Licensed Child Caring Agency Unannounced Site Visit Report

Licensee: Douglas County Juvenile Department
Executive Director: Aric Fromdahl
Program Director: Rob Salerno
Date of Unannounced: 11/4/22
Licensing Coordinator: Mary Torres
Other Regulatory or Accrediting Agencies: Oregon Department of Human Services (ODHS) Child Welfare – Treatment Services, Oregon Health Authority (OHA), Joint Commission, Oregon Health Authority (OHA)

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

Previous Findings	Repeat Findings Further Action Needed	Comments
All required policies and procedures as identified in the "Umbrella Rules" The policy submitted to cover Conflict of Interest, Policy # A-10, does not meet licensing rule. **CORRECTIVE ACTION:** Create a Conflict-of-Interest policy that is reflective of the Licensing Rule	**Yes☐ No✓**	Received by Licensing via standard mail on 7/25/22 in the program's original Corrective Action Plan.
All required policies and procedures as identified in the "Umbrella Rules" The submitted Youth and Parent/Guardian Rights (Policy # CTS-8) is missing required items.	**Yes☐ No✓**	Received by Licensing via standard mail on 7/25/22 in the program's original Corrective Action Plan.

CORRECTIVE ACTION: Revise Policy # CTS-8 that is reflective of Licensing Rule.		
All required policies and procedures as identified in the "Umbrella Rules" The existing Grievance Procedure (Policy # CTS-9) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise Policy # CTS-9 that is reflective of Licensing Rule.	**Yes☐ No✓**	Received policy submitted at the time of the review.
All required policies and procedures as identified in the "Umbrella Rules" The existing policy related to mandatory child abuse reporting (Policy# A-17) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise the existing policy that is reflective of Licensing Rule.	**Yes☐ No✓**	Revised policy submitted via email on 9/6/22.
All required policies and procedures as identified in the "Umbrella Rules" A policy regarding documenting and reporting critical events was not submitted for review. **CORRECTIVE ACTION:** Submit a copy of this policy.	**Yes☐ No✓**	Received policy submitted at the time of the review.
All required policies and procedures as identified in the "Umbrella Rules" Submitted policy regarding personnel (Policy# A-12) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise Policy# A-12 that is reflective of the Licensing Rule.	**Yes☐ No✓**	Revised policy submitted via email on 11/15/22.
All required policies and procedures as identified in the "Umbrella Rules" The policy regarding privacy (Policy# A-11) is related to employees and not youth and their families was not submitted. **CORRECTIVE ACTION:** Submit privacy policy for review.	**Yes☐ No✓**	Received policy submitted at the time of the review.

All required policies and procedures as identified in the "Umbrella Rules" The existing Behavior Management Policy (Policy # CTS-1) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise Policy # CTS -1 that is reflective of the Licensing Rule.	**Yes☐ No✓**	Revised policy submitted via email on 9/1/22
All required policies and procedures as identified in the "Umbrella Rules" Youth Searches policy (Policy# YC-1) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise Policy# YC-1 that is reflective of the Licensing Rule.	**Yes☐ No✓**	Revised policy submitted via email on 8/31/22.
All required policies and procedures as identified in the "Umbrella Rules" Use of Restraint and Seclusion policy (Policy# CTS-22) requires revision to meet compliance. **CORRECTIVE ACTION:** Revise Policy# CTS-22 to reflect the Licensing Rule.	**Yes☐ No✓**	Revised policy submitted via email on 9/1/22.
Physical Plant **413-215-0511(2)(a) &(c) Buildings are smoke clean and in good free, repair** - Room #3 at Rising Light has profanity written on walls. - Room #4 at River Rock has multiple holes in the wall. - Room #2 at River Rock door and door frame damaged - River Rock has soaked towels outside shower stall as makeshift bath mat - Bathroom at River Rock has a hole in the wall **CORRECTIVE ACTION:** - Wipe clean or paint over profanity. - Repair holes in the walls.	**Yes☐ No✓**	Repairs were reported as completed at the time of the original Corrective Action Plan was submitted via standard mail on 7/25/22. This unannounced visit confirmed the recent renovation of building resulted in the requested repairs.

