Oregon Department of Human Services

Licensed Child Caring Agency Unannounced Site Visit Report

Licensee: Bob Belloni Ranch
Executive Director: Naomi Ulsted/Greg Duskin
Program Director: Jenny Howland
Date of Unannounced: June 17, 2022
Licensing Coordinator: Mary Torres
Other Regulatory or Accrediting Agencies: Oregon Youth Authority (OYA), Department of Education (DOE)

Purpose: Per OAR 413-215-0101 (1) (b) Children's Care Licensing is required to perform at least one unannounced site visit a year where children in care reside.

Previous Findings from 2021 Review dated 11/16/2021	**Repeat Findings Further Action Needed**	**Comments**
Governance of the Agency **413-215-0021** (2)(f) Formally evaluate the exec. Director's performance annually The newly appointed Executive Director has yet to be formally evaluated. This completed task will be evaluated at the time of the program's next licensing renewal.	**Yes☐ No✓**	This was not necessarily an official finding as the existing Exec. Director, at the time of the review, was new and an annual evaluation had yet to be completed. A newly appointed Exec. Director just occurred in July of 2022. The expectation is that an annual evaluation for the newly appointed Exec. Director be completed during this new licensing period (2021-2023).
Documents as indicated on the form titled "Renewal Licensing Required Documents" Organization did not submit the following documents: - Fire Marshal Report - Certificate of Occupancy - Suitability Questionnaire - Program Description	**Yes☐ No✓**	These missing documents were submitted to Licensing on various dates (2/16/22, 6/28/22 and 6/29/22).

Corrective Action: Submit required documents to Licensing		
Documents as indicated on form titled "Required Financial Documents and Information" Organization did not submit a Tax Compliance Certification Organization did not submit a completed IRS form 8821 **Corrective Action:** Submit the missing documents to Licensing for review	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit both these missing documents.
All required policies and procedures as identified in the "Umbrella Rules" Two restricted approaches are not listed on the program's current Behavioral Management Policy **Corrective Action:** Please add the following statements to the existing policy and implement in the program's practice: - 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. - Adverse 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. The following documented rights are missing from the program's existing Resident and Family Bill of Rights. - The child in care's right to privacy.	**Yes☐ No✓**	Missing documents were submitted on 6/28/22 and 6/29/22.

- The child in care's right to participate in service planning or educational program planning. - The child in care's right to fair and equitable treatment. - 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. - The child in care's right to have adequate and personally exclusive clothing. - The child in care's right to an appropriate education. - The child in care's right to participate in recreation and leisure activities. - The child in care's right to have timely access to physical and behavioral health care services **Corrective Action:** Update the program's existing policy with the missing rights listed above The program's current Resident and Family Grievance Procedure Policy is missing the following required components: - A process likely to result in a fair and expeditious resolution of a grievance. - A prohibition of reprisal or retaliation against any individual who files a grievance. - 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. - The name, address, and phone number of: (i) A Department licensing coordinator; and		

(ii) Any other governmental entities with oversight responsibilities. In addition, the program has recently adopted a Peer Council grievance procedure that needs to be captured in their Grievance Policy. **Corrective Action:** Add the above missing components to the program's existing Grievance Policy and incorporate the use of the newly established Peer Council		
Room and Space Requirements Bedrooms 413-215-0516(3) Adequate furnishings and personal items Underside of upper bunk beds have profanity (words, drawings) **Corrective Action:** Remove or paint over profanity and implement a process to monitor profanity within the dorms.	**Yes☐ No✓**	Underside of upper bunks were painted, profanity (words, drawings) no longer present. Photos were provided on 5/1/22 and verified during this unannounced visit.
Safety 413-215-0541 (2)(a) Written emergency plan The program's existing emergency plan does not document instructions for response in the event of natural disaster, external safety threat or another emergency **Corrective Action:** Update the program's policy to reflect the above missing component and resubmit the policy to Licensing for review.	**Yes☐ No✓**	This modified policy was submitted on 6/28/22.
Safety 413-215-0541 (3)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 yrs., and contains; Evacuations drills were not submitted to Licensing for review	**Yes☐ No✓**	Fire drills were submitted on 6/28/22.

Corrective Action: Submit the last fire drills for the last two years for Licensing to review.		
Safety – Transportation 413-215-0541 (5)(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC Document is missing to confirm current insurance coverage and vehicle registration for the program's 2001 Honda Accord **Corrective Action:** Submit proof of insurance and registration for the program's 2001 Honda Accord	**Yes☐ No✓**	Proof of insurance and auto registration were submitted on 6/28/22.
Medication 413-215-0551 (10) Written record of the administration of medication In reviewing current MARS, reasons for missed medication was not being consistently recorded **Corrective Action:** Ensure that staff responsible for medication administration are re trained in documenting all required information on the MARS	**Yes✓ No☐**	***REPEAT FINDING:*** A review of MARS during this unannounced site visit indicates that staff are still not listing reasons for missed medication.
Personnel Files 413-215-0061 Three out of the five personnel files reviewed did not document annual performance evaluations. **Corrective Action:** Solidify a procedure to ensure personnel are evaluated annually and the evaluations are kept in their respective files.	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.
Personnel Files 413-215-0061 Two files did not have a current job description.	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.

