrival and face masks are required for staff and visitors. The program recently installed electronic key cards throughout the campus which has been a positive change. The keyed locks were left on as a back-up for power outages or any other malfunction. The kitchen was clean, adequate food supply was observed in the pantry and walk-in refrigerator and freezer, and food was being prepared for lunch by the cook and assistant. The following areas of the campus were observed to be clean and in good repair: youth dorm rooms and bathrooms; group room; male and female milieu areas; quiet room; gym; classroom; game and weight room; art room; staff office; and medication room, as well as the administrative building.

Program Strengths, *as reported directly from the agency*:

"As an agency in the last two years we have seen several significant business successes. The most significant being the ability to maintain financial stability throughout the extended pandemic. Youth residential services suffered due to COVID 19 staffing and referral issues forced an 8-month closure and rebuilding of the program. We were able to rebuild the program and begin a soft re-opening in April 2022. We applied for and were awarded Measure 110 BHRN grants for Crook and Deschutes Counties where we will be working in collaborations with other community partners to increase treatment, resources and supports for individuals with substance use disorders. Our outpatient revenue increased significantly as we increased capacity and utilization, added administrative supports, and strengthened our community partnerships. This led to the completion of a successful pilot program strengthening referrals from primary care physicians as well as the development of several new contracts with schools and other social service providers. Rimrock Trails invests heavily in the initial and ongoing extensive training and supervision of all treatment staff in the use of trauma informed clinical approaches. Our policies and procedures are regularly reviewed and done so through a trauma informed lens. The overarching model used in our residential treatment program is Collaborative Problem Solving. Collaborative Problem Solving (CPS) is a trauma-informed way of identifying and addressing problem behaviors in youth that varies from many traditional behavior modification models. CPS focuses not on motivation, rewards, and consequences to shape behavior, but instead on the lagging skills and abilities that youth have in meeting the demands of daily life place on them. By coming alongside the youth and collaboratively identifying skill deficits and then helping youth gain those

skills, they are more likely to step into their recovery, gain intrinsic motivation, and make longer-lasting changes. Rimrock trails also conducts a number of trauma-informed groups including DBT, Mindfulness Based Relapse Prevention, Seeking Safety, and Shame Resiliency Training. We aim to help clients address the complex nature of their lives and trauma history. Our trauma informed groups are utilized to teach youth ways to be in their bodies, manage their thoughts, emotion, and behaviors in an adaptive way that helps to break the cycle of their trauma response. We continually assess the needs of our milieu and seek out training and professional consultation to guide the development of our trauma informed policies, procedures, and programing. Through strategic planning we have focused on implementing technological solutions to improve our efficiency, reduce risk, increase consistency and improve communication while also working to improve compliance and increasing safety. Lastly, we continue to develop and implement an employee retention and recruitment plan that will increase job satisfaction, reduce turnover and help keep our programs staffed with quality team members who are aligned with our mission."

Program Challenges, *as reported directly from the agency:*
"Youth residential services suffered severely due to COVID 19 staffing, and referral issues forced an 8-month closure and rebuilding of the program. Residential treatment rates continue to be inadequate and do not cover the cost to provide a true co-occurring level of residential care. Broken community referral systems have resulted in fewer and fewer referrals to treatment and inadequate community behavioral health systems means less kids with a substance use disorder who are in need of treatment actually receive treatment early in the course of their disorder. Therefore, youth who are referred to residential have more acute mental health, trauma and substance use disorders than ever before. The effects of Covid and work shortages continue to make staffing residential very challenging, often crippling. The above factors remain the major barriers we face that affect our ability to operate at full capacity and retain a team of highly skilled, trained and qualified staff. There is increasing demand for residential services for youth with acute mental health and behavior problems. Sometimes we feel obligated or pressure from our community partners to accept these youth, simply because there are no other services available to them. There is a need for short term, secured residential treatment focused on stabilization of acute mental health and behavioral symptoms that make it challenging for them to meaningfully participate and engage in Level 111.5 residential treatment. There is an absence of transitional or safe housing for clients who complete treatment and do not have a safe and supportive home to return to. Payers are focused on shorter residential stays. Our experience has shown that longer residential says result in more positive residential completions and increased client satisfaction in their treatment experience. However, their outcomes post residential discharge, regardless of length of stay in residential is more dependent on rapid access and engagement in community based outpatient services with intensive family and recovery supports. Across Oregon, community outpatient services and supports for youth with SUD's are sorely lacking. We continue to experience increased difficulties with insurance companies authorizing residential treatment. Middle class families struggle to get care for their children. The family of a young man who committed suicide last year has helped us create an endowment to help individuals access care who otherwise would not due to financial barriers related to high deductibles or insurance which denies coverage."

