



## **Licensed Child Caring Agency Site Visit Re-Licensing Report Homeless/Runaway/Transitional Living Shelters**

**Licensee:** Youth Empowerment Shelter

**Date of site visit:** October 24, 2022

**Executive Director:** Livia Christensen

**Licensing Coordinator:** Holly Ivey

**Program Director:** Isaiah Snyder

**Other Regulatory or Accrediting Agencies:** DHS Treatment Services

**Program Compliance:** The program was found to be compliant or will be compliant with OAR 413-215-0001 to 413-215-0131, Licensing Umbrella Rules, and OAR 413-215-0701 to 413-215-0766, Licensing Homeless, Runaway, and Transitional Living Shelters Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

**Program Description(s):** Youth Empowerment Shelter is a homeless and runaway shelter in The Dalles, Oregon for children 10-17 years old. The shelter became licensed and began operating in 2016. Youth Empowerment strives to provide physical and emotional safety for teens in crisis. The program offers mediation services for families.

**Program type and services:** Shelter Services

**Capacity and Age Range:** 10 children, ages 10-17

**Funding sources:** Oregon Department of Human Services (ODHS) Treatment Services, Wasco County Juvenile Department, Sherman County.

**Contracts and sources for referrals:** ODHS Treatment Services, Non-BRS Contracts.

**Average length of stay:** 23 days

**Average daily population served:** 1-2 youth

**Number of children served annually:** In 2022 twenty-six youth had been served at the time this report was written.

### **Interviews Observations:**

**Interviews:** Livia Christensen, Executive Director, assisted with the walk through and was informally interviewed by the Licensing Coordinator. Two youth were interviewed on the phone on November 1, 2022, by the Licensing Coordinator. When asked what the youth appreciated most about the program, the youth reported the following: "It's a nice house, the staff, and the activities." Both youth shared that they receive enough food to eat,

with daily snacks provided. When asked what the youth do for recreation or fun the youth stated the following: “Decorate the house for Halloween, play video games, and draw.” Both youth shared that they receive hygiene products, and were able to speak privately to their approved contacts daily, and they felt safe at the program. There were no concerns reported to the Licensing Coordinator in the interviews.

**Observations:** At the Licensing Review, the Executive Director assisted with a walk through with Holly Ivey, DHS Licensing Coordinator. All areas of the programs (inside and outside) where youth had access were observed to be well kept, clean and in good repair except for one minor item in need of repair (see repair need described below in the report). The kitchen was observed to have food in the refrigerator and pantry. Medication was observed to be in a locked cabinet in the staff office, which was inaccessible to the youth.

**Program Strengths:** The following strengths were identified by program leadership at the time of the review:

- “The Youth Empowerment Shelter feels like a home. The environment is safe, welcoming, friendly, and inclusive. The program meets kids where they are at and builds on individual strengths and goals. Positive youth development is used as primary principle of service delivery. The program is voluntary, and youth may choose to stay for as long as they need to with permission of a parent or guardian. The environment is designed to be safe, healing, and supportive while also helping youth move forward in the direction that they want to go. The community supports YES, and referral networks appreciate the services that YES provides.”

**Program Challenges:** The following challenges were identified by program leadership at the time of the review:

- “Staffing has been an issue. It has been difficult to hire and retain qualified and reliable staff to fill all shifts. It has also been hard to find regular times for staff to complete trainings and complete other regular tasks that are best done uninterrupted or at set times. COVID made service delivery difficult over the past year.

**Changes that have occurred in the last 2 years:**

- A change in Executive Director and some new staff.

**Lawsuits:** No, not in the last two years.

**Grievances and complaints filed in the last two years:** There were none reported to Licensing at the time of the review.