Corrective Action: Ensure current job descriptions are in all personnel files from this point forward.		
Personnel Files 413-215-0061 Two additional files had job descriptions, however the employees previous work and/or education did not meet the minimum qualifications stated in the job descriptions. **Corrective Action:** Modify the program's minimum qualifications or consider other means such as a trial period or demonstrated level of competency to fulfill role and responsibilities that will allow the hiring of an applicant who does not meet minimum qualifications.	**Yes☐ No✓**	Modified job description submitted on 5/1/22.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (a) Agency policies and procedures One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed**.** **Corrective Action:** Provide documentation that this employee has completed all orientation training and ensure that all training is documented in the personnel file from this point forward.	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (b) Ethical and professional guidelines One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed**.** **Corrective Action:** Provide documentation that this employee has completed all orientation training and ensure that all training	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.

is documented in the personnel file from this point forward.		
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (c) Organizational lines of authority One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed. **Corrective Action:** Provide documentation that this employee has completed all orientation training and ensure that all training is documented in the personnel file from this point forward.	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (d) Attributes of population served One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed. **Corrective Action:** Provide documentation that this employee has completed all orientation training and ensure that all training is documented in the personnel file from this point forward.	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (e) & (5)(a) to (c) Mandatory reporting One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed. **Corrective Action:** Provide documentation that this employee has completed all orientation training and ensure that all training	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.

is documented in the personnel file from this point forward.		
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (f) Privacy laws One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed. **Corrective Action:** Provide documentation that this employee has completed all orientation training and ensure that all training is documented in the personnel file from this point forward.	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (g) Emergency procedures One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed. **Corrective Action:** Provide documentation that this employee has completed all orientation training and ensure that all training is documented in the personnel file from this point forward.	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.
New Employee Orientation – Residential (30 days) 413-215-0556 (1)(a) Discipline and behavior management including de-escalation, crisis prevention, positive behavior management, and disciplinary techniques that are non-punitive in nature One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed.	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.

Corrective Action: Provide documentation that this employee has completed all orientation training and ensure that all training is documented in the personnel files from this point forward.		
New Employee Orientation – Residential (30 days) 413-215-0556 (1)(b) Restraint and seclusion (if applicable) One newly hired employee's file did not have documentation to verify all mandatory orientation training was completed. **Corrective Action:** Provide documentation that this employee has completed all orientation training and ensure that all training is documented in the personnel files from this point forward.	**Yes✓ No☐**	***REPEAT FINDING:*** The program has yet to submit the training records for a specific employee identified at the time of the review.
Ongoing Training 413-215-0536 Two out of the three files reviewed did not have a valid food handler's card **Corrective Action:** Ensure that staff who handle food served to youth have a valid food handler's card.	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.
Two out of the three files reviewed did not document completed training in Environmental Emergencies **Corrective Action:** Ensure a process where all mandatory ongoing training is completed and documented from this point forward.	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.
Two out of the three files reviewed did not document completed training in Universal Precautions **Corrective Action:** Ensure a process where all mandatory ongoing training is completed and documented from this point forward.	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.
Three out of the three files reviewed did not document completed training in Discipline and Behavioral Management	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.

Corrective Action: Ensure a process where all mandatory ongoing training is completed and documented from this point forward.		
One out of the three files reviewed did not document a valid CPR/First Aid certification **Corrective Action:** Ensure a process where all mandatory ongoing training is completed and documented from this point forward.	**Yes✓ No☐**	***REPEAT FINDING:*** A recent audit of training in June of 2022 by both OYA and Licensing indicates that training in both CPR/1St aid and Suicide Prevention is not occurring as required. The program has until August 1, 2022, to bring training in these areas up to compliance.
Two out of the three files reviewed did not document Reasonable and Prudent Parent Standard training **Corrective Action:** Ensure a process where all mandatory ongoing training is completed and documented from this point forward.	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.
One out of the three files reviewed did not document completed training in Mandatory Reporting **Corrective Action:** Ensure a process where all mandatory ongoing training is completed and documented from this point forward.	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.
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) Two out of four files reviewed did not reflect medical information obtained within 30 days **Corrective Action:** Ensure that medical information is obtained within the first 30 days of all incoming youth from this point forward.	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.
Health Services 413-215-0546 (2)(e) Documentation of age-appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.

