Oregon Department of Human Services

Licensed Child Caring Agency Site Visit Report

Licensee: Morrison Family Services
Executive Director: Drew Henrie-McWilliams

Date of site visit: November 14-16, 2022
Licensing Coordinator: Jorge Pelinski, Holly Ivey, Tom Heidt, Ed Wyller and Irvin Minten

Program Compliance: The program is or will be compliant with OAR 413-215-0001 through 0131 Licensing Umbrella Rules, OAR 413-215-0301 through 0396 Licensing Foster Care Agencies, OAR 413-215-0501 through 0586 Licensing Residential Care and OAR 413-215-0801 through 0856 Licensing Day Treatment.
Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Agency Description(s) as provided by Morrison:
Morrison Child and Family Services was founded in 1947, by Carl V. Morrison, who was a psychologist in Portland. It has grown to be a large organization with a projected annual budget of around 33 million, and they employ approximately 414 employees. Morrison Child and Family Services served 10,996 children in and families in 2021-2022. Morrison has programs that are licensed by Oregon Department of Human Services (ODHS) Licensing and outpatient programs that are not.

Individual Program Description(s):
Planned and Crisis Respite Care (PCRC)- Provides planned or emergency short-term overnight respite services for children 3-17 years old. Respite providers are certified Therapeutic Foster Parents through Morrison. The providers have been screened and specially trained to work with children and youth who have a history of mental illness and may have been impacted by trauma. Respite homes provide a safe, supportive and structured environment in which youth can take advantage of new opportunities. The average length of stay in 2020 was 2 days and the service is primarily utilized on weekends.

Therapeutic Foster Care-
Morrison's Therapeutic Foster Care (TFC) program provides a safe and nurturing environment with care provided by specially screened parents who are trained to work with children and youth impacted by trauma. TFC children and youth are 3-17 years old living in the Portland-Metropolitan area and have been referred by their Child Welfare Caseworker for Therapeutic Foster Care because of clinical and behavioral issues that require specialized care. Morrison's TFC program is contracted to provide care for up to 12 children. Often youth participating in TFC have experienced multiple attachment disruptions and have suffered neglect as well as severe physical, sexual and emotional trauma. As a result, they can experience mental health and behavioral issues that make it difficult for them to cope with daily routines and relationships. The average length of stay in 2021 was 448 days. At the Licensing Review it was reported there were 5 certified foster homes, with a capacity of to serve 6 children.

Counterpoint Day Treatment -This program was founded in 1983. The Counterpoint Day Treatment and Proctor Care Program is a comprehensive program that combines mental health and sexual offending treatment approaches with an accredited school program and proctor care. The day program is open 8:45 am to 4:00 p.m. Monday-Friday and serves adolescent boys 12 to 17 years old that have sexual behavior difficulties. Proctor homes provide care, support and supervision evenings and weekends for youth in OYA custody. Youth can be referred through various sources: families, DHS, school, although most are referred by the Oregon Youth Authority Staff. Treatment services occur throughout the day and include peer group meetings, offender accountability groups, abuse survivor/personal history groups, alcohol and drug education groups, alcohol and drug treatment groups and behavioral skills groups. Group skills training also includes sex education, anger management, assertiveness training and healthy relationships. Youth have access to individual and family counseling, medical care, case management and psychiatric services. A full range of adolescent substance use treatment and recovery services are provided when needed. This program focuses on teaching positive, age-appropriate social skills while helping clients to resolve personal issues and cope with earlier trauma. Research indicates that early intervention with adolescents can eliminate future sexual offenses as well as significantly decrease the likelihood of social, emotional and developmental problems from developing later in their lives. The school day is provided by Portland Public School teaching staff. Cognitive-behavioral treatment strategies and interventions are used throughout the program.

Counterpoint Foster Care – Youth live in proctor care homes specifically recruited and supported by Morrison to provide a therapeutic home environment. Proctor parents are certified through the Oregon Youth Authority. Proctor parents receive training, supervision, and support by Morrison Staff. Proctor parents are highly involved in care planning and receive information daily from day treatment staff about youth progress and behavior. Counterpoint staff provide monthly home visits and home inspections to provide feedback and support for proctor parents. Proctor parents also receive individualized coaching when they request additional support, when youth needs increase or change significantly and when staff assess that increased supervision would be beneficial. For safety and therapeutic reasons, no young children are placed in these homes. At the Licensing Review it was reported there were 5 certified homes with a capacity to serve 14 children. The average length of stay for youth in care during 2022 was 457 days.

Downtown Shelter – The Downtown Shelter is a 50-bed youth shelter located in downtown Portland that serves immigrant youth, 13-17 years old. Both males and females are served but housed in separate areas of the facility. The Program opened July 2014. It provides temporary housing in a supervised living environment, 6 hours of education per day and case management services designed to support the re-unification process. Referrals are made to community resources for outpatient medical, dental and mental health services. Supportive counseling services are also provided by Downtown Shelter clinicians when needed. The primary goal of the Program is for children to be placed with family members or an identified sponsor. Services are designed to achieve this goal. The Downtown Shelter program provides residential services in partnership with the US Department of Health and Human Services, Administration for Children and Families, Office of Refugee and Resettlement (ORR). All services are planned and coordinated with ORR Federal Field Specialists acting as legal guardians. Youth are referred to the Shelter based upon an assessment of their developmental and behavioral needs that indicates that they can function safely and successfully in an open, less restrictive

environment. Individual service needs and level of care is reviewed frequently (every 30 days) with the ORR Federal Field Specialist. In this model influenced by child welfare practices, Morrison does not make initial placement, transfer or discharge decisions but acts as a care provider and advocate for the youth. The population served is primarily immigrant youth from Central and South America who have entered the United States without parents or legal guardians and without a legal immigration status. The youth typically speak Spanish or indigenous languages spoken in their home countries. The average length of stay in 2022 was 30 days.

Long Term Group Home-The Long-Term Group Home is a residential program serving immigrant youth, 13-17 years old. It is co-located with the Morrison Downtown Shelter Program but has separate physical space and staffing. The Program opened in April 2017. The Long-Term Group Home program provides residential care, health care follow-up, socialization/recreation, life skills training and development, access to legal services, case management services and mental health counseling, if needed. Youth placed in the program attend Lincoln High School during the day and return to the Program after school and extra-curricular activities are completed. All services are coordinated closely with ORR Federal Field Specialists who act as legal guardians. In this model influenced by child welfare practices, Morrison does not make placement or discharge decisions, but acts as a care provider and advocate for youth served. Immigrant youth served within the Long-term Group Home program do not typically have serious behavioral or developmental concerns. They require a long-term placement, usually 6-9 months, because there is not an identified family member or adult sponsor to act as a legal guardian in the US. Consequently, programmatic and system goals are to assist youth in understanding and adjusting to their legal status and prepare for independent living. Family or sponsor re-unification remains a goal if it is possible to achieve. Services provided are community-based, supportive, and "as-needed". Youth attend a public high school and participate in extra-curricular high school activities without direct, face-to-face supervision from program staff. They receive less frequent case management services and utilization of supportive counseling services is not required. Additional criteria for placement within the Long-term Group Home include: being under the age of 17.5 years at the time of placement and potential eligibility for "immigration" or "legal" relief. The population served are primarily youth from Central or South America who speak Spanish and indigenous languages spoken in their home countries. They have entered the United States without a parent or legal guardian and without legal immigration status. The average length of stay in 2022 was 149 days

SAGE Residential – The Support, Achieve, Grow, and Empower (SAGE) Program serves Commercially Sexually Exploited Children (CSEC) who have been identified as needing intensive services to prevent future victimization. The secure residential setting allows staff to build a relationship with each youth while engaging them in services. The foundation of the CSEC program is the Sanctuary Model, and the milieu utilizes Collaborative Problem Solving. SAGE serves female identifying youth, ages 11 to 16.5, who are residents of the state of Oregon and have experienced commercial sexual exploitation. The program is designed to last 11 to 14 months. It includes a full range of mental health treatment (individual, group, family, psychiatric), substance abuse treatment, milieu therapy, on site education, medical case management services and education and treatment specific to commercial sexual exploitation and sex trafficking. Portland Public Schools provides an on-site school. Their contract with Oregon Health Authority is for 12 youth, ages 11-16.5, but the program has the capacity to serve 26 youth ages 10-17. The average length of stay in 2022 was 231 days.