Changes that have occurred in the last 2 years, *as reported directly from the agency*:
"We had to close the facility once due to a COVID outbreak and then again for several months due to staffing shortage and then difficulty in recruiting new staff. Lived experience with mental health and/or substance use disorder and recovery is a required qualification for employment in our new youth residential program model. Our program is now 100% staffed by Peers (YSS, CRM, PSS) known as Treatment Aides. We also have Clinicians who have lived experience. We are strategically creating a workforce of individuals who have a collective degree of empathy and resilience as a force for good to help kids. The science is clear and tells us that the brain heals in the context of relationships and that resiliency can be developed and

strengthened through empathy and in connection with others. We believe it is the way forward for all of us; our workforce and our clients toward improved outcomes. We are told we are perhaps the first in the Country to take this approach. Our new residential organizational structure includes a Residential Program Director, a Program Manager, a Medical Care Coordinator, Clinicians and Case Managers. In addition, we are recruiting from within to include four Shift Supervisors who will provide supervision for the Treatment Aides. The Shift Supervisors will be under the direct supervision of the Program Manager. "

Lawsuits: none

Grievances and complaints filed in the last two years: Details were provided for four documented complaints within the last two years, including a summary, actions taken and resolutions. No further concerns.

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

Within 45 days of receipt of this report, Rimrock Trails 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 are to be emailed directly to Robin DuVal at robin.m.duval@dhsoha.state.or.us.

Exceptions: None

Changes in License: None

Summary of Review				
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**	**Corrective Actions**
Program and services are in scope of license	X			
Governance of the Agency 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions**
(1)(a) Minimum of 5 board members	X			The agency shall submit the 2022 performance evaluation once finalized.
(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**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	X			
(3)(g) Approval from BCU	X			

Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**	**Corrective Actions**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	X			
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)	X			
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable	X			
(3)(e) Agency uses seclusion appropriately/consistent with policy	X			
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	X			
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	
(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**
Documents as indicated on the form titled "Renewal Licensing Required Documents"	X			
Documents as indicated on form titled "Required Financial Documents"	X			
All required policies and procedures as identified in the "Umbrella Rules"		X		The agency shall update the Mandatory Abuse Reporting policy, specifically regarding documentation of a report to authorities and including the additional abuse types pertaining to child caring agencies. This licensor will provide guidance with revisions.
All required policies and procedures as identified in "Residential Care Rules"		X		The agency shall update the Medication policies and procedures pursuant to OAR 413-215-0551, specifically regarding disposal procedures and documentation. This licensor will provide guidance with revisions.
SB710 Requirements: Policy and Procedures; notifications to guardian and children in care. OAR 413-215-0077(8)(e), (11)(e) and OAR 413-215-0078(1)		X		The agency shall submit the policy and procedures, and notifications required to clients and guardians; and shall ensure clients and guardians receive the notification at intake and twice yearly thereafter, and document having provided it. This licensor will provide guidance.

