Oregon Department of Human Services

# Licensed Child Caring Agency Site Visit Report

**Licensee:** Family Solutions
**Executive Director:** Dorothy Provencio
**Board Chairperson:** Roy Lindsay

**Date of site visit:** July 18 & 19, 2022
**Licensing Coordinator:** Robin DuVal, assisted by Aubrey Kelly

**Other Regulatory or Accrediting Agencies:** Oregon Health Authority (OHA) and Oregon Department of Human Services Child Welfare (ODHS).

**Program Compliance:** The program was found to be compliant or will be compliant with OAR 413-215-0001 to 413-215-0136, Licensing Umbrella Rules; OAR 413-215-0501 to 413-215-0586, Licensing Residential Care Agencies Rules; OAR 413-215-0301 to 413-215-0396, Licensing Foster Care Agencies Rules; and OAR 413-215-0801 to 413-215-0856 Licensing Day Treatment Agencies Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

**Program Description(s):** Family Solutions operates three licensed Child Caring Agency types: Residential Care, Foster Care, and two Day Treatment programs.


- Residential Care detail begins on page 3.
- Day Treatment detail begins on page 10.
- Foster Care detail begins on page 17.


**Changes in License:** Willow House residential care closed August 2022.

**Lawsuits:** None

**Grievances and complaints filed in the last two years:** None

**Recommendations: None**

**Exceptions:** None

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

Within 45 days of receipt of this report Family Solutions 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.m.duval@dhsoha.state.or.us.

| **Summary of Review** | | | | |
|---|---|---|---|---|
| **Program and Services** 413-215-0011(2) | **Yes** | **No** | **N/A** | |
| Program and services are in scope of license | X | | | |
| **Governance of the Agency** 413-215-0021 | **Yes** | **No** | **N/A** | |
| (1)(a) Minimum of 5 board members | X | | | |
| (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** | |
| (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** | |
| (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:<br>(i) Services provided<br>(ii) Contractor fees<br>(iii) Disclosure of information from contractor to agency | | | X | |

| | | | | |
|---|---|---|---|---|
| (iv) Lines of authority<br>(v) Adherence to rules, including background check<br>(vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability | | | | |
| **Supplemental Information Provided by CCA** | **Yes** | **No** | **N/A** | **Corrective Actions/Comments** |
| Documents as indicated on the form titled "Renewal Licensing Required Documents" | X | | | |
| Documents as indicated on form titled "Required Financial Documents and Information" | X | | | |
| All required policies and procedures as identified in the "Umbrella Rules" | X | | | This licensor will provide feedback for revisions to the following policy and procedure:<br>• Mandatory Abuse Reporting |
| All required policies and procedures as identified in Residential Care, Day Treatment and Foster Care. | X | | | |
| SB710 Requirements: Policy and Procedures; notifications to guardian and children in care.<br>OAR 413-215-0077(8)(e), (11)(e) and<br>OAR 413-215-0078(1) | | X | | This licensor provided edits and recommendations to the notification document for guardians and children in care. The agency shall ensure the notification is updated and implemented going forward. |

# RESIDENTIAL CARE

**Program type and services:** Cascade House services adolescents with emotional and behavioral issues. Services includes individual counseling; skill building; group skill building; individual, group and family therapy; education; medication management; and recreation.

**Capacity and Age Range:** capacity 9, ages 12-20.

**Funding sources:** ODHS Child Welfare

**Contracts and sources for referrals:** ODHS Child Welfare

**Average length of stay:** 9-12 months

**Average daily population served:** 6.39

**Number of children served annually:** 37

**Use of seclusion or restraint:** No seclusion. Restraint trained in Crisis Prevention Institute.

**Interviews - youth:** One 14-year-old youth was interviewed at Willow House and one 15-year-old youth at Cascade House, both individually and privately. Both reported ways in which the program is helping them, staff are trusting, they feel safe, food is ok, no issues getting their medications as ordered, they give input into their treatment plans, and they feel heard. When asked if they could change anything, one stated changing the dress code and other had no suggestions. Their favorite things are their peers are mostly nice, staff are helpful, and they enjoy going on drives. One reported it being scary at night because of the darkness in their room. *This licensor followed up with the program manager, and they were already aware, and they've been working on ways to help this youth.*

**Interviews – staff:** One staff was interviewed at Willow House and one staff at Cascade House, both individually and privately, with varying levels of employment time with the agency. They described the various onboarding and ongoing training received. They have regular contact with their supervisor, have regular staff meetings, feels free to express concerns and feels heard, feels the program is adequately staffed but would be better to have more on-call and relief staff. The program is timely in making needed medical appointments but they're running into medical offices' schedules being booked out so far. The food provided to youth is adequate in quality and quantity, but that varies depending on the staff on shift and their cooking skills. Both are trained in CPI for physical interventions, which are only used as a last resort. Youth have access to make daily 15-minute phone calls, although it can be challenging to coordinate times, because the phone is the main phone line for the program. They reported the agency does well at having an onsite therapist, having a regular routine for the youth, and providing a safe space for youth to live with meals, hygiene products, etc. for meeting their basic needs, since not all youth have experienced those basic needs being met before. The staff report shift communication could be better and that's something the program is actively working on.