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

Within 45 days of receipt of this report Youth Empowerment Shelter, 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 [Holly.r.ivey@dhsola.state.or.us](mailto:Holly.r.ivey@dhsola.state.or.us)

**Exceptions:** N/A

**Changes in License:** N/A

| Summary of Review                                                                                                                                                             |     |    |     |                             |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-----------------------------|--------------------------------|
| Program and Services<br>413-215-0011(2)                                                                                                                                       | Yes | No | N/A | Corrective Actions/Comments | Corrective Action<br>Completed |
| Program and services are in scope of license                                                                                                                                  | X   |    |     |                             |                                |
| Governance of the Agency<br>413-215-0021                                                                                                                                      | Yes | No | N/A | Corrective Actions/Comments | Corrective Action<br>Completed |
| (1)(a) Minimum of 5 board members 413-215-0711 (1) Composed of a cross-section of the community, parents, employees, children in care.                                        | X   |    |     |                             |                                |
| (2)(f) Formally evaluate the exec. Director's performance annually <b>(The Executive Director had been with the agency less than a year at the time of the review)</b>        |     |    | 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<br>413-215-0021                                                                                                                        | Yes | No | N/A | Corrective Actions/Comments | Corrective Action<br>Completed |
| (3)(a) knowledge of requirements for providing care and treatment appropriate to programs                                                                                     | X   |    |     |                             |                                |
| (3)(g) Approval from BCU                                                                                                                                                      | X   |    |     |                             |                                |
| Discipline, Behavior Management, and<br>Suicide Prevention 413-215-0076                                                                                                       | Yes | No | N/A | Corrective Actions/Comments | Corrective Action<br>Completed |
| (3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention                                             | X   |    |     |                             |                                |
| (3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)                                                         |     |    | X   |                             |                                |
| (3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable |     |    | X   |                             |                                |
| (3)(e) Agency uses seclusion appropriately/consistent with policy                                                                                                             |     |    | X   |                             |                                |
| (4) Agency has adequate plan in place to respond to suicidal behavior/warning signs                                                                                           | X   |    |     |                             |                                |

| <b>Contractors</b> (if applicable)<br>413-215-0061(6)                                                                                                                                                                                                                                                                                                   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                          | <b>Corrective Action Completed</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| (a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215                                                                                                                                                                                                                                                      |            |           | <b>X</b>   |                                                                                                                                                                                                                                                             |                                    |
| (b)(B) Contract includes the following:<br>(i) Services provided<br>(ii) Contractor fees<br>(iii) Disclosure of information from contractor to agency<br>(iv) Lines of authority<br>(v) Adherence to rules, including background check<br>(vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability |            |           | <b>X</b>   |                                                                                                                                                                                                                                                             |                                    |
| <b>Supplemental Information Provided by CCA</b>                                                                                                                                                                                                                                                                                                         | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                          | <b>Corrective Action Completed</b> |
| Documents as indicated on the form titled "Renewal Licensing Required Documents"                                                                                                                                                                                                                                                                        | <b>X</b>   |           |            |                                                                                                                                                                                                                                                             |                                    |
| Documents as indicated on form titled "Required Financial Documents and Information"                                                                                                                                                                                                                                                                    |            | <b>X</b>  |            | <b>Supplemental Information Provided by CCA</b> Documents as indicated on form titled "Required Financial Documents and Information"<br><ul style="list-style-type: none"> <li>The agency must submit a Tax Compliance Certificate.</li> </ul>              |                                    |
| All required policies and procedures as identified in the "Umbrella Rules"                                                                                                                                                                                                                                                                              |            | <b>X</b>  |            | <b>Supplemental Information Provided by CCA</b> All required policies and procedures as identified in the "Umbrella Rules"<br><ul style="list-style-type: none"> <li>See page 10 for required policy revisions information</li> </ul>                       |                                    |
| All required policies and procedures as identified in "Agency Type Specific Rules"                                                                                                                                                                                                                                                                      | <b>X</b>   |           |            |                                                                                                                                                                                                                                                             |                                    |
| <b>Staffing Requirements</b><br>413-215-0721                                                                                                                                                                                                                                                                                                            | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                          | <b>Corrective Action Completed</b> |
| (1) Has and follows a written plan for minimum staffing                                                                                                                                                                                                                                                                                                 | <b>X</b>   |           |            | <b>Staffing Requirements 413-215-0721(2) One staff for each shift is trained in non-violent crisis intervention</b><br><ul style="list-style-type: none"> <li>Two staff's Crisis Prevention Institute (CPI) training was observed to be expired.</li> </ul> |                                    |
| (2) One staff for each shift is trained in non-violent crisis intervention                                                                                                                                                                                                                                                                              |            | <b>X</b>  |            |                                                                                                                                                                                                                                                             |                                    |
| (3) Staffing ratio is sufficient for adequate supervision<br>Days:<br>Evenings:<br>Sleeping:                                                                                                                                                                                                                                                            | <b>X</b>   |           |            |                                                                                                                                                                                                                                                             |                                    |
| <b>Grouping</b><br>413-215-0756                                                                                                                                                                                                                                                                                                                         | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                          | <b>Corrective Action Completed</b> |
| (1) & (2) Has and follows policies for grouping children that meets requirements                                                                                                                                                                                                                                                                        | <b>X</b>   |           |            |                                                                                                                                                                                                                                                             |                                    |