Program type and services: Residential, Foster Care, and Day Treatment Services

Number of proctor foster parents and program capacity: The number of proctor foster parents and program capacity was identified by program managers.

***Planned Crisis Respite Foster Care*:** 12 certified foster homes, capacity 21
Foster Care Program: 5 certified foster homes, capacity- 6
***Counterpoint*:** 5 certified foster homes, capacity- 14

Average length of stay: The average length of stay was identified by program managers.
***Planned Crisis Respite Foster Care*:** (Primarily this service is only utilized on weekends)

- 2021- 2-3 days
- 2022- 2-3 days

Foster Care Program:

- 2021- 448 days
- 2022- 268 days

Counterpoint:

- *2021-* 321 days
- 2022- 457 days

***SAGE*:**

- 2021 315 days
- 2022 231 days

***Residential Care Program Update-Long Term Group Home*:**

- 2021- 95 days
- 2022- 149 days

***Residential Care Program Update-Shelter*:**

- 2021- 33 days
- 2022- 30 days

Average daily population served: The average daily population was identified by program managers.
***Planned Crisis Respite Foster Care*:**

- 2021- 62 children
- 2022- 50 children

Foster Care Program:

- 2021-5 children
- 2022- 4 children

Counterpoint:

- 2021-8 children
- 2022- 22 children

***SAGE*:**

- 2021-16 children
- 2022- 14 children

Residential Care Program Update-Long Term Group Home:

- 2021-11 children
- 2022-18 children

Residential Care Program Update-Shelter:

- 2021-9 children
- 2022- 12 children

Number of children served annually: Number of children served was identified by program managers.

Planned Crisis Respite Foster Care:

- 2021- 93 children
- 2022-82 children

Foster Care Program:

- 2021-11 children
- 2022-6 children

Counterpoint:

- 2021- 16 children
- 2022- 18 children

***SAGE*:**

- 2021-33 children
- 2022- 33 children

Residential Care Program Update-Long Term Group Home:

- *2021-10* children
- *2022- 22* children

Residential Care Program Update-Shelter:

- 2021- 101 children
- 2022-155 children

Use of seclusion or restraint: Morrison programs prohibit seclusion. Staff at the following programs are trained in Non-violent Crisis Intervention (NCI) as restraints are allowed in emergency situations: The Downtown Long-Term Group Home and Shelter. SAGE Staff are trained in the Mandt

Intervention System. Counterpoint Day Treatment, and Morrison Foster Care are “hands off” programs. The staff are trained in NCI’s non-physical interventions and de-escalation techniques.

Interviews, Observations:

Interviews: At the Licensing Review fifteen staff members, two foster parents and six children were interviewed. The following information was gained during the interviews with the children:

- Many children reported appreciating the staff. Some children preferred some staff over other staff.
- The children all reported being able to talk to people on their approved contact list.
- The Sage youth interviewed desired more outdoor time, stating they aren’t able to go outside every day. The Licensing Coordinator spoke to the Program Manager, Kelli Doolittle, and Program Supervisor, Allison Jacoby-Fries, who stated the youth are offered outdoor time daily but sometimes the youth choose not to go out because of other activities they are doing inside at the time they are offered. Sometimes youth will ask to go outside at other times, and staff are not always available to take them outside at the requested time.
- All the children reported being provided enough food to eat, to include receiving daily snacks**.** Some reported wanting more variety with food options. One youth at the Downtown Shelter Program reported having dental challenges that limited her from eating certain foods (hard textured) She expressed wanting more options of softer foods to eat. The Licensing Coordinators followed up with the Program Manager who stated she would follow up with the nutritionist. Prior to the interview there had been follow up by the program’s medical staff regarding this issue.
- The children all reported their hygiene needs were being met by the program.
- All the children but two reported feeling safe at the programs where they were residing, to include foster homes. Two Sage Youth reported not feeling safe in the program, when asked why they didn’t feel safe they stated:
    - “Most of the time I feel safe, I have heard from other youth about other clients going into bedrooms while someone is asleep.” (This has not been this person’s experience, and she stated she has expressed these concerns with staff.) It is a program rule that bedroom doors cannot be locked when youth are in their bedrooms.
    - “I do not feel safe here, and I have told staff how I feel. People hit each other a lot, three girls left this month for hitting another youth and one youth hit a staff.” She also shared that a youth had chocked a staff. She shared a youth was in a rolling chair and was asked by staff to get out of the chair. The youth refused to move, and the staff pulled the youth by her ponytail into another room and dumped the youth out of the chair. This was called into the Child Abuse Hotline on November 15, 2022, by the Licensing Coordinator. Prior to leaving the Sage Program, the Licensing Coordinators, spoke with the Program Director, Kelli Doolittle regarding this concern.

Observations: While conducting the onsite inspection at the programs, children and staff were observed. The children that were observed appeared to be at ease and comfortable while residing in the programs. The facilities were observed to be well maintained, with minimal repair needs as stated below in the report.

Agency Strengths:

The following strengths were identified by Morrison Leadership:

- "The agency has increased wages for their employees.
- The staff, the team, and leaders want to expand their programs, and are committed to their jobs.
- Youth feeling that the staff care about them.
- Longevity of Leadership.
- The agency has a commitment to quality of care.
- March 2022, is the 75th Anniversary for Morrison Family Services."

Individual Program Strengths: Identified by program managers.

- ***Foster Care Program (to include Planned Respite Care):***
  - "TFC & Behavior Health (BH)-TFC & PCRC: The youth, though a small number, were supported and maintained in their placements throughout the Pandemic. Resource parent supports also continued with many services provided remotely. When school resumed, resource parent responsibilities for schooling and educational supports was eased. While the Program experienced some staff turnover, new Foster Care staff were hired and oriented to the Program. The Program received Workforce Stabilization Grant funds to help bolster staff shortages and support the recruitment and retention of resource homes. The Behavioral Health Therapeutic Foster Care pilot project was initiated to integrate Behavior Rehabilitation Services (BRS) therapeutic foster care services with intensive mental health treatment. BH-TFC is a state-wide project in which Morrison is one of seven agencies providing this new service. A community-based mental health therapist was hired to support the mental health needs of BH-TFC and TFC youth. The program also added a new position, a Business Manager, to support the foster care programs with budget plans, donation support and tracking, and grant reporting. During this time, the respite program maintained its utilization of respite beds. Since COVID-19 restrictions have lifted, more respite placements have occurred."

- ***Counterpoint:***
  - *"Counterpoint Day Treatment and Proctor Care (CPDT) programs have a long history of successful treatment outcomes. The length of service for CPDT proctor parents is longer than average due to training, peer supports, frequent respite, and daily support of the day treatment program staff. CPDT management staff are long term Morrison employees. The Program has had a recent increase in referrals from ODHS and local school districts for day treatment services only. Flexible service opportunities are offered, such as serving a ODHS referred youth in day treatment and placing the youth in an OYA certified proctor home. The Program also has the opportunity to add outpatient sexual offense treatment services within the existing OYA contract. There is also an Outpatient Substance Use Disorder (SUD) Treatment Services component within CPDT and CPDT has qualified Certified Drug and Alcohol Counselor (CADC) staff. Counterpoint Day Treatment continued services throughout the Pandemic despite stay-at-home orders and the need for intensive infection control protocols. Youth were transported to the Center daily and a school day was provided remotely. BRS services and treatment services continued in person or remotely."*

- ***SAGE:***
  - "SAGE has a very strong foundation of trauma informed care that guides all treatment and interpersonal activities at SAGE.