**Observations:** Cascade House is an aging building, and the program makes efforts to maintain it in good repair. The inside was professionally painted. Willow House was clean and in good repair. Staff and youth had painted beautiful artwork along the hallways.

**Program Strengths:** Resilient and dedicated staff. Program manager knowledge. Ability to track, apply, respond to, adjust and implement ever increasing regulatory requirements imposed by multiple agencies simultaneously, including ODHS Licensing, ODHS Treatment Services, Oregon Department of Education (ODE), Accrediting Body – CARF, and OSHA.

**Program Challenges:** Reduced referrals/census. Increasing acuity of youth being referred. Lack of beds for youth needing higher level of care. ODE mandates. Staffing challenges, lack of workforce. The requirement to track, apply, respond to, adjust and implement ever increasing regulatory requirements imposed by multiple agencies simultaneously including: ODHS Licensing, ODHS Treatment Services, Oregon Department of Education (ODE), Accrediting Body – CARF, and OSHA. Pandemic challenges, including outbreaks in the programs, staff fear of COVID, vaccination requirements, COVID testing cost and requirements.

**Changes that have occurred in the last 2 years:** Zoom meetings. Change in program supervisors and managers. Majority of windows and window frames replaced at Willow House. Entire inside of Cascade professionally painted. The "quad" room at Cascade House converted to exercise/yoga room. Additional security cameras ordered. *Note: Willow House closed August 2022 due to lack of adequate referrals to the program, lack of qualified workforce, and continued COVID outbreaks resulting in financial losses exceeding their ability to continue to provide services.*

| **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** | **Comments** |
| (1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation | X | | | Comment: A Registered Dietician is working on providing well-rounded menus. |
| (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;<br>(A) identify of person conducting drill<br>(B) date & time<br>(C) notification method<br>(D) staff participating<br>(E) # of children & staff evacuated<br>(F) special conditions simulated<br>(G) problems encountered<br>(H) time to complete | X | | | |
| **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 | | | |
| (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:<br>(a) description and amount<br>(b) name<br>(c) reason<br>(d) method<br>(e) staff & witness signature | | X | | (9)(e) The agency shall ensure staff and witness provide a signature, not initials. |
| (10) Written record of the administration of medication includes:<br>(a) name<br>(b) description<br>(c) dates and times<br>(d) missed doses<br>(e) medication disposed<br>(f) method of administration<br>(g) ID of person administering<br>(h) possible adverse reactions<br>(i) medication taken outside facility | | X | | Requirements (10)(e) and (i) are unmet. The agency shall ensure all requirements are included on the medication administration record.<br><br>Note: This licensor and staff discussed ways to update documentation and processes. The agency is working on updating policies and procedures to be clearer and reduce potential errors. |
| **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.<br><br>Minimum ratios are maintained:<br>Ages 6 and older: 1:7<br><br>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 | |

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|---|---|---|---|---|
| (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** | |
|---|---|---|---|---|
| Staff Name/Position | X | | | |
| (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:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(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/Comments** |
| 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 | | | |

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|---|---|---|---|---|
| 413-215-0556(2)(a) Environmental emergencies | X | | | |
| 413-215-0556(2)(b) Universal Precautions | X | | | |
| 413-215-0556(2)(c) Discipline and Behavior Management | X | | | |
| 413-215-0556(3) Staff providing direct care must maintain current CPR/First Aid certification | X | | | |
| 413-215-0556(4) Designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard | X | | | |
| 413-215-0061(5) Mandatory reporting (annually) that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(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) is unmet. The agency shall ensure age-appropriate instruction is provided and appropriately documented in each youth file. ***Repeat Finding***. |
| (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** | |
| (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** | |
| (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**<br>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:<br>(A) The child in care's parents.<br>(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*.<br>(C) Other persons significant to child<br>(D) Other professionals to be involved in service planning (if applicable) | X | | | |
| **Service Planning** 413-215-0581(2) | **Yes** | **No** | **N/A** | |
| (b) Intake document is completed the date child accepted into care (emergency placement 48 hours) | X | | | |
| (d) Assessment is completed within 30 days and contains relevant historical info., current behavioral observations, identified need for services, and how agency will provide services | X | | | |
| (e) (A)&(B) Service plan within 60 days (parent, guardian and child actively involved). Describes how child's issues will be addressed, anticipated outcomes and reviewed by child and guardian/parent. | X | | | |
| (e)(C)&(D) Service plan is reviewed quarterly and revised when information indicates other services should be provided | X | | | |
| **Case Management** 413-215-0581(3) | **Yes** | **No** | **N/A** | |
| (a) Services are documented, progress toward achieving goals is tracked | X | | | |
| (b)-(d) discharge planning and instructions | X | | | |
| (f) Incident Reports | X | | | |
| **Financial Records** 413-215-0581(4) | **Yes** | **No** | **N/A** | **Corrective Actions** |
| Records contain date, amount, source, purpose, signatures | | X | | Signatures were inconsistent. The agency shall ensure signatures are regularly obtained. |
| **Personal Possessions Records** 413-215-0581(5) | **Yes** | **No** | **N/A** | **Comments** |
| Individual written inventory of all personal possessions is maintained and updated as needed | X | | | Comment: the intake personal possession record was documented, although lacking any updates as needed. The |

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|---|---|---|---|---|
| | | | | agency shall ensure inventory is updated as needed, i.e., around holidays, birthdays, gifts, seasonal changes, etc. |
| **Records and Documentation** 413-215-0071 | **Yes** | **No** | **N/A** | |
| (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:<br>Name<br>Gender<br>Birth date<br>Names, addresses of parents or guardians<br>Dates of admission<br>Placement upon discharge | X | | | |

# DAY TREATMENT

**Program Description(s):** Summit serves youth primarily in Jackson County and River Bend serves youth primarily in Josephine County. Services include milieu therapy; individual, group and family therapy; educational services; psychiatric consultation; and medication management.