|                                                                                                        |     |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|--------------------------------------------------------------------------------------------------------|-----|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| (age, developmental level, maturity, behavior, medical...)                                             |     |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (4) Care was taken to assess and minimize risk for children placed with emancipated children or adults | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| <b>Service Planning-</b> Establish & maintain links with community agencies that provide: 413-215-0736 | Yes | No | N/A | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Corrective Action Completed</b> |
| (5)(a) Alternative living arrangements                                                                 | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (5)(b) Medical services                                                                                | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (5)(c) Mental health services                                                                          | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (5)(d) Educational services                                                                            | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (5)(e) Independent living services                                                                     | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (5)(f) Other assistance required                                                                       | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| <b>Physical Plant</b>                                                                                  | Yes | No | N/A | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Corrective Action Completed</b> |
| 413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)                                   | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| 413-215-0051(1) Sufficient safe space, equipment, and office equipment                                 | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| 413-215-0091(12) License is posted in common area at each facility                                     | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| 413-215-0001(5)(d) Adequate furnishings and personal items                                             | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| 413-215-0746(2) Medication is kept in locked storage and inaccessible to children in care              | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| <b>Safety - Transporting Children in Care</b> 413-215-0761(3)(a)                                       | Yes | No | N/A | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Corrective Action Completed</b> |
| (A) Vehicle is registered                                                                              |     | X  |     | <b>Safety - Transporting Children in Care</b> 413-215-0761(3)(a)<br>(A) Vehicle is registered(D) Equipped with first aid kit(E) Fire extinguisher – secured <ul style="list-style-type: none"> <li>The Licensing Coordinator could not view the van as it was off of the property with youth. Pictures verifying that the above requirements are being met must be sent to the Licensing Coordinator.</li> </ul> |                                    |
| (B) Vehicle is insured                                                                                 | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (C) Maintained in safe condition                                                                       | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (D) Equipped with first aid kit                                                                        |     | X  |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (E) Fire extinguisher - secured                                                                        |     | X  |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| <b>Safety - Building Requirements</b> 413-215-0761(6)                                                  | Yes | No | N/A | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Corrective Action Completed</b> |
| (b)(A) Smoke free                                                                                      | X   |    |     | <b>Safety - Building Requirements</b> 413-215-0761(6) (b)(B)<br><i>Clean and in good repair</i> <ul style="list-style-type: none"> <li>A toilet seat was broken in the basement bathroom.</li> </ul>                                                                                                                                                                                                             |                                    |
| (b)(B) Clean and in good repair                                                                        |     | X  |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (b)(C)(i) continuous supply of hot and cold water                                                      | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| (b)(D) room temps are w/in normal range, ventilated and free from odors                                | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| <b>Safety - Bathrooms</b> 413-215-0761(6)                                                              | Yes | No | N/A | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Corrective Action Completed</b> |