Physical Plant	**Yes**	**No**	**N/A**	
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**	
(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			
(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**	
(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**	
(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**	
(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**	
(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**	
(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**	
(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	X			

(G) problems encountered (H) time to complete				
Safety – Transportation 413-215-0541	**Yes**	**No**	**N/A**	
(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**
(3)&(7)(e) Medications have a prescription and are stored in the original container with prescription label	X			*Note:* The agency recently changed to an electronic system for all medication documentation.
(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			*Comment to (8):* It is recommended that the collection of medications to be disposed are stored in a separate container in the medication cabinet and clearly marked as "medications to be disposed".
(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		*Corrective Action:* The agency did not have a medication disposal log at the time of this review, however while on-site, the Medication Aide created a disposal log. The agency shall ensure disposed medications are documented on the form with a staff and witness signature.
(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		*Corrective Action* The agency shall ensure (e), (h) and (i) are included on the record of the medication administration record. This licensor recommended pre-set drop-down fields such as refused (R), disposed (D), out of facility (OOF), etc. **This is a repeat finding from 2020.**
Extracurricular, Enrichment, Cultural & Social Activities 413-215-0554	**Yes**	**No**	**N/A**	
(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**	
(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: 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**	
(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**
Staff Name/Position	X			The agency shall ensure reference checks are conducted, documented, and retained in the personnel file.
(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**	
(a) Agency policies and procedures	X			
(b) Ethical and professional guidelines	X			
(c) Organizational lines of authority	X			
(d) Attributes of population served	X			
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X			
(f) Privacy laws	X			
(g) Emergency procedures	X			
New Employee Orientation – Residential (30 days) 413-215-0556	**Yes**	**No**	**N/A**	
(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**
413-215-0536(2)(b) Employees who handle food served to children have a valid food handler's card			X	Note: kitchen staff handle all food served.
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		Records of completed CPR/First Aid certifications were missing. The agency shall ensure current certifications are maintained in personnel files. **This is a repeat finding from 2018 and 2020.**
413-215-0556(4) Designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard	X			
413-215-0061(5) Mandatory reporting (annually) that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X			

Children's Records	**Yes**	**No**	**N/A**	**Corrective Actions**
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			
(2)(e) Documentation of age appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease		X		Documentation of age-appropriate instruction is unmet. The agency shall ensure age-appropriate instruction occurs and is appropriately documented in the child record.
(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**	**Comments**
(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			*Comment to (f):* the agency will change wording to more align with "dress code".
(g) Apply the reasonable and prudent parent standard	X			

Disclosures 413-215-0576(2) Parent/guardian has acknowledged in writing:	**Yes**	**No**	**N/A**	
(a) Information regarding personal or room searches and protocols for confiscation of contraband	X			
(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**	
(a) Disclose or exchange information with others	X			
(b) Child specific visitors	X			
(c) Visitation resources are pre-approved	X			
(d) Activity specific authorizations are pre-approved to allow children to participate in potentially hazardous activities, including but not limited to using motorized yard equipment, swimming, and horseback riding.	X			
Information about Children in Care 413-215-0581(1) Summary sheet contains the following:	**Yes**	**No**	**N/A**	
(a)The name, gender, date of birth, religious preference, and previous address	X			
(b) Name and location of previous and current school	X			
(c) Date of admission	X			
(d) Legal custody	X			
(e) The name, address, and telephone number of: (A) The child 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**
(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		The service plan shall document involvement of the child and parent/guardian in creation of the service plan as well as documented evidence that the service plan was reviewed by the child and guardian/parent.
(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**
(a) Services are documented, progress toward achieving goals is tracked	X			The agency shall ensure the discharge planning is readily identifiable and accessible in the electronic record.
(b)-(d) discharge planning and instructions		X		

(f) Incident Reports	X			
Financial Records 413-215-0581(4)	**Yes**	**No**	**N/A**	**Corrective Actions**
Records contain date, amount, source, purpose, signatures		X		The agency shall create a form with all required elements to document any financial belongings (cash, coins, gift cards, etc.) of a child. This documentation must be separate from a child's personnel possession record.
Personal Possessions Records 413-215-0581(5)	**Yes**	**No**	**N/A**	
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**
(1) Stored safely	X			As noted above, some areas of records are incomplete.
(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			

Licensing Coordinator's Signature: Robin DuVal Date: 8/4/2022

Manager Review: [signature] Date: 8-4-2022