- SAGE is fortunate to have adequate and sustainable funding from OHA. This funding allows us the ability to provide a safe, comfortable, welcoming, and therapeutic environment for youth. Recent rate increases have helped with providing competitive salaries.
- Leadership positions at SAGE have very low turnover which contributes significantly to program stability and quality
- Morrison has invested in Joint Commission Accreditation and is pursuing Sanctuary Certification which both add an additional layer of quality to the program.
- The ability to provide long-term treatment allows us to really form relationships with the youth, provide high quality mental health and substance use treatment, and increases their chance of a successful discharge."

- ***Residential Care Program Update-Long Term Group Home (LGTH), and Downtown Shelter Program (ORR)*:**
  - '"The Downtown Shelter and Long-Term Group Home youth reported overall satisfaction with the program and that they received support from the program during their stay.
  - Increased training for supervisors on relationship building and importance of supervision. Providing additional training for all supervisors to support them in setting expectations, clarifying roles, and agency requirements. This is being done to increase staff retention and satisfaction.
  - Programs are continuing to provide the Child and Youth Care Certification Board training to all direct care staff. Currently most of the direct care staff have gone through the training and certification process.
  - Staff have been cross-trained in different areas and programs, allowing for back-up coverage and consistent program operations when there is a fast-paced work environment and staff turnover. Staff have successfully supported multiple programs.
  - Programs have created a welcoming environment for youth by integrating more cultural appropriated resources in their education, recreational activities, food, communities' groups, and mental health resources. Recreational spaces for youth such as our second-floor gym, activity and peace room have allowed youth to find a safe and healthy method for releasing frustrations. Youth have benefited from recreational activities such as Soccer coaching, Educational outings, Gardening classes, Art & Music classes, and talent shows.
  - Programs adapted to the challenges of the COVID-19 Pandemic with flexibility and creative approaches; implemented and followed multiple infection control procedures."

Program Challenges: Individual challenges identified by program managers.

- ***Foster Care Program (to include Planned Respite Care):***
  - "Significant program challenges were related to the impact of COVID-19. Youth were schooled at home placing additional responsibility on foster parents. Foster home recruitment slowed down significantly due to COVID-19 restrictions slowing program growth and development. Morrison's BH-TFC pilot started in May 2021 and a community-based mental health therapist was added to the foster care team. Unfortunately, the therapist resigned after 6 months and rehiring for the position took nearly 9 months. Youth were transferred to the Morrison Outpatient Community-Based Program during the interim for continuity of care and treatment. Resource parents also decided to close their homes and discontinue their foster care certifications, some due to COVID-19 and others due to life changes within their families and households. The reduction of resource homes and the current challenges of recruiting new homes remains difficult."
- ***Counterpoint:***

- "Recruitment of proctor parents who are qualified to serve this high-needs population is difficult. Open staffing positions are also increasingly difficult to fill due to fewer people looking for work and the need for professional staff in highly specialized fields i.e. addictions treatment and sexual offense treatment. At the present time OYA proctor home beds are unfilled. Another challenge is the cost of required staff training. Training often requires supplemental staffing to cover day treatment programming while the on-going staff are in training. Facilities upkeep takes longer due to the lack of contractors or the lack of availability. Improvements needed can be prohibitive due to increasing building costs and lack of budget availability. Vandalism or theft of agency vehicles have caused increased spending on repairs and increased attention to security concerns. Lack of diverse service providers limits client populations that can be referred. At the present time the CPDT staff are English-speaking only. Meal services are dependent upon the availability of school district dining services and their capacity to deliver daily food. The need to purchase food for clients during times when school is not in session has increased and the lack of cooking facilities onsite limits options."

- **SAGE:**
  - "Staffing has been a challenge due to COVID and SAGE funding. SAGE was not eligible for several residential rate increases that were given to BRS programs and other mental health residential programs. Other community programs increased salaries and SAGE was unable to increase salaries until very recently.
  - High acuity youth with frequent escalations led to milieu instability, staff injuries, and property destruction on a few occasions.
  - Many recent referrals are youth with significant histories of aggression. SB 710, increased investigations, and the impact on staff involved in highly aggressive incidents has influenced our willingness to take these youth."

- ***Residential Care Program Update-Long Term Group Home and Downtown Shelter Program (ORR):***
  - "Throughout the past two years Morrison has continued to experience significant challenges and delays in hiring staff for the Downtown Shelter and LTGH programs. Challenges have occurred in the following areas: recruiting and hiring direct service and management staff with the qualifications necessary for the vacant positions.
  - Staff resignations and staff turnover have put pressure on service delivery and program operations.
  - The COVID-19 pandemic impacted the programs as more staff were out sick for longer periods of time and programs were required to manage housing youth in isolation and quarantine floors. Working in residential settings became less desirable.
  - Programs received a new population of youth that they were not quite prepared to receive due to language barriers and behavioral challenges.
  - Higher acuity youth with behavioral and mental health challenges.
  - Programs were not at capacity due to staff shortages."

Changes that have occurred in the last 2 years: Individual program changes in the last two years identified by program managers.

- ***Foster Care Program (to include Planned Respite Care):***

- "Significant programmatic changes occurred in response to COVID-19 precautions and protocols altering the way that the Program interacted with youth, resource parents, and the community. Masking and social distancing continued and working from home became the norm. The program offered both telehealth services, virtual home visits, and in-person contacts. Foster youth contact was maintained throughout the Pandemic. In May 2021, the Morrison Foster Care Program began piloting the BH-TFC program and hired a community base mental health therapist to support the intensive mental health needs of youth. In September, 2021 Morrison foster care programs made the policy decision to prohibit physical restraint of foster children. Program managers have been responding to new SB 710 reporting."

- ***Counterpoint:***
  - "Counterpoint expanded its program space after the closure of Breakthrough Day Treatment on June 30, 2022. The addition of 2 proctor homes has also increased the available beds for day treatment and proctor service from 9 to 14 youth. ODHS and local school district day contracts for day treatment only services have become more common and frequent. Counterpoint Outpatient closed last year and the Counterpoint Day Treatment Program has accepted referrals for outpatient services, too. OYA is contracting with Morrison to provide these services. The Rotary Youth Center was completed and was extremely beneficial for the youth through the pandemic when there were few options for public activities. Because of the continuous vandalism and theft of the day treatment vehicles, they are now parked offsite at the Mt Scott residential location. It is an inconvenience to store and retrieve vehicles off-site, but there are fewer security issues. A new minivan was purchased during the new car shortage. This vehicle replaces the usage of 1 of our 12 passenger vans and allows us to transport small groups of youth in a more reasonably sized vehicle."

- ***SAGE:***
  - "Implementation of new programming assuring that youth have more consistent and more private contact with family and supports.
  - Implementation of staff training, new program policy, and client education and support regarding racial and cultural diversity.
  - Expanded courtyard garden area, partnered with Portland Public Schools to develop an integrated earth science program for youth in care."

- ***Residential Care Program Update-Long Term Group Home and Downtown Shelter Program*:**
  - "New Division Director started in May 2021.
  - Shelter and Long-Term Group Home have not been at capacity for the past two years.
  - DT Shelter Program started accepting female youth again in June 2022.
  - New positions were created to bring full focus and attention to hiring and supporting the Milieu components of the programs."

Lawsuits: There were no lawsuits reported by Morrison Leadership to Licensing since the last Licensing Renewal.

Grievances and complaints filed in the last two years: None in the past two years were reported.