- Replace or repair door and door frame - Develop a plan where towels are picked up from the floor to avoid saturated towels from being left on floors for extended periods of time. - Repair hole in wall in bathroom		
Physical Plant **413-215-0511(2)(h) Building is well ventilated and room temperature is within a normal comfort range** Room #10 at River Rock noticeably cool during the facility's tour. **CORRECTIVE ACTION:** Assess youth's comfort level with the room's temperature and evaluate what maybe causing the noticeable difference in room temperature to ensure a normal comfort range.	**Yes☐ No✓**	Buildings and Facilities assessed the situation and found temperatures in this room functioning normally. Any variations in temperature are reported to Buildings and Facilities, assessed, and addressed as needed.
Room and Space Requirements **Bedrooms 413-215-0516(3) (c) Outside room with window allowing egress from building** Bedrooms at River Rock and Rising Light have either no or fixed windows that require an exception from Licensing. **CORRECTIVE ACTION:** Submit new window exception for this next licensing period (2022-2024).	**Yes☐ No✓**	An exception request was submitted to and granted by Licensing for the next licensing period (2022-2024).
Room and Space Requirements **Bathrooms 413-215-0516(4) (a)(H) Adequate ventilation** ***REPEAT FINDING*** from 2021 Unannounced Visit. Bathroom at River Rock continues not to have a source of ventilation. **CORRECTIVE ACTION:** Address lack of ventilation during the facility's current remodel.	**Yes☐ No✓**	With recent renovation, the lack of ventilation in the bathroom was remedied. This was confirmed during the unannounced visit.

Safety – Transportation 413-215-0541 **(5)(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC** - Black Impala (without cage) – driver's seat has no back cover - 15 passenger van has no 1st aid kit and padlock key to emergency box is missing - 14 passenger van 2021 has expired registration **CORRECTIVE ACTION:** Make necessary repairs to the driver's seat in the black Impala. Ensure that the 15-passenger van has a 1st aid kit and that a lock to the padlock is placed on the van's key chain. Renew the registration for the 2021 14 passenger van. Place insurance and accident packet in each vehicle.	**Yes✓ No☐**	***REPEAT FINDING:*** During unannounced visit, the driver's seat in the Black Impala still did not have a back cover. **CORRECTIVE ACTION:** Repair the driver's seat as requested and submit a photo as proof of completed task.
Medication 413-215-0551 **(10) Written record of the administration of medication** Medication Administration Records (MARs) reviewed at Rising Light and River Rock reflected several times where missed medication was not appropriately documented. **CORRECTIVE ACTION:** Determine if the missed documentation is related to a specific staff member and follow up with additional training. Remind all staff the importance of medication documentation.	**Yes☐ No✓**	All staff were coached regarding the importance of concise documentation on the MARS. MARS were reviewed at the time of the unannounced visit and reflected no missed documentation.
Personnel Files 413-215-0061 (3)(d) Annual performance evaluations Four out of the five personnel files reviewed did not document the completion of annual evaluations.	**Yes☐ No✓**	Evaluations are reportedly conducted, but not routinely placed in the personnel files. Staff were coached on the importance of filing completed evaluations in their respective files. Ongoing compliance in this area will be monitored in subsequent visits.

CORRECTIVE ACTION: Ensure that annual performance evaluations are completed and maintained in their respective personnel files from this point forward.		
New Employee Orientation – Umbrella Requirements (30 days) **413-215-0061(4) (a) Agency policies and procedures** New Employee Orientation for three staff members could not be verified during the audit of personnel files. **CORRECTIVE ACTION:** Submit a plan as to how new employee training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (a) Ethical and professional guidelines New Employee Orientation for three staff members could not be verified during the audit of personnel files. **CORRECTIVE ACTION:** Submit a plan as to how new employee training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (a) Organizational lines of authority New Employee Orientation for three staff members could not be verified during the audit of personnel files. **CORRECTIVE ACTION:** Submit a plan as to how new employee training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
New Employee Orientation – Umbrella Requirements (30 days) **413-215-0061(4) (a) Attributes of population served**	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.

