Licensed Child Caring Agency Site Visit Report
Foster Care

Licensee: Polk Youth Services, Inc.
Executive Director and Program Director: David Valencia
Date of site visit: November 9, 2022
Licensing Coordinator: Jorge Pelinski and Holly Ivey

Other Regulatory or Accrediting Agencies: The Oregon Youth Authority (OYA)

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): Polk County Youth Services is a proctor care program that provides a community-based treatment alternative to group care and institutionalization for up to 12 male Oregon Youth Authority (OYA) Youth, ages 12-20, who reside in the state of Oregon. Polk Youth Program focuses on youth who have a history of chronic law violation, behavioral and emotional problems, family problems, poor peer relations, school failure, minimal school performance, low self-esteem, and mental health issues. The services provided include structured living environment in therapeutic foster care, assessment and evaluation, individual and family counseling, psycho-social skills training, mental health treatment, transition services, outpatient drug and alcohol treatment, and independent living relapse prevention groups. Youth in the program attend public school.

Program type and services: Behavior Rehabilitation Services (BRS) Treatment Foster Care for youth in the care and custody of OYA.

Number of proctor foster parents and program capacity: The program has 3 proctor parents with a capacity of 7 children.

Funding sources: BRS Contracts through OYA and an Independent Living Contract with Oregon Department of Human Services (ODHS).

Contracts and sources for referrals: OYA referrals come through the JPASS electronic data base, which is used by Probation Officers.

Average length of stay: 9-12 months

Average daily population served: 6 children

Number of children served annually: 21 children

Interviews, Observations: David Valencia, Executive Director, two foster parents, and two youths were interviewed.

- ***Foster Parent Interview:*** The foster parent stated that she really enjoys her job and has been a foster parent for almost four years now. The foster parent stated that the program staff are very supportive and that she can contact them at any time regarding any questions or concerns she may have. She feels that she receives a lot of information regarding the foster children before coming into her home. The foster parent receives ongoing training such as CPR Training and Mandatory Abuse Reporting.
- ***Foster Parent Interview:*** The foster parent shared that she has been a foster parent for a few months now. The foster parent shared that she feels supported by the program and that they are helpful. She receives ongoing training such as Mandatory Abuse Reporting, CPR, and mental health disabilities. She feels that she receives a lot of information regarding the foster children before coming into her home. The foster parent expressed that what she appreciates the most is that the program is helping kids and that she is receiving the support she needs from the program as well.
- ***Child Interview:*** The first youth interviewed stated that he has been with his current foster home for three months. This youth expressed things are going well for him in the foster home. He feels comfortable talking to his foster family regarding needs he has. This youth shared that he gets to train dogs, which he shared is tiring, but also fun, as he grew up around a lot of dogs. This youth appreciates the honesty and respect that he receives from his foster family. This youth has a lot of opportunities to play sports and shared that his favorite sport to play is basketball. This youth receives three meals a day, snacks and gets enough food to eat. This youth stated that he is provided sufficient hygiene supplies. This child stated that he is always able to talk on the phone with people on his approved contact list. This youth stated that he feels safe residing in the foster home.
- ***Child Interview:*** The second youth interviewed stated being at his current foster home for 3.5 months. This youth expressed things are going well for him. He feels comfortable talking to his foster family and feels respected by them. His favorite thing about his foster home is enjoying being in a home versus “behind the fence.” He is also really enjoying home visits with his family. For fun this youth likes to work out at the gym and play basketball. This child stated that he is always able to talk on the phone with people on his approved contact list. This youth receives three meals a day, snacks and gets enough food to eat. This youth stated that he is provided sufficient hygiene supplies. This youth stated that he feels safe residing in the foster home.

Program Strengths:

The following was stated by Polk Youth Program’s Executive Director prior to the review:

“We have been consistent throughout the years with staff and proctor homes. We are selective of the youth we serve to ensure that they are a good fit for the program and the home they will be living in. As a result, we rarely have serious incidents with youth. We have individualized all services for the youth we work with, which has led to more success. I feel we work well with our proctor homes, and I know they feel supported. I also feel we work well with our OYA Juvenile Parole & Probation Officers (JPPOs) and ODHS Case Managers. We value communication and collaboration in all that we do. Program has many strengths. We have great proctor parents

who truly care for the youth in their homes. We have stability in staff, and they very good at what they do. Program is well liked by JPPOs and OYA, and we usually get referrals that are apporpriate from JPPO's."