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

Within 45 days of receipt of this report Morrison Family Services, 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 Jorge Pelinski at: Jorge.l.pelinski@dhsoha.state.or.us

Recommendations: None

Exceptions: N/A

Changes in License: None

Summary of Review					
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**	**Corrective Actions**	**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**	**Corrective Action Completed**
(1)(a) Minimum of 5 board members	**X**				
(2)(f) Formally evaluate the exec. Director's performance annually	**X**				
(2)(g) Approves annual budget	**X**				
(2)(h) Obtain and review an annual independent financial review or audit of financial records.	**X**				

(2)(k) Written quality improvement program	**X**				
(2)(l) Meeting minutes	**X**				
Executive Director or Program Director 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	**X**			**Executive Director or Program Director** 413-215-0021(3)(g) Approval from BCU • Kelli Doolittle, Sage Program Director's Background Check was submitted by Morrison to the ODHS Background Check Unit (BCU) at the time of the review. The fitness determination was in process at the time of the review.	
(3)(g) Approval from BCU		**X**			
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention **The agency utilizes NCI, and Mandt.**	**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**	**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**	**Corrective Action Completed**
Documents as indicated on the form titled "Renewal Licensing Required Documents"		**X**		**Supplemental Information Provided by CCA** Documents as indicated on the form titled "Renewal Licensing Required Documents" • **Certificates of Occupancy: Sage, and the Downtown Building.** • **Fire Marshal Inspections for all sites were completed, violations were found at all sites. The agency must submit verification that the violations have been remedied.** • **Environmental Inspections for all sites.**	
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 43 for details of Umbrella Policy Revision requirements**	
All required policies and procedures as identified in "Agency Type Specific Rules"		**X**		**Supplemental Information Provided by CCA** All required policies and procedures as identified in "Agency Type Specific Rules" • ***See page 43 for details of Agency Type Policy Revision requirements.**	

Sage, Long Term Group Home (LTGH), Downtown Shelter Program

(ORR) Residential License

Physical Plant	Yes	No	N/A	Corrective Actions	Corrective Action Completed
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)	X			***Physical Plant 413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair*** The following was identified in need of repair: *Downtown ORR Shelter:* ○ *(LTGH) 4th Floor touch up paint needed in small areas in the hallway.* ○ *(LTGH) Bedroom 40A Two holes needed to be filled and paint needed,*	
413-215-0051(1) Sufficient safe space, equipment, and office equipment	X				
413-215-0091(12) License is posted in common area at each facility	X				
413-215-0001(5)(d), 0516(4(a)(I) & 0521(1) Adequate furnishings and personal items	X				
413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair		X			
413-215-0511(2)(d) Rooms are free of harmful drafts, odors, and excessive noise	X				
413-215-0511(2)(e) Rooms are adequate in size and arrangement	X				
413-215-0511(2)(f) System provides a continuous supply of hot and cold water to taps located throughout the facility	X				
413-215-0511(2)(h) Building is well ventilated and room temperature is within a normal comfort range	X				
413-215-0516(1) All parts of the facility ensure the safety of children	X				
Room and Space Requirements Bedrooms 413-215-0516(3)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Adequate furnishings and personal items	X			***Room and Space Requirements Bedrooms 413-215-0516(3) (c) Outside room with window allowing egress from building*** • Sage, LTGH, and the ORR residential programs, windows do not allow egress.	
(b) Separate from rooms used for dining, living, laundry, kitchen, and storage	X				
(c) Outside room with window allowing egress from building		X			
(d) Ceiling at least 90 inches	X				
(e) Minimum 60 SF per bed	X				
(f) No more than 25 if dorm style	X				
(g) Permanently wired fixtures	X				
(h) Window covering	X				
(i) Beds are 3 feet apart and maintained to ensure safety	X				

Room and Space Requirements Bathrooms 413-215-0516(4)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a)(A)&(B) 1:8 ratio for toilets and sinks	**X**				
(a)(D) Hot and cold running water, soap, and approved hand drying options	**X**				
(a)(E) 1:10 ratio for shower or bathtub	**X**				
(a)(E) Individual privacy	**X**				
(a)(F) Window covering	**X**				
(a)(G) Permanently wired fixtures	**X**				
(a)(H) Adequate ventilation	**X**				
(b)&(c) Wooden racks on floors are prohibited and impervious shower mats are disinfected & dried daily			**X**		
Room and Space Requirements Kitchen 413-215-0516(6)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Used exclusively for storage, food preparation, dish washing, and activities related to eating	**X**				
(b) Walls, floors are easily cleanable	**X**				
(c) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean	**X**				
(e) Equipment is easy to clean beneath, between and behind	**X**				
Room and Space Requirements 413-215-0516	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2) There is a separate living room or lounge area – 15 SF minimum per child	**X**				
(5) There is a separate dining room with capacity for ½ of children in care and 15 SF per child in care	**X**				
(7) Laundry is separate from living areas, kitchen and dining	**X**				
(8) Separate storage areas are provided for food, kitchen supplies, utensils, clean linens, soiled linens and clothing, cleaning supplies and equip, poisons, chemicals, outdoor recreational and maintenance equipment	**X**				
(9) Outdoor activity area is protected from vehicles and other hazards and of a size and availability appropriate to the age and needs of children in care	**X**				
(11) & 413-215-0076(3)(c)(C) Time out rooms have adequate space, heat, light and ventilation and is not capable of locking			**X**		

Furnishings and Personal Items 413-215-0521	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) There is a bed with frame, clean mattress and pillow and personal storage (dresser, closet)	**X**				
(2) Linens are in good repair. There is a waterproof mattress cover or mattress. Linens are appropriate and towels and washcloths are provided	**X**				
(3) Bedding is changed weekly or when soiled	**X**				
(4) & (5) Personal hygiene supplies and appropriate clothing are provided	**X**				
Food Services 413-215-0536(1)&(2)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation	**X**				
(1)(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes.	**X**				
(1)(b) Menus are kept for at least 6 months	**X**				
(1)(c) Drinking water is freely available	**X**				
(2)(a) Food is stored, prepared & served in a sanitary manner	**X**				
(2)(c) & (d) Food products are obtained from commercial suppliers (exception of fruits & vegetables), unpasteurized juice is prohibited, and only Grade A pasteurized and fortified milk in appropriate container.	**X**				
Safety 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2)(a) Written emergency plan	**X**				
(2)(b) Telephone numbers for local police and fire are posted near all telephones	**X**				
(2)(c) Operative flashlights sufficient in number are readily available to staff	**X**				
(3)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 yrs. and contains; (A) identify of person conducting drill (B) date & time (C) notification method (D) staff participating	**X**				

(E) # of children & staff evacuated (F) special conditions simulated (G) problems encountered (H) time to complete					
Safety – Transportation 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(5)(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC	**X**				
Medication **413-215-0551**	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(3)&(7)(e) Medications have a prescription and are stored in the original container with prescription label	**X**				
(4) & (5) Herbal supplements and remedies, medical treatments, special diets, physical therapy, physical aides or limitations have a written order signed by a physician or qualified medical professional.	**X**				
(7)(c) Medications are inaccessible to children	**X**				
(8) Medications are disposed in accordance with state and federal law	**X**				
(9) Written record of the disposal of medications is maintained and includes: (a) description and amount (b) name (c) reason (d) method *(e) staff & witness signature*					
(10) Written record of the administration of medication includes: (a) name (b) description (c) dates and 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**				
Extracurricular, Enrichment, Cultural & Social Activities 413-215-0554	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**

(2) Children have ongoing opportunities to participate in at least one age-appropriate or developmentally appropriate activity	**X**				
Minimum Staffing Requirements 413-215-0561	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) &(2) Supervision is adequate for the type of program, location, age and type of children, ability of supervisor to respond, electronic back-up systems. Minimum ratios are maintained: Under 30 months of age: 1:4 30 months to > 6 yrs. or non-ambulatory: 1:6 Ages 6 and older: 1:7 Overnight (staff awake) 1:10	**X**				
(4)(a) When one staff on duty, there is additional staff immediately available with max response time of 30 minutes			**X**		
(5) There is at least one on-site employee authorized to apply the *reasonable and prudent parent* standard	**X**				
Separation of Residents 413-215-0566	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) Children are in separate bedrooms than adults, unless parent and child, or there is written approval from guardian/parent and licensing coordinator			**X**		
(2) There is adequate supervision of children if both males and females are served by the program			**X**		