**Capacity and Age Range:** River Bend capacity 23, ages 3-12. Summit capacity 28, ages 5-12.

**Funding sources:** ODHS, Options/AllCare, Jackson Care Connect (part of Care Oregon).

**Contracts and sources for referrals:** Child Welfare Treatment Services. Sources for referrals: Child Welfare, Options, Community/Schools.

**Average length of stay:** 9-12 months

**Average daily population served:** River Bend = 6.2. Summit = 6.13.

**Number of children served annually:** 47

**Use of seclusion or restraint:** No seclusion. Restraint through Crisis Prevention Institute.

**Interviews – youth:** One 11-year-old youth (G.) was interviewed at The Summit and one 6-year-old youth (C.) was interviewed at River Bend, both individually and outside in the play area. Youth G. reported that the program is helping them with ways of calming down, feels safe here, likes coming

here, has regular therapy visits, gets help with school, and their favorite thing is having no homework. Youth C. said “hi”, we talked about the playground, they began playing and became not engaged with this licensors’ visit. I observed youth C. with staff and other peers, and it appeared youth was comfortable in this setting and comfortable with staff.

**Interviews – staff:** One staff was interviewed at The Summit and one staff at River Bend, both individually and privately, with varying levels of employment time with the agency. Both described the various onboarding and ongoing training, including medication administration. Both were unclear in their knowledge of mandatory abuse reporting requirements. This licensor provided training during the interview and followed up with the program manager. They reported having daily contact with their immediate supervisor, having regular staff meetings, management are responsive and they feel heard when bringing up concerns or suggestions, and feel the program is adequately staffed. Physical intervention happens in these programs after trying other de-escalation attempts and both are trained in Collaborative Problem Solving and Crisis Prevention Institute. They learn about new youth entering the program by reviewing the intake documentation and conversation with team. They report the program does well at verbal de-escalation and offering support to staff for their own well-being, and they feel the youth are getting better by coming here. One staff reported the program could improve on spacing out youth intakes to allow time for staff and youth to adjust.

**Observations:** The Summit and River Bend sites were clean and in good repair. Staff were observed with youth inside and in the outdoor area.

**Program Strengths:** Developed “Boot Camp” training and re-boot camp, enhanced training, 4 hours (2 weeks x 2). Flexibility of staff and agency responsiveness to change needs of youth and program. Consistent leadership. Additional day-to-day quality assurance oversight.

**Program Challenges:** Reduced census due to effects of workforce relating to COVID. ODE Mandates (increases and frequently changing). Staffing challenges/workforce shortage. Staff changes (8 supervisors in 2 years). Tracking/sanitation/telehealth. Reduced education 22/23 funding due to census drop, due to pandemic challenges.

**Changes that have occurred in the last 2 years:** Zoom meetings have resulted in increased family therapy participation. Zoom meetings allow staff in 2 counties to attend meeting without travel time. Therapy and team meetings on zoom. Quarterly and 30-day meetings participating increased with Zoom. Increased focus on academic hours. Age limit lowered to 12. River Bend switched to 1 classroom (due to teacher availability). Transition back to school process was developed to support ease of transition. Additional oversight, adding 1 FTE supervisor at each location.

| **Educational Services** 413-215-0856 | **Yes** | **No** | **N/A** | |
|---|---|---|---|---|
| School is accredited | X | | | |
| (2) 1:15 ratio for qualified teacher/children | X | | | |
| (4) Secondary schools – verification provided that meets academic standards to obtain admission to higher education and receive high school diploma or GED | X | | | |
| **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 | | | |