New Employee Orientation for three staff members could not be verified during the audit of personnel files. **CORRECTIVE ACTION:** Submit a plan as to how new employee training will be provided and appropriately documented from this point forward.		
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (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 New Employee Orientation for three staff members could not be verified during the audit of personnel files. **CORRECTIVE ACTION:** Submit a plan as to how new employee training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (a) Privacy laws New Employee Orientation for three staff members could not be verified during the audit of personnel files. **CORRECTIVE ACTION:** Submit a plan as to how new employee training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (b) Emergency procedures New Employee Orientation for three staff members could not be verified during the audit of personnel files.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.

CORRECTIVE ACTION: Submit a plan as to how new employee training will be provided and appropriately documented from this point forward.		
Ongoing Training 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) Four out of five personnel files did not reflect the completion of required ongoing training in these areas. **CORRECTIVE ACTION:** Submit a plan as to how this training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
Ongoing Training 413-215-0556(2)(a) Environmental Emergencies Four out of five personnel files did not reflect the completion of required ongoing training in these areas. **CORRECTIVE ACTION:** Submit a plan as to how this training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
Ongoing Training 413-215-0556(2)(b) Universal Precautions Four out of five personnel files did not reflect the completion of required ongoing training in these areas. **CORRECTIVE ACTION:** Submit a plan as to how this training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
Ongoing Training 413-215-0556(2)(c) Discipline and Behavior Management	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly

Four out of five personnel files did not reflect the completion of required ongoing training in these areas. **CORRECTIVE ACTION:** Submit a plan as to how this training will be provided and appropriately documented from this point forward.		created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
Ongoing Training 413-215-0061(5) Mandatory reporting (annually) that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee Four out of five personnel files did not reflect the completion of required ongoing training in these areas. **CORRECTIVE ACTION:** Submit a plan as to how this training will be provided and appropriately documented from this point forward.	**Yes☐ No✓**	As documented in original Corrective Action Plan submitted via standard mail on 7/25/22, the program commits to utilizing the existing training database system and use the newly created training checklist to ensure all training topics are completed and documented. Compliance in this area will be measured at the time of the next review.
Children's Records Health Services 413-215-0546 (2)(e) Documentation of age-appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease Youth files reviewed do not reflect the documentation of age-appropriate instruction. **CORRECTIVE ACTION:** Develop a procedure where age-appropriate instruction is documented in the youths' files from this point forward.	**Yes☐ No✓**	Age-appropriate instruction will be included in each youths' Assessment and Evaluation. Compliance in this area will be measured at the time of the next review.
Consents 413-215-0576(1) (e) Allow access as defined in 413-215-0091 & 0101	**Yes☐ No✓**	Intake forms updated to include missing consent.

Consent allowing access could not be located in the youth files. **CORRECTIVE ACTION:** Add required consent to intake packet.		
Consents 413-215-0576(1) (c) Impose a dress code Consent imposing a dress code could not be located in the youth files. **CORRECTIVE ACTION:** Add required consent to intake packet that the program may impose a dress code during a youth's stay.	**Yes☐ No✓**	Intake forms updated to include missing consent.
Consents 413-215-0576(1) (g) Apply the reasonable and prudent parent Standard Consent applying reasonable and prudent parent standard could not be located in the youth files. **CORRECTIVE ACTION:** Add required consent to intake packet.	**Yes☐ No✓**	Intake forms updated to include missing consent.
Disclosures 413-215-0576(2) Parent/guardian has acknowledged in writing: (a) Information regarding personal or room searches and protocols for confiscation of contraband Disclosure regarding personal and room searches and protocols for confiscation of contraband could not be located in the youth files. **CORRECTIVE ACTION:** Add required disclosure to intake packet	**Yes☐ No✓**	Intake forms updated to include missing disclosure.
Disclosures413-215-0576(2) Parent/ guardian has acknowledged in writing: (c) Any policies and procedures upon request	**Yes☐ No✓**	Intake forms updated to include missing disclosure.