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Staff Name/Position	**X**				
(3)(g) Date of Hire	**X**				
(3)(a) record of education, training and previous employment	**X**				

(1)(b) & (3)(b) reference checks completed and documented	**X**			**Personnel Files** 413-215-0061(1)(a) & (3)(c) Background check completed and documented • One Background Check was not found in the personnel files reviewed for a Sage Staff. • Two Background Checks were not found in the personnel files reviewed for the ORR Program.	
(1)(a) & (3)(c) Background check completed and documented		**X**			
(3)(d) Annual performance evaluations	**X**				
(3)(f) Record of personnel actions	**X**				
(3)(g) Termination date, reason for termination	**X**				
(3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description	**X**				
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Actions**	**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 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 – Residential (30 days) 413-215-0556	**Yes**	**No**	**N/A**	**Corrective Actions**	**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**	**Corrective Action Completed**

413-215-0536(2)(b) Employees who handle food served to children have a valid food handler's card	**X**				
413-215-0541(5)(a) Employees transporting children have: current driver's license, insurance, trained in emergency procedures and behavior management, and training for 15+ passenger vans if applicable)	**X**				
413-215-0556(2)(a) Environmental emergencies	**X**				
413-215-0556(2)(b) Universal Precautions	**X**				
413-215-0556(2)(c) Discipline and Behavior Management	**X**				
413-215-0556(3) Staff providing direct care must maintain current CPR/First Aid certification	**X**				
413-215-0556(4) Designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard	**X**				
413-215-0061(5) Mandatory reporting (annually) that includes: (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**				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions**	**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			**X**		

(vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability					

Children's Records	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Name	**X**				
Health Services 413-215-0546					
(2) Medical history obtained within 30 days (significant findings, current immunizations, history of surgical procedures-health issues-injuries, allergies, dental, vision, hearing, behavioral health, and physician orders)	**X**				
(2)(e) Documentation of age appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease	**X**				
(4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14)	**X**				
Consents **413-215-0576(1)**	**Yes**	**No**	**N/A**	**Corrective Actions**	**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 are trained and supervised	**X**				
(d) Restrict contact with persons outside of the agency	**X**				
(e) Allow access as defined in 413-215-0091 & 0101	**X**				
(f) Impose a dress code	**X**				
(g) Apply the reasonable and prudent parent standard	**X**				
Disclosures 413-215-0576(2) Parent/guardian has acknowledged in writing:	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**

(a) Information regarding personal or room searches and protocols for confiscation of contraband	X				
(b) Statement of Rights of Children and Parents/Guardians	X				
(c) Any policies and procedures upon request	X				
Authorizations 413-215-0576(3)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Disclose or exchange information with others	X				
(b) Child specific visitors	X				
(c) Visitation resources are pre-approved	X				
(d) Activity specific authorizations are pre-approved to allow children to participate in potentially hazardous activities, including but not limited to using motorized yard equipment, swimming, and horseback riding.	X				
Information about Children in Care **413-215-0581(1) Summary sheet contains the following:**	**Yes**	**No**	**N/A**	**Corrective Actions**	**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 in care's parents. (B) The child in care's legal guardian, if different than the parents, and a copy of the document that provides for his or her authority over the *child in care*. (C) Other persons significant to child (D) Other professionals to be involved in service planning (if applicable)	X				
Service Planning **413-215-0581(2)**	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(b) Intake document is completed the date child accepted into care (emergency placement 48 hours)	X				

(d) Assessment is completed within 30 days and contains relevant historical info., current behavioral observations, identified need for services, and how agency will provide services	X				
(e) (A)&(B) Service plan within 60 days (parent, guardian and child actively involved). Describes how child's issues will be addressed, anticipated outcomes and reviewed by child and guardian/parent.	X				
(e)(C) &(D) Service plan is reviewed quarterly and revised when information indicates other services should be provided	X				
Case Management 413-215-0581(3)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Services are documented, progress toward achieving goals is tracked	X				
(b)-(d) discharge planning and instructions	X				
(f) Incident Reports	X				
Financial Records 413-215-0581(4)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Records contain date, amount, source, purpose, signatures	X				
Personal Possessions Records 413-215-0581(5)	**Yes**	**No**	**N/A**	**Corrective Actions**	**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**	**Corrective Action Completed**
(1) Stored safely	X				
(2) Permanent, legible, dated, and signed	X				
(3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.	X				
(7) Permanent registry for each child includes: Name Gender Birth date	X				

Names, addresses of parents or guardians Dates of admission Placement upon discharge					

Counter Point (Day Treatment)

Educational Services 413-215-0856	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) Complies with the minimum requirements for private education as determined by Dept. of Education	**X**				
School is registered with Dept. of Education (if applicable)	**X**				
School is accredited Accrediting body **DART- Portland Public**	**X**				
(2) 1:15 ratio for qualified teacher/children	**X**				
(3) Curriculum meets OAR 581-022-1020	**X**				
(4) Secondary schools – verification provided that meets academic standards to obtain admission to higher education and receive high school diploma or GED	**X**				
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)	**X**			**Physical Plant** 413-215-0816(2) Buildings are smoke free, clean and in good repair. The following was identified in need of repair: ○ Recreation/Music Room had two ceiling tiles that had leaky water spots needing repair.	
413-215-0051(1) Sufficient safe space, equipment, and office equipment.	**X**				
413-215-0816(8)(e) Adequate in size and arrangement for programs offered	**X**				
413-215-0091(12) License is posted in common area at each facility	**X**				
413-215-0001(5)(d) & 0816(9)(a)&(b) Adequate furnishings and personal items; storage for personal items	**X**				
413-215-0816(2) Buildings are smoke free, clean and in good repair		**X**			
413-215-0816(3) Rooms are free of harmful drafts, odors, and excessive noise	**X**				

413-215-0816(4) Rooms are adequate in size and arrangement	X				
413-215-0816(5) System provides a continuous supply of hot and cold water	X				
413-215-0816(7) Building is well ventilated and room temperature is within a normal comfort range	X				
Bathrooms 413-215-0816(8)(a)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(A) 1:15 ratio for toilets	X				
(B) 1:2 ratio for sinks to toilets. Hand-washing sink not used for food prep	X				
(C) Hot and cold running water, soap, and approved hand drying options	X				
(D) Individual privacy	X				
(E) Permanently wired fixtures	X				
(F) Window covering	X				
(G) Mirror, permanently affixed	X				
(H) Adequate ventilation	X				
Room and Space Requirements	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
413-215-0816(8)(A)(B) Laundry is separate from food storage, kitchen and dining			X		
413-215-0816(8)(c) Separate storage areas are provided for food, kitchen supplies, utensils, clean linens, soiled linens and clothing, cleaning supplies and equip, poisons, chemicals, outdoor recreational and maintenance equipment	X				
413-215-0816(8)(g) Recreational activity area is protected from vehicles and other hazards and of a size and availability appropriate to the age and needs of children in care	X				
413-215-0816(8)(f) Time out rooms have adequate space, heat, light and ventilation and is not capable of locking			X		
Food Service area 413-215-0816(8)(d)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(A) Areas used for storage, food preparation, and dish washing are separate from child-caring areas	X				
(B) Walls, floors are easily cleanable	X				

(C) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean	X				
(D) Equipment is easy to clean beneath, between and behind	X				
Food Services 413-215-0831	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation	X				
(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes.	X				
(b) Menus are maintained for at least 6 months **Lunch is catered by the school district and brought in prepared.**			X		
(c) Drinking water is freely available	X				
(2)(a) Food is stored, prepared & served in a sanitary manner	X				
(2)(c) & (d) Food products are obtained from commercial suppliers (exception of fruits & vegetables), unpasteurized juice is prohibited, and only Grade A pasteurized and fortified milk in appropriate container. **Lunch is catered by the school district and brought in prepared.**			X		
(2)(e) Children are supervised when in the food-preparation area	X				
Safety 413-215-0836	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2)(a) Written emergency plan	X				
(2)(b) Telephone numbers for local police and fire are posted near all telephones	X				
(2)(c) Operative flashlights sufficient in number are readily available to staff	X				
(3)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 years and contains; *(A) identity of person conducting drill* *(B) date & time* *(C) notification method* *(D) staff participating* *(E) # of children & staff evacuated* *(F) special conditions simulated* *(G) problems encountered*	X				