| | | | | |
|---|---|---|---|---|
| 413-215-0816(8)(e) Adequate in size and arrangement for programs offered | X | | | |
| 413-215-0091(12) License is posted in common area at each facility | X | | | |
| 413-215-0001(5)(d) & 0816(9)(a)&(b) Adequate furnishings and personal items; storage for personal items | X | | | |
| 413-215-0816(2) Buildings are smoke free, clean and in good repair | X | | | |
| 413-215-0816(3) Rooms are free of harmful drafts, odors, and excessive noise | X | | | |
| 413-215-0816(4) Rooms are adequate in size and arrangement | X | | | |
| 413-215-0816(5) System provides a continuous supply of hot and cold water | X | | | |
| 413-215-0816(7) Building is well ventilated and room temperature is within a normal comfort range | X | | | |
| **Bathrooms** 413-215-0816(8)(a) | **Yes** | **No** | **N/A** | |
| (A) 1:15 ratio for toilets | X | | | |
| (B) 1:2 ratio for sinks to toilets. Hand-washing sink not used for food prep | X | | | |
| (C) Hot and cold running water, soap, and approved hand drying options | X | | | |
| (D) Individual privacy | X | | | |
| (E) Permanently wired fixtures | X | | | |
| (F) Window covering | | | X | |
| (G) Mirror, permanently affixed | X | | | |
| (H) Adequate ventilation | X | | | |
| **Room and Space Requirements** 413-215-0816 | Yes | No | N/A | |
| (8)(A)(B) Laundry is separate from food storage, kitchen and dining | X | | | |
| (8)(c) 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 | | | |
| (8)(g) Recreational 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 | | | |
| (8)(f) Time out rooms have adequate space, heat, light and ventilation and is not capable of locking | X | | | |
| **Food Service area** 413-215-0816(8)(d) | **Yes** | **No** | **N/A** | |
| (A) Areas used for storage, food preparation, and dish washing are separate from child-caring areas | X | | | |
| (B) Walls, floors are easily cleanable | X | | | |
| (C) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean | X | | | |
| (D) Equipment is easy to clean beneath, between and behind | X | | | |
| **Food Services** 413-215-0831 | **Yes** | **No** | **N/A** | **Comments** |
| (1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation | X | | | Comment: Food is provided from the school district meal program. |
| (b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes. | X | | | |
| (b) Menus are maintained for at least 6 months | | | X | |
| (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 | | | |
| (2)(e) Children are supervised when in the food-preparation area | X | | | |
| **Safety** 413-215-0836 | **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 years and contains;<br>(A) identity of person conducting drill<br>(B) date & time<br>(C) notification method<br>(D) staff participating<br>(E) # of children & staff evacuated<br>(F) special conditions simulated<br>(G) problems encountered<br>(H) time to complete | X | | | |
| **Safety – Transportation** 413-215-0836(5) | **Yes** | **No** | **N/A** | |
| (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** 413-215-0846 | **Yes** | **No** | **N/A** | |
| (2)&(5)(e) Medications have a prescription and are stored in the original container with prescription label | X | | | |
| (5) Medications are kept in locked storage | X | | | |
| (6) Medications are disposed in accordance with state and federal law | X | | | |
| (7) Written record of the disposal of medications is maintained (description, name, reason, method, staff & witness signature) | X | | | |
| (8) Written record of the administration of medication includes:<br>(a) name<br>(b) description<br>(c) dates & times<br>(d) missed doses<br>(e) medication disposed<br>(f) method of administration<br>(g) ID of person administering<br>(h) possible adverse reactions<br>(i) medication taken outside facility | X | | | |
| **Staff Qualifications and Minimum Staffing Requirements** 413-215-0811 | **Yes** | **No** | **N/A** | |
| (1) Teachers are licensed in accordance with Teachers Standards and Practices Commission | X | | | |

| | | | | |
|---|---|---|---|---|
| (2) A qualified clinical supervisor directs the clinical program and supervises clinical staff | X | | | |
| (3) Mental health service delivery staff meet the qualifications in OAR 309-022-0125 | X | | | |
| (4) Sufficient QMHP and other staff to meet the severity and acuity of children served. Does not exceed 1:12 QMHP | X | | | |
| 413-215-0001(5)(f) Ensures safety and adequate supervision | X | | | |
| 413-215-0001(5)(c) Engages in and applies appropriate behavior management techniques | X | | | |

| **Personnel Files** 413-215-0061 | **Yes** | **No** | **N/A** | |
|---|---|---|---|---|
| Name | X | | | |
| Position | X | | | |
| (3)(g) Date of Hire | X | | | |
| (3)(a) record of education, training and previous employment | X | | | |
| (1)(b) & (3)(b) reference checks complete and documented | X | | | |
| (1)(a) & (3)(c) Background check was 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:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X | | | |
| (f) Privacy laws | X | | | |
| (g) Emergency procedures | X | | | |
| **Ongoing Training** | **Yes** | **No** | **N/A** | |
| 413-215-0831(2)(b) Employees who handle food served to children have a valid food handler's card | X | | | |

| | | | | |
|---|---|---|---|---|
| 413-215-0061(5) Mandatory reporting (annually) that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X | | | |
| 413-215-0836(5)(a) Employees transporting children meet the driver requirements (current driver's license, insurance, trained in emergency procedures & behavior management, and training for 15+ passenger vans if applicable) | X | | | |

| **Children's Records** | **Yes** | **No** | **N/A** | |
|---|---|---|---|---|
| Name of Child | X | | | |
| Date of admission | X | | | |
| **Medication** 413-215-0846 | **Yes** | **No** | **N/A** | |
| (3) Medical treatments, special diets, physical therapy, physical aides or limitations have a written order signed by a physician or qualified medical professional. | | | X | |
| (4) Self-administration is approved in writing by Physician, recommended by agency, and monitored by staff or guardian. (9) *If applicable*, there is documentation of the continuing evaluation of the ability of the child to self-administer medication | | | X | |
| (8) Medication record | X | | | |
| **Records and Documentation** 413-215-0071 | **Yes** | **No** | **N/A** | |
| (1) Stored safely and are available for inspection by Dept. | 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:<br>Name<br>Gender<br>Birth date<br>Names, addresses of parents or guardians<br>Dates of admission<br>Placement upon discharge | X | | | |

# FOSTER CARE

**Program Description, type, and services:** Provides treatment foster care with individual community-based treatment for youth with emotional and behavioral issues. Services include counseling; individual skill building; family counseling; case management; academic skill building; treatment team meetings; skill building; mentoring; and recreation.

