Licensed Child Caring Agency Site Visit Report
Foster Care

Licensee: Greater Oregon Behavioral Health Inc.
Executive Director: Karen Wheeler
Program Director: Adam Rodakowski

Board Chairperson: Chantay Jett
Date of site visit: 09/26/2022
Licensing Coordinator: Jenifer McIntosh, Jeff Minden, Tianna Burmester

Other Regulatory or Accrediting Agencies: Child Welfare-Treatment Services

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 413-215-0301 to 413-215-0396, Licensing Foster Care Agencies Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): GOBHI is a mental health organization that operates a foster care program. The program serves youth, age 3-20. The program continues to train staff and foster parents using the Collaborative Problem Solving Model. Regional Child Placing Coordinators are in different areas of the state and work with foster parents in their local areas. The program provides Behavior Rehabilitation Services to include; skill building, respite, crisis placement, individual counseling and recreational activities.

Program type and services: BRS Foster Care, Behavioral Health Treatment Foster Care, Non-BRS Crisis and Planned foster care, Mental Health Respite

Number of proctor foster parents and program capacity: 41 parents and 35 capacity

Funding sources: DHS Child Welfare, Columbia Pacific CCO, Care Oregon, InterCommunity Health Network CCO

Contracts and sources for referrals: DHS, Coordinated Care Organization (CCO) Contracts and referrals

Average length of stay: 12 months

Average daily population served: 25

Number of children served annually: 60

Interviews, Observations: Interviewed three proctor parents. All three had similar comments in that they appreciated the amount of training they received. All acknowledged feeling supported by GOHBI and their RCPC staff. All three could identify who they would talk to if they had complaints. No one offered any areas of improvement.

Two children were interviewed. Both children identified that they saw GOHBI staff regularly. One child was quite effusive in what they had to say about their experience with the family they were staying with. The other was quieter but answered all my questions and had no complaints. Neither shared any concerns.

Program Strengths: As shared by the agency, "GOBHI's Foster Care team is led by individuals with extensive knowledge of Oregon's Child Welfare programs and/or non-profits. Our program has been one that is looked to by other TFC programs as a leader and others will often come to GOBHI for support and/or guidance. GOBHI maintains a high fidelity to its behavior management model of Collaborative Problem Solving (CPS). All Proctor Foster Parent and TFC Staff attend a minimum of a Tier 1 CPS training or an 8 week parent training course. GOBHI has an in house Certified Trainer as well as multiple employees that completed a certification course and are able to provide CPS Parent Classes. With this knowledge and experience GOBHI can deliver services and documentation in a way that meets fidelity. Support and training can also be offered on a regular occurring basis as well as when needed. GOBHI has multiple opportunities for staff and Proctor Foster Parents to attend a variety of trainings. In addition to CPS, GOBHI possesses a Question, Pursuade, Refer (QPR) Suicide prevention trainer, a Crucial Conversations trainer, and two Non-Violent Crisis Prevention (CPI) Trainers to offer internal trainings, in addition to providing yearly opportunities for training internally and externally. Another aspect of GOBHI's Foster Care program that is a strength is the commitment to low caseloads for case managers. We believe that lower caseloads give each case manager (RCPC) the ability to give more attention to each child and Proctor Foster Parent assigned. Lower caseloads also proactively reduce burnout in personnel. GOBHI's Proctor Foster Parents and Foster Care team personnel often report feeling very supported in their roles.
In addition to lower caseloads for RCPCs, GOBHI often limits youth placed in homes to one youth in their own room. Although we realize the capacity that could be achieved in allowing room sharing, we feel that youth having their own rooms provides a safe, secure space. Having less youth placed in a home also allows our Proctor Foster Parents to provide more one on one attention to youth in their homes. Lastly, GOBHI possesses an Intake Specialist and Training Specialist to ensure quality and timely services are provided. Our intake specialist has knowledge of all GOBHI foster homes and ensures timely response regarding youth referred. Our Training Specialist trains all of our team, Proctor Foster Parents included, in BRS documentation. This is an extensive training and support system that has shown positive results in the knowledge, application, and documentation of behavior rehabilitation services."