(H) time to complete					
(4) Children are protected from hazards and potential hazards	**X**				
(4)(c) Light fixtures have protective covers	**X**				
Safety – Transportation 413-215-0836(5)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC	**X**				
Medication **413-215-0846**	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2) & (5)(e) Medications have a prescription and are stored in the original container with prescription label	**X**				
(5) Medications are kept in locked storage	**X**				
(6) Medications are disposed in accordance with state and federal law	**X**				
(7) Written record of the disposal of medications is maintained (description, name, reason, method, staff & witness signature)	**X**				
(8) Written record of the administration of medication includes: (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**				
Staff Qualifications and Minimum Staffing Requirements 413-215-0811	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) Teachers are licensed in accordance with Teachers Standards and Practices Commission	**X**				
(2) A qualified clinical supervisor directs the clinical program and supervises clinical staff	**X**				
(3) Mental health service delivery staff meet the qualifications in OAR 309-022-0125	**X**				
(4) Sufficient QMHP and other staff to meet the severity and acuity of children served. Does not exceed 1:12 QMHP	**X**				

Current Ratios 4:**15**					
413-215-0001(5)(f) Ensures safety and adequate supervision	**X**				
413-215-0001(5)(c) Engages in and applies appropriate behavior management techniques	**X**				

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Name	**X**				
Position	**X**				
(3)(g) Date of Hire	**X**				
(3)(a) record of education, training and previous employment	**X**				
(1)(b) & (3)(b) reference checks complete and documented	**X**				
(1)(a) & (3)(c) Background check was completed and documented	**X**				
(3)(d) Annual performance evaluations	**X**				
(3)(f) Record of personnel actions	**X**				
(3)(g) Termination date, reason for termination	**X**				
(3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description	**X**				
New Employee Orientation- Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Actions**	**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 that includes:	**X**				

(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					
(f) Privacy laws	**X**				
(g) Emergency procedures	**X**				
Ongoing Training	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
413-215-0831(2)(b) Employees who handle food served to children have a valid food handler's card	**X**				
413-215-0061(5) Mandatory reporting (annually) that includes: (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**				
413-215-0836(5)(a) Employees transporting children meet the driver requirements (current driver's license, insurance, trained in emergency procedures & behavior management, and training for 15+ passenger vans if applicable)	**X**				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions**	**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**		

Children's Records	Yes	No	N/A	Corrective Actions	Corrective Action Completed
Name of Child	X				
Date of admission	X				
Medication 413-215-0846	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(3) Medical treatments, special diets, physical therapy, physical aides or limitations have a written order signed by a physician or qualified medical professional.	X				
(4) Self-administration is approved in writing by Physician, recommended by agency, and monitored by staff or guardian. (9) *If applicable*, there is documentation of the continuing evaluation of the ability of the child to self-administer medication	X				
(8) Medication record	X				
Records and Documentation 413-215-0071	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) Stored safely and are available for inspection by Dept.	X				
(2) Permanent, legible, dated, and signed	X				
(3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.	X				
(7) Permanent registry for each child includes: Name Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge	X				

Treatment Foster Care

Medication 413-215-0381	**Yes**	**No**	**N/A**	**Corrective Action**	**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 Action**	**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) 7:2 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:	**X**				

(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					
(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 Action**	**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 Action**	**Corrective Action Completed**
Last Name of Proctor Foster Parent(s)	**X**				
(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 180 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			**N/A**	**Corrective Action**	**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 Action**	**Corrective Action Completed**
(a) Standards for the Proctor Foster Home 413-215-0318 – Safety Assessment (CF0979) although form is no longer required in rule, it may be accepted but must also include evidence the following has been addressed: (1)(a) Home is primary residence (1)(d) For children in custody of the Department, the home must post and	**X**				

comply with the Foster Children's Bill of Rights (1)(g) Authorization must be received from the agency prior to the beginning of hunting or target practice by the child (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 (2)(a) Space heaters must be plugged directly into a wall outlet and equipped with top-over protection (2)(d) Home and furnishings must be clean and in good repair and grounds must be maintained (2)(e) No accumulation of garbage or debris (2)(f) Home has an adequate source of safe water to be used for personal hygiene (2)(g) There is a provision for safe storage and administration of all medications in the household (2)(i)(A)Children may not be exposed to any second-hand smoke in home or vehicle. (2)(i)(B) Household members may not provide any form of tobacco, nicotine, or other product illegal for a minor to possess (2)(i)(C) All products referenced in (B) must be stored safe and in a manner inaccessible to children (4)(d) Written authorization must be received by proctor foster home prior to transporting a child out of state or country (4)(e) Proctor foster home must request approval from Department no less than 90 days prior to international travel				
(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**				
Annual Review and Approval 413-215-0331(2)	**Yes**	**No**	**N/A**	**Corrective Action**	**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 Action**	**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	**X**				

(F) Expectations for working with the agency					
Orientation – Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Action**	**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 Action**	**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 Action**	**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 Action**	**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 Action**	**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 Action**	**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**				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Action**	**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			**X**		

(vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability					
Children's Records	**Yes**	**No**	**N/A**	**Corrective Action**	**Corrective Action Completed**
Name	**X**				
Initial Evaluation 413-215-0386(2)	**Yes**	**No**	**N/A**	**Corrective Action**	**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 Action**	**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 Action**	**Corrective Action Completed**
(2) Medical history obtained within 30 days (a) significant findings	**X**				

(b) current immunizations, history of surgical procedures-health issues-injuries (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 Action**	**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 Action**	**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 Action**	**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 Action**	**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	**X**				

be addressed, anticipated outcomes and reviewed by child and guardian/parent.					
(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 Action**	**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 Action**	**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 Action**	**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 Action**	**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**				

***Supplemental information provided by the CCA as stated above (page 13).**
All revisions made to policies must be highlighted prior to sending to Licensing. Required Policy Revisions:

413-215-0046 Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures *(Amended 1/1/19)*

(1) Rights of children in care and families served by the child-caring agency. A child-caring agency must guarantee the rights of children in care and the families the child-caring agency serves. A child-caring agency must enact and adhere to a policy ensuring those rights. A written copy must be distributed to all children in care and families served by the child-caring agency, and afford the following rights: (a) Except as provided in paragraph (B) of this subsection, the child in care's right to uncensored communication with legal guardians, caseworkers, legal representatives, and other persons approved for communication by the legal guardian or as provided in a court order. **(2) Grievance Procedures.** (a) A child-caring agency must enact and adhere to written procedures for the children in care and families the child-caring agency serves to submit a grievance. For an academic boarding school, this subsection only applies to grievances about health or safety issues. The child-caring agency must provide the procedures to each child in care and family. The procedures must include all of the following: (D) The name, address, and phone number of: (i) A Department licensing coordinator; and (ii) Any other governmental entities with oversight responsibilities.

The program was missing the above requirements in the Child and Families Rights Policies, and must be added:

- ***Counterpoint:*** The Counterpoint Policy was missing the above required information regarding uncensored communication.

The program was missing the above requirements in the Grievance Policies, and must be added:

- ***Foster Care:*** The Foster Care Policy was missing the above required information for the Grievance Policy, and must be updated to include Jorge Pelinski's (ODHS Licensing Coordinators) name and contact information.