**Number of proctor foster parents:** 5 current homes

**Funding sources:** ODHS

**Contracts and sources for referrals:** ODHS Child Welfare

**Capacity and age range:** capacity 9; ages 4-20.

**Average daily population served:** 3.97

**Number of children served annually:** 3.97

**Restraints/Seclusion:** None

**Interviews:** Four foster parents were interviewed individually over the phone. There is a range of newer foster parents to others with two-to-five years with Family Solutions. All reported having regular contact (daily, several times a week) with staff and that staff are responsive and supportive to their needs and they feel like a valued and respected team member. Areas that the agency does well at: customer service for foster parents, matches youth and family well, great with resources, communication, and making the main goal that youth are taken care of. When asked what the agency could improve on, none of them had anything to report. The longer-term foster parent of five years spoke highly of staff C. and P. stating they are the best to work with, and go above and beyond compared to prior staff, and that the program is growing since they've been on board.

Two youth were interviewed individually over the phone. The first youth is 8 years old, has been in a home for approximately one month and reports feeling safe, food is good, trusts the foster parents, would report any concerns to caseworker or lawyer, and likes the foster parents and their dogs. The second youth is 16 years old, has been in the home for over 4 years and reports feeling safe, trusts the foster parents, trusts the staff, and feels being there is the closest thing they've had to a family. The foster parent makes great food and they love it. They report living in this home has positively helped in so many ways. When asked if there was anything they could change, the only request is to have their own personal cell phone.

**Observations:** The office space is clean and in good repair.

**Program Strengths:** Passionate, self-driven, dedicated Program Certifier and Case Manager. Knowledgeable Lead Case Manager with years of experience. Growing program. Dedicated proctor parents.

**Program Challenges:** COVID pandemic reduced ability to promote and expand program over the past 2 years. Currently the program is growing, and with community events opening to in-person attendance, there is more of an opportunity for recruitment.

**Changes that have occurred in the last 2 years:** New program staff have continued to expand their knowledge of program requirements while working with proctor families through the pandemic. ODHS funding was made available to support retention and recruitment of proctor families and staff.

| **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) Adequate furnishings and personal items | X | | | |
| **Medication** 413-215-0381 | **Yes** | **No** | **N/A** | |
| (2)&(5)(e) Medications have a prescription and are stored in the original container with prescription label | X | | | |
| (3) Medical treatments, special diets, physical therapy, physical aids or limitations have a written order signed by a physician or qualified medical professional. | X | | | |
| (4) Self-administering medications by a child is approved in writing by physician, recommended by agency, and closely monitored | X | | | |
| (6) Medications are disposed in accordance with state and federal law | X | | | |
| (7) Written record of the disposal of medications includes:<br>(a) description<br>(b) name<br>(c) reason<br>(d) method<br>(e) staff & witness signature | X | | | |
| (10) Written record of the administration of medication includes:<br>(a) name<br>(b) description<br>(c) dates, times<br>(d) missed doses<br>(e) medication disposed<br>(f) method of administration<br>(g) ID of person administering<br>(h) possible adverse reactions<br>(i) medication taken outside facility | X | | | |
| **Placement of a Child by Agency** 413-215-0356 | **Yes** | **No** | **N/A** | |

| | | | | |
|---|---|---|---|---|
| (2) Placement is consistent with recommendations in the current home assessment | X | | | |
| (3) Home does not exceed:<br>(a) 4:1 ratio approved proctor foster parent<br>(b) 6:2 ratio approved proctor foster parents<br>(c) 2 children under the age of 3 | X | | | |
| (6) At time of placement the agency provides proctor foster home parents with:<br>(a) Child's name, date of birth and reason for placement<br>(b) Name and phone# of assigned worker<br>(c) Information on health, behavioral characteristics and needs of child | X | | | |
| (d) Authorization and written instructions for obtaining medical, dental and other and emergency care | X | | | |
| **Respite Care** 413-215-0366 | **Yes** | **No** | **N/A** | |
| (1) Agency has and adheres to a respite care policy | X | | | |
| (2)(a) Alternate caregivers are<br>(A) at least 21 years of age and<br>(B) have completed background checks | X | | | |
| (2)(b) Agency approval is received prior to using respite care | X | | | |
| (2)(c) Proctor foster home notifies agency in advance when providing respite care that will exceed max number of children authorized | X | | | |
| (2)(d)&(e) Respite care plan for each child and includes emergencies | X | | | |