Program Challenges:
The following was stated by Polk Youth Program's Executive Director prior to the review:
"Our challenge has always been recruiting proctor homes. We have tried advertising in local newspapers, social media, and word of mouth. It has even been more difficult with COVID. Another challenge is having enough appropriate referrals. I get a lot of referrals, but many of them are for youth who I feel need a higher level."

Changes that have occurred in the last 2 years:
The following was stated by Polk Youth Program's Executive Director prior to the review:
"Due to Covid and working from home, I had to let go of our Office Manager, as her services were not necessary."

Lawsuits: N/A

Grievances and complaints filed in the last two years: N/A

Corrective Actions and Timeframes: Please submit the following to verify compliance.
Within 45 days of receipt of this report Polk Youth Program, 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 the Licensing Coordinator, Jorge Pelinski at: jorge.l.pelinski@dhsoha.state.or.us

Changes in License: N/A

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: (i) Services provided (ii) Contractor fees (iii) Disclosure of information from contractor to agency (iv) Lines of authority (v) Adherence to rules, including background check (vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability			X		

Supplemental Information Provided by CCA	Yes	No	N/A	Corrective Actions/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		**Supplemental Information Provided by CCA** All required policies and procedures as identified in the "Umbrella Rules" *See page 18 for the Umbrella Policy revision requirements.	
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 (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**	**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**		**Records of Proctor Foster Homes** 413-215-0351 413-215-0349(1)-(7) Required notifications • The above requirement was missing in the foster parent files reviewed. Documentation must be kept in the foster parent files to verify the above requirement is being met.	
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, 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**	**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 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**	**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	**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: (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: (A) types of emergencies most likely to happen where the proctor foster home is located	**X**				

(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 for Proctor Foster Homes Applicants** 413-215-0321(2) (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 • Verification that the foster parents received the above required information was not found.	
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**		**Orientation – Umbrella Requirements (30 days)** 413-215-0061(4) (f) Privacy laws • Verification of the above requirement being met was not found in a foster parent file.	
(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**				
(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**	**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	**X**				

(c) legal responsibility to report is personal to the employee					
(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 (c) legal responsibility to report is personal to the employee	X				
Comments:					
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**				
(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 (c) allergies (d) dental, vision, hearing, behavioral health, and (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			**X**		

(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					
(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**				

€ 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 € purpose (d)&€ signatures			**X**	N/A: The youth do not have money while residing in the program.	
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**				
Comments:					

*Supplemental information provided by the CCA as stated above (page 5). Required Policy Revisions:

413-215-0077 Licensing Umbrella Rules: Restraints and Involuntary Seclusion *(Amended 07/01/2022**(13) Reporting Requirements**(e) Each child caring agency shall provide notice regarding how to access the quarterly reports to the parents or guardians of children in care in the program. The child caring agency shall provide the notice upon the child in care's admission and at least two times each year thereafter.*

- Documentation was not found in the files to verify that the agency had provided guardians of the youth with notice of how to access the agency's quarterly restraint reports. The agency must provide the notice upon the child in care's admission and at least two times each year thereafter to the guardians.

413-215-0078 Licensing Umbrella Rules: Information Provided to Children in Care *(Adopted 02/01/2022) (1) Each child in care receiving services from a child-caring agency must be given the following: (a) Instruction regarding how a child in care may report suspected inappropriate use of restraint or involuntary seclusion; (b) Assurance that the child in care will not experience retaliation for reporting suspected inappropriate uses of restraint or involuntary seclusion and;* (c) The telephone number for the toll-free child abuse hotline described in ORS 417.805 and

the telephone numbers and electronic mail addresses for the program's licensing agency, the child in care's caseworker and attorney, the child in care's court appointed special advocate and Disability Rights Oregon.

- Documentation was not found to verify that the agency had provided the above required information to the youth in the program at admission.

Licensing Coordinator's Signature: Holly Ivey Date: 12-13-2022

Licensing Coordinator's Signature: Jorge Polinski Date: 12.13.2022

Manager Review: [signature] Date: 12-9-2022