Program Challenges: As shared by the agency, "GOBHI serves a large portion of the State of Oregon which entails workers driving large portions to complete weekly tasks. With inclement weather, schedules, and exhaustion from driving this has posed a challenge for GOBHI. Since COVID-19 occurred GOBHI has seen a reduction in recruitment. GOBHI has had to establish new methods of recruitment and certification to ensure safety and also reach more people. GOBHI experienced challenges in starting newer regions. While GOBHI has recently seen growth in some regions, such as Lane and Marion Counties, other new areas proved difficult to recruit in (Deschutes and Grant). Typically, GOBHI's model of strategically hiring staff located in the communities in which Proctor Foster Homes are certified is a successful one. This can be difficult to start up in new areas, however, due to the BRS funding model being that of a daily rate model dependent upon youth being in placement.

Changes that have occurred in the last 2 years: As shared by the agency, “COVID-19 has been the most significant change to our Foster Care Program in the last two years. We had to reinvent ways of ensuring youth safety and program services being delivered to fidelity while also ensuring safe social distancing and/or quarantine measures. GOBHI has had many employee changes over the last year including promotion to several employees within the team. Two of GOBHI's RCPC staff moved into Program Manager roles while one of the former Program Manager moved to another department within GOBHI. GOBHI also grew in many regions and hired five new staff. GOBHI's training specialist left GOBHI for another career opportunity and an RCPC was transitioned into their role. GOBHI has also recently hired a Marketing Specialist which is a new position to the team. GOBHI implemented a new electronic health record system BINTI in 2020 to support certification of foster home needs. This has been successful and has led to more thorough certification as well as easier ability to track needs. GOBHI is currently in the process of adding on the case management system and will be transitioning most foster care work over into BINTI over the next year.

Lawsuits: None

Grievances and complaints filed in the last two years: No

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

Within 45 days of receipt of this report GOHBI 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 Jeff Minden at Jeffrey.E.Minden@dhsoha.state.or.us

Recommendations: None

Exceptions: None

Changes in License: No

Summary of Review					
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Program and services are in scope of license	**x**				
Governance of the Agency 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Minimum of 5 board members	**x**				
(2)(f) Formally evaluate the exec. Director's performance annually	**x**				
(2)(h) Obtain and review an annual independent financial review or audit of financial records.	**x**				
(2)(k) Written quality improvement program	**x**				
(2)(l) Meeting minutes	**x**				
Executive Director or Program Director 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	**x**				
(3)(g) Approval from BCU	**x**				
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	**x**				
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)	**x**				
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable			**x**		
(3)(e) Agency uses seclusion appropriately/consistent with policy			**x**		
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	**x**				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215			**x**		
(b)(B) Contract includes the following:			**x**		

(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					
Supplemental Information Provided by CCA	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Documents as indicated on the form titled "Renewal Licensing Required Documents"	**x**				
Documents as indicated on form titled "Required Financial Documents and Information"	**x**				
All required policies and procedures as identified in the "Umbrella Rules"	**x**				
All required policies and procedures as identified in "Agency Type Specific Rules"	**x**				
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)	**x**				
413-215-0051(1) Sufficient safe space, equipment, and office equipment	**x**				
413-215-0091(12) License is posted in common area at each facility	**x**				
413-215-0001(5)(d) Adequate furnishings and personal items	**x**				
Medication 413-215-0381	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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: (a) description (b) name (c) reason (d) method (e) staff & witness signature	**x**				
(10) Written record of the administration of medication includes: (a) name (b) description (c) dates, 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**				
Placement of a Child by Agency 413-215-0356	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Placement is consistent with recommendations in the current home assessment	x				
(3) Home does not exceed: (a) 4:1 ratio approved proctor foster parent (b) 6:2 ratio approved proctor foster parents (c) 2 children under the age of 3	x				
(6) At time of placement the agency provides proctor foster home parents with: (a) Child's name, date of birth and reason for placement (b) Name and phone# of assigned worker (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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Agency has and adheres to a respite care policy	x				
(2)(a) Alternate caregivers are (A) at least 21 years of age and	x				