| **Records of Proctor Foster Homes** 413-215-0351 | **Yes** | **No** | **N/A** | |
|---|---|---|---|---|
| (2)(a) Certificate that includes: age range of children, restrictions or limitations, and statement that the home meets standards established in these rules | X | | | |
| (2)(b) & 413-215-0316(4) Notification of acceptance or denial of application. If denial is due to substantiated abuse, the reason for denial is disclosed to applicant. | X | | | |
| (2)(d) All documents pertaining to formal complaints. See also 413-215-0336 | | | X | |
| (2)(e) and 413-215-0356(5) Signed contract | X | | | |
| (2)(f) List of all children placed that includes identifying and placement information<br>413-215-0356(4) Documentation of the basis for placement | X | | | |
| (2)(g) Documentation of home visit<br>(every 90 days) | X | | | |
| (3) Documentation of changes in address, name and household composition, and exceptions or suspensions | | | X | |
| (4) Documentation of inactive status (if applicable) | | | X | |
| 413-215-0313(1)(a) at least 21 years of age | X | | | |
| 413-215-0341 Written notice to proctor foster home if decertified | | | X | |
| 413-215-0349(1)-(7) Required notifications | X | | | |

| **Assessment and Approval of Proctor Foster Homes Written Assessment** 413-215-0316 | **Yes** | **No** | **N/A** | |
|---|---|---|---|---|
| (1)&(2) Assessment is based on an on-site review of the home, observations and interviews of each household member, background check, any information gathered during assessment. | X | | | |
| (2)(a) Application signed by all applicants | X | | | |
| (2)(b) Home is primary residence and where each child will reside | X | | | |
| (2)(c) Statement of physical and mental health | X | | | |
| (2)(d) Report from licensed health care or mental health professional if determined appropriate by agency | | | X | |
| (2)(e) Minimum of 4 references (only one can be relative) | X | | | |
| (2)(f) Contact information for 2 individuals if applicant displaced by natural disaster | X | | | |
| **Assessment and Approval of Proctor Foster Homes Written Home Study includes the following:** 413-215-0316(3) | **Yes** | **No** | **N/A** | |
| (b) Names and ages of children in the home and children no longer in the home | X | | | |
| (c) Background check for all household members over 18 and those under 18 as determined appropriate | X | | | |
| (d) Background check from every state (or country) of residence in last 5 years for household members over 18 and those under 18 as determined appropriate | | | X | |
| (e) Placement preferences | X | | | |
| (f) Motivation for providing foster care | X | | | |
| (g) Life experiences and challenges | X | | | |
| (h) Relevant health history | X | | | |
| (i) Education and training | X | | | |
| (j) Employment and finances | X | | | |
| (k) Current support systems and need for additional support services | X | | | |
| (l) Marital history, including previous marriages, divorces, and long-term relationships | X | | | |
| (m) Parenting skills and values | X | | | |
| (n) Lifestyle | X | | | |
| (o) Religion or spiritual beliefs | X | | | |
| (p) Cultural background and experiences with diverse cultural groups | X | | | |
| (q) Ability to respect spiritual beliefs, sexual orientation, gender identity, and gender expression, disabilities, national origin, and cultural identities of each child and provide opportunities to enhance the positive self-concept and understanding of child's heritage | X | | | |
| (r) Assessment of current and previous licenses, certifications and other applications for providing care including adults. Information must include any denials, suspensions revocations, or terminations | X | | | |
| (s) Assessment of the areas in which training is needed and the plan of the agency for providing needed training and timeframes | X | | | |

| | | | | |
|---|---|---|---|---|
| (t) Applicant's home and community | X | | | |
| (u) Assessment and recommendations including the characteristics and maximum number of children who may be placed in care | X | | | |
| **Standards for the Proctor Foster Home Environment** 413-215-0318 | **Yes** | **No** | **N/A** | **Corrective Actions/Comments** |
| (1)(a) the primary residence of the applicant and where the child in care will reside | X | | | |
| (1)(b) adequate space including space for safe and appropriate sleeping arrangements for each child in care | X | | | |
| (1)(c) child in care and parent/guardian must be notified of any electronic monitoring that occurs in the home | | | X | |
| (1)(d) posted Foster Children's Bill of Rights | X | | | |
| (1)(g) Authorization must be received from the agency and parent/guardian prior to the beginning of hunting or target practice by the child | | | X | |
| (2)(a) If there are potential hazards in or around the home, a plan to prevent exposure of the child to the hazard must be developed and approved by the agency | | | X | |
| (2)(d) Home and furnishings must be clean and in good repair and grounds must be maintained | X | | | |
| (2)(e) No accumulation of garbage or debris | X | | | |
| (2)(f) Home has an adequate source of safe water to be used for personal hygiene | X | | | |
| (2)(g) There is a provision for safe storage and administration of all medications in the household | X | | | |
| (2)(i)(A) Children may not be exposed to any second-hand smoke in home or vehicle. | X | | | |
| (2)(i)(B) Household members may not provide any form of tobacco, nicotine, or other product illegal for a minor to possess | X | | | |
| (2)(i)(C) All products referenced in (B) must be stored safe and in a manner inaccessible to children | | | X | |
| (3)(a) The home must have the following:<br>(A) working smoke alarm in each bedroom where a child in care sleeps within 24 hours of the time the applicant is certified | X | | | |
| (B) A working carbon monoxide detector within 15 feet of each bedroom where a child in care sleeps and at least one on each floor within 24 hours of the time the applicant is certified | X | | | |
| (C) At least one operable fire extinguisher rated 2-A:10-B-C or higher within 24 hours of the time the applicant is certified | X | | | |
| (F) a written comprehensive home evacuation planed shared with each child in care at time of placement and practiced at least every six months. The written plan must include a provision for the safe exit of a child in care who is not capable of understanding or participating in the evacuation plan. | X | | | |
| (G) Interior doors that lock must be operable from both sides of the door. | X | | | |
| (3)(b) Each bedroom used by a child in care must have:<br>(A) At least one unrestricted exit | X | | | |