Four out of four files reviewed did not document age-appropriate instruction **Corrective Action:** Develop and implement a method where age-appropriate instruction is documented in a youth's file within the first 30 days of placement.		
Consents 413-215-0576(1) (e) Allow access as defined in 413-215-0091 & 0101 Four out of four files reviewed did not have a consent related to allowing access as defined in 413-215-0091 and 413-215-0101 **Corrective Action:** Create consent regarding allowing access by the Department of Human Services	**Yes✓ No☐**	***REPEAT FINDING:*** This item was not addressed in the program's various Corrective Action Plans submitted to Licensing since the 2021 review. This requires follow up.
Information about Children in Care 413-215-0581(1) Summary sheet contains the following: The name and location of youths' previous and current school is not listed in the four youth files reviewed **Corrective Action:** Ensure there is space on the summary sheet where previous and current education information can be documented	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.
Financial Records 413-215-0581(4) Youth files reviewed had no financial documentation **Corrective Action:** Ensure that there is a procedure to capture and document youths' financial records and have that information stored in the youth's file	**Yes☐ No☐**	The program reports having addressed this issue. This will be verified at the time of the program's next review.

New Findings from Site Visit	Comments
413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair: Physical Plant Requirements (Technical Amended 01/13/20)	A tour of the facility resulted in the following repairs or tasks to be completed: - Main residents' bathroom has a hole in the wall. - Last shower stall that is not used to shower but used as a changing area for youth is unclean. - Second shower stall is in the process of repair and needs to be completed. - First shower stall requires wall repair along the outer edge. A portion of the sheet rock is missing exposing a metal corner. - First urinal is out of order. - There are broken blinds in the building's classroom that need to be replaced. - The conference room has holes in the wall. **CORRECTIVE ACTION:** - Repair hole in the bathroom. - Clean out the last shower stall. - Complete repairs in second shower stall. - Repair/replace missing sheet rock around the first shower stall. - Repair urinal. - Replace broken blinds in classroom. - Repair holes in conference room.
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: (D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact	Youth report that family contact is based on daily percentage of points earned. The program has been previously advised to discontinue this practice. The Program Director was made aware of this during the unannounced visit and advised that staff would be reminded of this immediately. **CORRECTIVE ACTION:** Discontinue this practice immediately and ongoing. Retrain/coach staff to ensure that parental contact is no longer deprived as a result of discipline and/or behavior management.

Interview Summary

The Program Director lead the facility tour. Interviews held with one new staff member and two youth. The following information was obtained during the unannounced visit.

- There are currently 12 youth in program.
- Youth have completed their school year. Residents will have a two week break before attending half days during the summer months.
- The program has one youth attending online college courses.
- The bathroom located in the program's classroom is no longer being used. Youth were hiding contraband in this restroom. The main bathroom, near the dorms are accessible to youth during school hours.
- The classroom had experienced heating issues for approximately 2 months, but this issue has since then been resolved.
- The program received a donation of a new weight set for youth to use during recreational time.
- New hire reports receiving/completing mandatory training online after hire.
- Program Director reports a new hire within the last few days. This new hire will assist and alleviate ongoing staffing shortage.

Two youth were interviewed. Youth report feeling safe within program. One youth reports not being a good match for the program, siting restitution as the only reason for remaining in care. This youth will be petitioning release at an upcoming court hearing. When asked about staff, this youth reports Counselors II treat youth "equally," but that the rest of the staff "lumps" the residents altogether when verbally addressing behaviors instead of dealing with the youth individually. This youth also reports a need to follow up with a chiropractor, but the program has not assisted in arranging this. Licensing is directly addressing this reported issue with the program. The youth also expressed a dislike of the program's point system, likening it to an adult prison point system that he has been told about. In addition, it was reported that youth are not allowed to have any family contact if a youth does not meet their "daily percentage" points.

The second youth interviewed highlighted how staff turnover "severely impacted" him. Over the duration of the youth's stay, 4 months, he has seen 5 staff members go. The loss of staff impacts youth as outings are more infrequent due to a lack of coverage, rules are inconsistent, a favored therapist leaving without saying goodbye and how staff interact with youth. Staff members who are taking on extra shifts are notably tired, irritable" and have "attitude." This youth reports two specific staff members he would wait to come onto shift should there be any outstanding issues, complaints, or problems to report, but listed four other staff members he enjoys. Changes that this youth would implement would be longer phone calls with family (right now, youth have a 10 min limit due to the current size of the milieu), having an indoor gym and refurbishing the whole program. This youth also confirmed that family contact is based on a youth's earned points. It was also shared that the program does not have Prison Rape Elimination Act (PREA)signage as reportedly required through the Oregon Youth Authority (OYA). OYA was informed directly about this.

Observations

Covid precautions, masks and temperature checks were in practice and observed.

During youth interviews, a youth made reference to a violation of the program's "Constitution" as related to changes to existing rules. A copy of the program's Constitution is being requested for review.

The program continues to experience a significant staffing shortage. Program manager asked to forward a copy of the program's July staffing schedule.

Corrective Actions and Timeframes:
Please submit the following to verify compliance.
Within 45 days of receipt of this report **Bob Belloni Ranch Inc.** 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 @ mary.torres.odhsoha.oregon.gov** 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

Licensing Coordinator's Signature: _____ Date: 7/21/22

Manager Review: _____ Date: 7-21-2022