(B) have completed background checks					
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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 413-215-0356(4) Documentation of the basis for placement	x				
(2)(g) Documentation of home visit (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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)&(2) Assessment is based on an on-site review of the home, observations and interviews of each household member,	x				

background check, any information gathered during assessment.					
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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	x				

cultural identities of each child and provide opportunities to enhance the positive self-concept and understanding of child's heritage					
(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**	**COMMENTS**	**Corrective Action Completed**
(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: (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	xx				
(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					
(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: (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:	x				

(A) types of emergencies most likely to happen where the proctor foster home is located (B) Identifying a place to meet for each type of emergency identified (C) Identifying an alternate shelter if necessary (D) Ensuring access to all necessary medication or medical equipment (E) 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				
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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 (A) Program statement (B) Requirements for Proctor Homes (C) Policies of agency governing proctor foster homes (D) Training requirements (E) Licensing rules (F) Expectations for working with the agency	x				
Orientation – Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(b) Ethical and professional guidelines	x				
(c) Organizational lines of authority	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				
Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
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		Agency had used a private vendor instead of the Oregon Background Check Unit (BCU) as required by rule to have a background check completed on two employees. Agency did not have background check redone for one staff who was promoted to new position to get. Corrective Action: Have BCU checks done on all three staff identified during review.	
(3)(d) Annual performance evaluations		x		One staff did not have a performance evaluation done in 2021 as agency was transitioning between evaluation databases. There is no Corrective Action needed as all other performance evaluations were completed. The new system is in place and all other evaluations were completed as required.	
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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: (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 – Foster Care (30 days) 413-215-0371	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Discipline and behavior management including de-escalation, crisis prevention, positive behavior management, and disciplinary techniques that are non-punitive in nature	x				
(1)(b) Restraint and seclusion (if applicable)	x				
Ongoing Training	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0371(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: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report	x				

(c) legal responsibility to report is personal to the employee					
Children's Records	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Name	x				
Initial Evaluation 413-215-0386(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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 413-215-0396(1) Summary sheet contains the following:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a)The name, gender, date of birth, religious preference, and previous address	x				
(b) Name and location of previous and current school	x				
(c) Date of admission		x		One of the children's records reviewed was missing date of admission. This was corrected at time of the review. No Corrective Action is needed.	
(d) Legal custody	x				
(e) The name, address, and telephone number of: (A) The child's parents. (B) The child's legal guardian, if different than parents, and legal relationship (C) Other persons significant to child (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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2) Medical history obtained within 30 days (a) significant findings (b) current immunizations, history of surgical procedures-health issues-injuries	x				

(c) allergies (d) dental, vision, hearing, behavioral health, and (f) physician orders					
(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 (a) information on maintaining reproductive health and birth control (b) prenatal care (c) well baby care (d) fetal alcohol syndrome (e) accessing health insurance (f) cancer screenings (g) feminine hygiene products (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				
Consents 413-215-0391(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Provide routine and emergency medical care	x				
(b) Use the discipline and behavior management system	x				
(c) Use restraint or seclusion (if applicable). Must specify the reasons for the intervention and how staff 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**	**Corrective Actions/Comments**	**Corrective Action Completed**

(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**	**Corrective Actions/Comments**	**Corrective Action Completed**
Records contain (if applicable) (a) date, amount, (b) source (c) purpose (d)&(e) signatures	x				
Personal Possessions Records 413-215-0396(5)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Individual written inventory of all personal possessions is maintained and updated as needed	x				
Records and Documentation 413-215-0071	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1) Stored safely	x				
(2) Permanent, legible, dated, and signed	x				
(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: Jeff Minden Date: 10-11-2022

Manager Review: _____ Date: 10-11-2022