| | | | | |
|---|---|---|---|---|
| (B) At least one secondary means of exit or rescue | X | | | |
| (D) Unrestricted, direct access at all times to hallways, corridors, living rooms, or other such common areas | X | | | |
| (E) Quick release mechanisms on all barred windows | | | X | |
| (4)(a) Maintain and share emergency preparedness plan with foster care agency. At minimum the plan will include:<br>(A) types of emergencies most likely to happen where the proctor foster home is located<br>(B) Identifying a place to meet for each type of emergency identified<br>(C) Identifying an alternate shelter if necessary<br>(D) Ensuring access to all necessary medication or medical equipment<br>(E) How to help each child in care recover after a disaster | | X | | (4)(e) is unmet. The agency shall ensure the preparedness plan includes how to help each child in care recover after a disaster. |
| (4)(b) Maintain a comprehensive list of emergency telephone numbers including 911 and poison control and post in prominent place in the home | | X | | (4)(b) is unmet. The agency shall ensure this requirement is met. |
| (5)(d) Written authorization must be received by proctor foster home prior to transporting a child out of state or country | | | X | |
| (5)(e) Proctor foster home must request approval from Department no less than 90 days prior to international travel | | | X | |
| **Annual Review and Approval** 413-215-0331(2) | **Yes** | **No** | **N/A** | |
| (a) Updated home study | X | | | |
| (b) Background check(s) | X | | | |
| (d) Out of state background check (if applicable) | | | X | |
| (e) Documentation that home remains in compliance with safety standards 413-215-0318 | X | | | |
| (f) Recommendation to approve or deny re-issuance of certificate | X | | | |
| **Orientation for Proctor Foster Homes Applicants** 413-215-0321(2) | **Yes** | **No** | **N/A** | |
| (a) & 413-215-0061(4)(a) Policies and procedures of the agency | X | | | |
| (b) & 413-215-0061(4)(d) Attributes of population. Needs and characteristics of children needing placement | X | | | |
| (c) Attachment, separation, and loss issues for children and families | X | | | |
| (d) Importance of cultural identity and ways to foster this identity | X | | | |
| (e) Impact of foster care on child and family | X | | | |
| (f) Rights and responsibilities of proctor foster parent and agency | X | | | |
| (g) Resources available | X | | | |
| (h) Confidentiality | X | | | |
| (i) Rights of families and children | X | | | |
| (j) Provided copies of<br>(A) Program statement<br>(B) Requirements for Proctor Homes<br>(C) Policies of agency governing proctor foster homes<br>(D) Training requirements<br>(E) Licensing rules<br>(F) Expectations for working with the agency | X | | | |
| **Orientation – Umbrella Requirements (30 days)** 413-215-0061(4) | **Yes** | **No** | **N/A** | |

| | | | | |
|---|---|---|---|---|
| (b) Ethical and professional guidelines | X | | | |
| (c) Organizational lines of authority | X | | | |
| (e) & (5)(a) to (c) Mandatory reporting that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X | | | |
| (f) Privacy laws | X | | | |
| (g) Emergency procedures | X | | | |
| **Training for Parents in Proctor Foster Care Written Training Plan includes:** 413-215-0326(1) | **Yes** | **No** | **N/A** | |
| (a) Minimum of 15 hours of training before placement | X | | | |
| (b) Minimum of 15 hours training annually prior to approval | X | | | |
| (c)(A) Characteristics and needs of children who are placed | X | | | |
| (c)(B) Ways to effectively parent children, including application of the *reasonable and prudent parent standard* | X | | | |
| (c)(C) Positive behavior management | X | | | |
| (c)(D) Importance of family of the child and working with the family | X | | | |
| (c)(E) Importance of age-appropriate or developmentally appropriate extracurricular, enrichment, cultural, and social activities | X | | | |
| (c)(F) Preparation of child for independence based on age, stage of development, and child's needs | X | | | |
| (c)(G) Legal responsibility to report suspected child abuse | X | | | |
| (2) Training is documented | X | | | |

| **Personnel Files** 413-215-0061 | **Yes** | **No** | **N/A** | |
|---|---|---|---|---|
| Staff Name | X | | | |
| Position | X | | | |
| (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 | 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 (annually) that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X | | | |
| (f) Privacy laws | X | | | |
| (g) Emergency procedures | X | | | |
| **New Employee Orientation – Foster Care (30 days)** 413-215-0371 | **Yes** | **No** | **N/A** | |
| (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** | |
| 413-215-0371(2)(a) Environmental emergencies | X | | | |
| 413-215-0371(2)(b) Universal Precautions | X | | | |
| 413-215-0371(2)(c) Discipline and Behavior Management | X | | | |
| 413-215-0371(3) Maintain current CPR/First Aid certification | X | | | |
| 413-215-0371(4) Training related to the *reasonable and prudent parent standard* and developmentally appropriate activities | X | | | |
| 413-215-0061(5) Mandatory reporting that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X | | | |