Disclosure stating that policies and procedures will be provided upon request. **CORRECTIVE ACTION:** Add required disclosure to intake packet.		
Authorizations 413-215-0576(3) **(d) Activity specific authorizations are preapproved to allow children to participate in potentially hazardous activities, including but not limited to using motorized yard equipment, swimming, and horseback riding.** Two out the five youth files reviewed did not have activity specific authorizations. **CORRECTIVE ACTION:** Ensure that this authorization is obtained and kept in the respective youth file from this point forward.	**Yes☐ No✓**	Intake forms updated to include missing authorizations.

New Findings from Site Visit	**Comments**
Physical Plant **413-215-0511(2)(a) &(c) Buildings are smoke clean and in good free, repair**	Rising Light: - Bathroom - Water-soaked towel used as bath mat - Bedroom #6 is missing wooden panels from bedroom armoire River Rock: - Wall above the shower stall is peeling - **CORRECTIVE ACTION:** - Develop a plan where towels are picked up from the floor to avoid saturated towels from being left on floors for extended periods of time - Replace/repair broken armoire in bedroom #6 - Repair peeling walls above shower stall and re caulk to prevent water damage
413-215-0526 New Facility or Remodel *(Technical Amended 01/13/20)* (1) Building plans.	River Rock was recently renovated. **CORRECTIVE ACTION:** Submit a copy of River Rock's renovated floor plan

(a) A *residential care agency* must submit to the Department for approval a set of plans and specifications for each building used for children in care operated by the *residential care agency*	

Interview Summary
Met with the Program Director who led the program's tour. During the unannounced visit, the following information was provided and gathered: - Census remains low. There are 4 youth in Rising Light and 7 youth at River Rock. - Two new intakes are pending with possible entry scheduled over the next few days. - Referrals for the program are up, however referred youth are ineligible for placement due to current physical aggression. - The renovation at River Rock remains incomplete. The work crew was pulled off the project to assist in another area within the county. All main living areas, bathrooms and youth bedrooms have been completed. A staff and storage area in the back still need to be completed. - The program updated on recent staff changes, with staff assuming new roles and responsibilities. - Employee grant money has been used for staff recruitment and retention. A monetary incentive was given to all existing employees based on their initial hire date. Swing shift received a differential pay increase while graveyard staff were surveyed and opted to implement a 4 day/10-hour work week to minimize burnout. - Despite there being two open positions, the program is considered to be fully staffed. - The program implemented a check in and check out system for the vehicles to encourage cleanliness and accountability. A youth from each facility were interviewed. Youth report feeling safe in program, both having been in program for quite some time. One youth shared an experience where they felt unsafe during a conflict with another peer, but staff immediately intervened and the peer was discharged from the program, the same day. Youth were able to identify multiple staff members to report concerns to. In addition, there was a high confidence level that any problem would be addressed immediately. Strengths of the program revolved around staff. Staff were described as "genuine," supportive and good listeners. Although no program concerns were reported by either youth, one youth made recommendations for group topics, encouraging more focus on mental health skills rather than addressing behavioral issues. The youth recommended conversations promoting self awareness, healthy boundaries, trauma responses, sympathy/empathy, and assertiveness. Both youths report a frequent contact with family and friends.

Observations
The renovation at River Rock has left the common area spacious and inviting. The staff's work-station was redesigned leaving the area open and eliminating any physical barriers on the backside of the station. The L shaped counter around a portion of the workstation was lowered and offers more counter space for youth to do homework or eat. Mounted stools were added for youth to use, allowing youth to have their own space. Additional single rooms were added to the floor plan as well as a staff break room and additional storage room to the back of the facility.

Corrective Actions and Timeframes:
Please submit the following to verify compliance.
Within 45 days of receipt of this report **Douglas County Juvenile Department** must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to **Mary Torres** at **mary.torres@odhsoha.oregon.gov**.

Licensing Coordinator's Signature: _____ Date: 11/23/22

Manager Review: _____ Date: 11-23-2022