413-215-0073 Licensing Umbrella Rules: Discipline, Behavior Management & Training, and Suicide Prevention (Excluding Adoption Agencies) (Adopted 07/01/2022)

(1) A child-caring agency, except a child-caring agency licensed only to provide adoption services under OAR 413-215-0401 to 413-215-0481, must adopt and adhere to written policies and procedures on discipline, behavior management, and suicide prevention that meet all of the requirements of this rule. (b) The discipline and behavior management policies and procedures must prohibit the following: (A) Spanking, hitting, or striking with an instrument. (B) Committing an act designed to humiliate, ridicule, or degrade a child in care or undermine the self-respect of a child in care. (C) Punishing a child in care in the presence of a group or punishment of a group for the behavior of one child in care. (D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact. (E) Assigning extremely strenuous exercise or work or requiring a child in care to spend prolonged time in one position likely to produce unreasonable discomfort. (F) Using restraint or involuntary seclusion as discipline. (G) Permitting or directing a child in care to punish another child in care. (H) Using any other kind of harsh punishment. (I) Denying a parent, guardian, or sibling the right to visit or communicate with a child in care solely as a disciplinary measure against the child in care. (J) Aversive conditions, which includes, but is not limited to, any technique designed to or likely to cause a child physical pain, the application of startling stimuli, and the release of noxious stimuli or toxic sprays, mists, or substances in proximity to the child in care. (K) Removing or limiting the use of a mobility aid or other assistive device for the purpose of controlling a child in care's behavior. (3) Behavior Management. (C) Use of restraints, if applicable. (i) Chemical restraint, meaning the administration of medication for the management of uncontrolled behavior, is prohibited. Chemical restraint is different from the use of medication for treatment of symptoms of severe emotional disturbances or disorders. **(4) Suicide Prevention.** The policy must include the following: (f) Suicide risk assessment procedures on the day of intake; (g) Documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff

The programs were out of compliance with some of the above requirements for Behavior Management Policies, and the following must be added:

- ***Sage:***1(K)
- ***LTGH:*** 1(A-K), 3(C)(i)
- ***ORR:***1(A-K), 3(C)(i)
- ***Counterpoint:*** 1(K)
- ***Foster Care:***1(J)(K)

The programs were out of compliance with some of the above requirements for Suicide Prevention Policies, and the following must be added:

- ***LTGH:***4(f)
- ***ORR:*** 4(g) Missing "…. to ensure immediate communication to all staff"

413-215-0077 Licensing Umbrella Rules: Restraints and Involuntary Seclusion

(Amended 07/01/2022) (1) A child-caring agency may only place child in care in a restraint or involuntary seclusion if the child in care's behavior poses a reasonable risk of imminent serious bodily injury to the child in care or others and less restrictive interventions would not effectively reduce the risk. (2) A child-caring agency may not place a child in care in a restraint or involuntary seclusion as a form of discipline, punishment, or retaliation or for the convenience of staff, contractors or volunteers of the child-caring agency. (3) If the child-caring agency utilizes restraints or involuntary seclusion as part of its practices, its use of restraints and involuntary seclusion must be in compliance with all applicable federal and state laws, regulations and rules. (4) A child in care placed in a restraint or involuntary seclusion must be continuously monitored by staff of the child-caring agency for the duration of the restraint or involuntary seclusion. (5) Any restraint or involuntary seclusion used on a child in care must be performed in a manner that is safe, proportionate and appropriate, taking into consideration the child in care's chronological and developmental age, size, gender identity, physical, medical and psychiatric condition and personal history, including any history of physical or sexual abuse. (6) The removal or limitation of the use of a mobility aid or other assistive device in a restraint is prohibited unless there is a risk of imminent serious bodily injury and less restrictive interventions would not effectively reduce the risk. (7) Removing or limiting the use of a mobility aid or other assistive device for the purpose of controlling a child in care's behavior is prohibited and (8) If any restraint or involuntary seclusion lasts for more than 10 minutes, the child-caring must provide adequate access to the bathroom and water at least every thirty minutes to the child in care. (9) For any restraint or involuntary seclusion lasting more than 10 minutes a supervisor, trained in the non-violent crisis intervention system used by the child-caring agency must provide written authorization for the continuation of the restraint or involuntary seclusion every five minutes. (a) If the supervisor is not on-site at the time the restraint is used, the supervisor may provide the written authorization electronically. (b) The written authorization must document why the restraint or involuntary seclusion continues to be the least restrictive intervention to reduce the risk of imminent serious bodily injury in the given circumstances. (10) Restraint. (a) The following types of restraint of a child in care are prohibited: (A) Chemical restraint. (B) Mechanical restraint. (C) Prone restraint. (D) Supine restraint, except: (i) Supine restraint may be used only when the child in care is currently admitted to a secure children's inpatient treatment program or secure adolescent inpatient treatment program…(E) Any restraint that includes the nonincidental use of a solid object, including the ground, a wall or the floor, to impede a child in care's movement, except: (i) This type of restraint may be used if the restraint is necessary to gain control of a weapon or; (F) Any restraint that places or creates a risk of placing pressure on a child in care's neck or throat. (G) Any restraint that places or creates a risk of placing, pressure on a child in care's mouth, except: (i) This type of restraint may be used if the restraint is necessary for the purpose of extracting a body part from a bite. (H) Any restraint that impedes, or creates a risk of impeding, a child in care's breathing. (I) Any restraint that involves the intentional placement of hands, feet, elbows, knees or any object on a child in care's neck, throat, genitals or other intimate parts. (J) Any restraint that causes pressure to be placed or creates a risk of causing pressure to be placed, on a child in care's stomach, chest, joints, throat or back by a knee, foot or elbow. (K) Any other restraint which the primary purpose is to inflict pain. (b) Permissible use of restraint. A restraint may be used on a child in care in the following situations: (A) Holding a child in care's hand or

arm to escort the child in care safely and without the use of force from one area to another; (B) Assisting the child in care to complete a task if the child in care does not resist the physical contact; or (C) Using a physical intervention if: (i) The intervention is necessary to break up a physical fight or to effectively protect a person from an assault, serious bodily injury or sexual contact; (ii) The intervention uses the least amount of physical force and contact possible: and (iii) The intervention is not a prohibited restraint identified in OAR 413-215-0077(8)(a). (c) Only child-caring agency staff and proctor foster parents who have been trained in a nationally recognized nonviolent crisis-intervention system may use restraint and only when necessary, as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained. (d) Any use of restraint by a staff member or proctor foster parent of the child-caring agency, if the member is not trained in a nationally recognized nonviolent crisis intervention system, must also be reported to a Department licensing coordinator within one business day of occurrence. (e) Limitations. The child-caring agency must have a policy that prohibits the application of a nonviolent restraint to a child in care who has a documented physical condition that would contraindicate the use of that particular restraint, unless a qualified medical professional has previously and specifically authorized its use in writing for the child in care. Documentation of the authorization must be maintained in the child of care's record. (12) Records (a) A program shall maintain a record of each incident in which a reportable injury arises from the use of a restraint or involuntary seclusion. The record must include any audio or video recording immediately preceding, during and following the incident. (b) If a program places a child in care in a restraint, except as described in OAR 413- 215-0077(8)(b)(A) or 413-215-0077(8)(b)(B) or involuntary seclusion, the program shall provide the child in care's case manager, attorney, court appointed special advocate and parent or guardian with: (A) Verbal or electronic notice that the restraint or involuntary seclusion was used as soon as practicable following the incident but not later than the end of the next business day; and (B) Written notice in compliance with OAR 413-215-0077(10)(c) that the restraint or involuntary seclusion was used as soon as practicable following the incident but not later than the end of the next business day.(c) The written notice must include: (A) A description of the restraint or involuntary seclusion, the date of the restraint or involuntary seclusion, the times when the restraint or involuntary seclusion began and ended and the location of the restraint or involuntary seclusion; (B) A description of the child in care's activity that necessitated the use of restraint or involuntary seclusion; (D) The names of each of individual who placed the child in care in the restraint or involuntary seclusion or who monitored or approved the placement of the child in care in the restraint or involuntary seclusion; (i) For each individual identified whether the individual was trained, as required by the Department of Human Services by rule, in the use of the type of restraint or involuntary seclusion used, the date of the individual's most recent training and a description of the types of restraint the individual is trained to use, if any. (ii) If an individual identified was not trained in the type of restraint or involuntary seclusion used, or if the individual's training was not current, a description of the individual's training deficiency and the reason an individual without the proper training was involved in the restraint or involuntary seclusion. (d) If an incident requires notice under 413-215-0077(b), not later than two business days following the date of the restraint or involuntary seclusion, the program shall hold a debriefing meeting with each individual who was involved in the incident and with any other appropriate program staff, shall take written notes of the debriefing meeting and shall provide copies of the written notes to the child in care's case manager, attorney, court appointed special advocate and parents or guardians. (e) If a program places a child in care in a restraint or involuntary seclusion and the child in care suffers a reportable injury arising from the restraint or involuntary seclusion, the program shall immediately provide the department and the child in care's attorney, court appointed special advocate and parents or guardians with written notification of the incident and access to and, upon request, copies of all records related to the restraint or involuntary seclusion, including any photographs and audio or video recordings. (f) If serious bodily injury or the death of staff occurs in connection to the use of the restraint or involuntary seclusion, the program shall provide the department with written notification of the incident not later than 24 hours following the incident.