| | | | | |
|---|---|---|---|---|
| **Children's Records** | **Yes** | **No** | **N/A** | |
| Name | X | | | |
| **Initial Evaluation** 413-215-0386(2) | **Yes** | **No** | **N/A** | |
| (a) Agency request and review all available reports of child's past and present behavior, educational status, and physical and mental health. | X | | | |
| (b) Preliminary determination whether prospective child has disorders, disabilities, or deficits for which care, supervision, training, rehab, or treatment is needed | X | | | |
| **Information about Children in Care**<br>413-215-0396(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:<br>(A) The child's parents.<br>(B) The child's legal guardian, if different than parents, and legal relationship<br>(C) Other persons significant to child<br>(D) Other professionals to be involved in service planning (if applicable) | X | | | |
| (f) Required consents and authorizations | X | | | |
| **Health Services** 413-215-0376 | **Yes** | **No** | **N/A** | **Comments** |
| (2) Medical history obtained within 30 days<br>(a) significant findings<br>(b) current immunizations, history of surgical procedures-health issues-injuries<br>(c) allergies<br>(d) dental, vision, hearing, behavioral health, and<br>(f) physician orders | X | | | |
| (2)(e) Documentation of age-appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease | X | | | |
| (3) Agency provides or arranges for<br>(a) information on maintaining reproductive health and birth control<br>(b) prenatal care<br>(c) well baby care<br>(d) fetal alcohol syndrome<br>(e) accessing health insurance<br>(f) cancer screenings<br>(g) feminine hygiene products<br>(h) access to birth control and vaccinations | X | | | |
| (4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14) | | | X | Comment/recommendation: create a system to ensure medical exams occur when a youth is 14 during their care in the program. |
| **Consents** 413-215-0391(1) | **Yes** | **No** | **N/A** | |
| (a) Provide routine and emergency medical care | X | | | |
| (b) Use the discipline and behavior management system | X | | | |
| (c) Use restraint or seclusion (if applicable). Must specify the reasons for the intervention and how staff and proctor foster home parents are trained and supervised | X | | | |
| (d) Restrict contact with persons outside of the agency | X | | | |

| | | | | |
|---|---|---|---|---|
| (e) Allow access as defined in 413-215-0091 & 0101 | X | | | |
| (f) Impose a dress code | X | | | |
| (g) Apply the *reasonable and prudent parent* standard | X | | | |
| **Disclosures** 413-215-0391(2) Parent/guardian has acknowledged in writing: | **Yes** | **No** | **N/A** | |
| (a) Mandatory child abuse reporting requirements | X | | | |
| (b) Information regarding personal or room searches and protocols for confiscation of contraband | X | | | |
| (c) Statement of Rights of Children and Parents/Guardians | X | | | |
| (d) Grievance policies and procedures | X | | | |
| (e) Any policies and procedures upon request | X | | | |
| **Authorizations** 413-215-0391(3) | **Yes** | **No** | **N/A** | |
| (a) Disclose information | X | | | |
| (b) Child specific visitors | X | | | |
| (c) Visitation resources are pre-approved | X | | | |
| (d) Activity specific authorizations are pre-approved to allow children to participate in potentially hazardous activities, including but not limited to using motorized yard equipment, swimming, and horseback riding. | X | | | |
| **Service Planning** 413-215-0396(2) | **Yes** | **No** | **N/A** | |
| (a) All documentation written in terms that are easily understood | X | | | |
| (b) Intake document is completed the date child accepted into care (emergency placement 48 hours) | X | | | |
| (c) Child is served according to an individual service plan that outlines goals for services and care coordination | X | | | |
| (d) Assessment is completed within 30 days and contains relevant historical info., current behavioral observations, identified need for services, and how agency will provide or coordinate services | X | | | |
| (e) (A)&(B) Service plan within 60 days (parent, guardian and child actively involved). Describes how child's issues will be addressed, anticipated outcomes and reviewed by child and guardian/parent. | X | | | |
| (e)(C)&(D) Service plan is reviewed quarterly and revised when information indicates other services should be provided | X | | | |
| **Case Management** 413-215-0396(3) | **Yes** | **No** | **N/A** | |
| (a) Services are documented, progress toward achieving goals is tracked | X | | | |
| (b)-(d) discharge planning and instructions | X | | | |
| (e) Follow-up services identified (if applicable) | X | | | |
| (f) Incident Reports | X | | | |
| **Financial Records** 413-215-0396(4) | **Yes** | **No** | **N/A** | |
| Records contain (if applicable)<br>(a) date, amount, | X | | | |

| | | | | |
|---|---|---|---|---|
| (b) source<br>(c) purpose<br>(d)&(e) signatures | | | | |
| **Personal Possessions Records** 413-215-0396(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** | |
| (1) Stored safely | X | | | |
| (2) Permanent, legible, dated, and signed | X | | | |
| (7) Permanent registry for each child in care includes (name, gender, birth date, names, addresses of parents or guardians, dates of admission, and placement upon discharge) | X | | | |

Licensing Coordinator's Signature: Robin DuVal Date: 9/1/2022

Manager Review: [signature] Date: 9-1-2022