The programs were out of compliance with some of the above requirements for Restraint Policies, and the following must be added:

- ***Sage:*** (1)"….less restrictive interventions would not effectively reduce the risk." (2), (3), (5), (6), (7), (8), (9)(a)(b), (10)(a)(A)(B)(C)(D)(E)(i)(F)(G)(H)(I)(J)(K)(b)(A)(B)(C)(i)(ii)(iii)(c)"….. nonviolent crisis-intervention system may use restraint and only when necessary, as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of

the nationally recognized system in which the staff or proctor foster parent is trained."(d) (12)(a)(b)(A)(B)(c)(A)" the date of the restraint….. and the location of the restraint"(B)(D)(i)(ii)(d)(e)(f)

- ***LTGH:*** (3),(4),(6),(7), (8), (9)(a)(b), (10)(a)(A)(C)(D)(E)(i)(F)(G)(i)(H)(I)(J)(K)(b)(A)(B)(C)(i)(ii)(iii))(c)"….. nonviolent crisis-intervention system may use restraint and only when necessary, as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained."(d)(e) 12(a)(b)(A)(B)(c)(A))" the date of the restraint….. and the location of the restraint" (D)(i)(ii)(d)(e)(f)

- ***ORR***: (3),(4),(6),(7), (8), (9)(a)(b), (10)(a)(A)(C)(D)(E)(i)(F)(G)(i)(H)(I)(J)(K)(b)(A)(B)(C)(i)(ii)(iii))(c)"….. nonviolent crisis-intervention system may use restraint and only when necessary, as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained."(d)(e) 12(a)(b)(A)(B)(c)(A))" the date of the restraint….. and the location of the restraint" (D)(i)(ii)(d)(e)(f)

- ***Counterpoint:*** The Behavior Policy states that the program does not utilize restraints. The restraint policy must be revised to add verbiage, that at no time should a restraint be utilized on youth in the program. Notwithstanding policy to not use physical restraints, the policy should indicate that if a staff physically intervenes in an extreme circumstance, all reporting requirements, and timelines in OAR 413-215-0077 (10)(11) will be met as required by SB710. In addition, the policy must state who from the program will ensure reporting requirements are met and the required debrief meeting occurs in accordance with OAR 413-215-0077 (10)(d).

- ***Foster Care****:* The Behavior Policy states that the program does not utilize restraints. The restraint policy must be revised to add verbiage, that at no time should a restraint be utilized on youth in the program. Notwithstanding policy to not use physical restraints, the policy should indicate that if a staff physically intervenes in an extreme circumstance, all reporting requirements, and timelines in OAR 413-215-0077 (10)(11) will be met as required by SB710. In addition, the policy must state who from the program will ensure reporting requirements are met and the required debrief meeting occurs in accordance with OAR 413-215-0077 (10)(d).

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. (2) The information must be provided by: (a) The Department of Human Services if the department placed the child in care in the child-caring agency; (b) The Oregon Youth Authority if the child in care has been committed to the custody of the authority; or (c) The child-caring agency for all other children in care.

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

413-215-0311 Foster Care Agencies: License Requirements *(Amended 12/01/19)* (3) In addition to the requirements in OAR 413-215-0001 to 413-215-0131, to be licensed by the Department, a *foster care agency* must:(c) Have policies and procedures describing the level of oversight the *foster care agency* will provide to each *proctor foster home* that include: (A) The frequency of site visits to each *proctor foster home*. (B) How site visits will be documented. (C) When and how the *foster care agency* will provide increased oversight to a *proctor foster home.* (D) How often a *child in care* will have face-to-face contact and with whom.

- ***Foster Care****:* The Foster Care Policy was missing the above required information.

413-215-0381 Foster Care Agencies: Medication *(Amended 12/01/19)* A *foster care agency* must comply with all of the following requirements: (1) Policy and procedures. The *foster care agency* must have policies and procedures that cover prescriptions, herbal remedies, and all non-prescription medications that address all of the following: (h) How the *foster care agency* and the *proctor foster home* will ensure compliance with OAR 413-070-0470 if it serves children in Department custody.

- ***Foster Care****:* The Medication Policy was missing the above required information.

413-215-0551 Medication *(Technical Amended 01/13/20)* A *residential care agency* must meet all of the following requirements: (1) Policy and procedures. The *residential care agency* must have policies and procedures that cover all prescription and non-prescription medications that address all of the following: (h) How the *foster care agency* and the *proctor foster home* will ensure compliance with OAR 413-070-0470 if it serves children in Department custody.

- ***Sage:*** The Medication Policy was missing the above required information.

413-215-0571 Referral and Initial Evaluation of Children *(Technical Amended 01/14/20)* (1) Referral. A *residential care agency* must have a policy that addresses the process by which children in care are referred to the *residential care agency*. The policy must include all of the following: (a) From whom referrals are accepted. (c) How information necessary to provide for the safety and *care* of children in care will be provided to the appropriate *care staff*

- ***Sage:*** The Referral Policy was missing the above required information.

413-215-0576 Consents, Disclosures, and Authorizations *(Amended 02/01/2022)* (1) Consents. For each *child in care* in placement with a *residential care agency*, the *residential care agency* must ensure that a parent or legal guardian signs a consent that authorizes the *residential care agency* to undertake each of the following: (a) To provide routine and emergency medical care. However, if the parent or legal guardian relies on prayer or spiritual means for healing in accordance with the creed or tenets of a well-recognized religion or denomination, the *residential care agency* is not required to use medical, psychological or rehabilitative procedures, unless the *child in care* is old enough to consent to these procedures and does so. The *residential care agency* must have policies and procedures for this practice, which are reviewed and approved by the child in care's parent or legal guardian.

- ***ORR and LTGH:*** The Consent Policies were missing the above required information.

413-215-0846 Day Treatment Agencies: Medication *(Technical Amended 01/15/20)* A day *treatment agency* must comply with all of the following requirements: (1) Policy and procedures. The *day treatment agency* must have policies and procedures that cover prescriptions, herbal remedies, and all non-prescription medications that address all of the following: (a) How the medication will be administered. (b) By whom the medication will be administered. (c) How the staff of the *day treatment agency* who administer medication will be trained. (d) How the administration of medication will be documented. (e) How the administration of medication will be monitored. (f) How unused medication will be disposed of. (g) The process that ensures that each child in care's prescription and non-prescription medications are reviewed, unless the medications are all provided through a single pharmacy. As used in this rule, "non-prescription medication" means any medication that does not require a written prescription for purchase or dispensing.

- ***Counterpoint:*** The Medication Policy was missing the above required information.

Licensing Coordinator's Signature: Holly Ivey Date: 1-17-2023

Licensing Coordinator's Signature: Jorge Pelinski Date: 1-13-2023

Manager Review: [signature] Date: 1-11-2023