|                                                                                                                                       |     |    |     |                                                                                                                                                                                                                                                                                                |                                    |
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| (c)(A)(i) 1:8 ratio for toilet and sink                                                                                               | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (c)(A)(ii) If self-closing metered faucet –15 sec.                                                                                    | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (c)(A)(iv) 1:10 ratio for bathtub or shower                                                                                           | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (c)(A)(v) individual privacy                                                                                                          | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (c)(A)(vi) window covering                                                                                                            | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (c)(A)(vii) permanently wired light fixtures                                                                                          | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (c)(A)(viii) mirror affixed at eye level                                                                                              | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (c)(A)(vi) adequate ventilation                                                                                                       | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| <b>Client Rights</b><br>413-215-0716                                                                                                  | Yes | No | N/A | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                                                             | <b>Corrective Action Completed</b> |
| (2) Nutritional needs are met as appropriate for each child in care                                                                   | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| <b>Medication Storage and Dispensing</b><br>413-215-0746                                                                              | Yes | No | N/A | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                                                             | <b>Corrective Action Completed</b> |
| (2) Medication is locked and inaccessible to children                                                                                 | X   |    |     | <b>Medication Storage and Dispensing 413-215-0746(5)</b><br><i>Written record of disposal by 2 staff and includes when and how the medication was disposed</i> <ul style="list-style-type: none"> <li>There was not a written record of disposal available for Licensing to review.</li> </ul> |                                    |
| (3) Medication is self-administered after children have requested their medication at prescribed times                                | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (4) Written record of administration of medication includes (name, description, date and time dispensed, dosage, staff who dispensed) | X   |    |     |                                                                                                                                                                                                                                                                                                |                                    |
| (5) Written record of disposal by 2 staff and includes when and how the medication was disposed                                       |     | X  |     |                                                                                                                                                                                                                                                                                                |                                    |

|                                                               |     |    |     |                                    |                                    |
|---------------------------------------------------------------|-----|----|-----|------------------------------------|------------------------------------|
| <b>Personnel Files</b><br>413-215-0061                        | Yes | No | N/A | <b>Corrective Actions/Comments</b> | <b>Corrective Action Completed</b> |
| 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 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   |                                    |                                    |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| (3)(h) Current job description (1)(c)<br>Employee meets minimum qualifications<br>stated in current job description                                                                                                                                                                   | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| <b>New Employee Orientation (30 days)</b><br>413-215-0061(4)                                                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                         | <b>Corrective Action<br/>Completed</b> |
| (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<br>includes:<br>(a) legal definition of child abuse ORS<br>419B.005, Oregon Laws 2016, chapter 106,<br>section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to<br>the employee | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (f) Privacy laws                                                                                                                                                                                                                                                                      | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (g) Emergency procedures                                                                                                                                                                                                                                                              | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| <b>Staffing Requirements</b><br>413-215-0721                                                                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                         | <b>Corrective Action<br/>Completed</b> |
| Staff (at least one for each shift) has been<br>trained in non-violent crisis intervention                                                                                                                                                                                            |            | X         |            | <b>Staffing Requirements 413-215-0721 Staff (at least one for<br/>each shift) has been trained in non-violent crisis intervention</b><br><ul style="list-style-type: none"> <li>Two staff's CPI Certifications were observed to be<br/>expired.</li> </ul> |                                        |
| <b>Initial Training</b> (Must be completed before<br>staff is alone with youth) 413-215-0726 (1)                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                                                                                                                                                                         | <b>Corrective Action<br/>Completed</b> |
| (a) Completion of agency's orientation                                                                                                                                                                                                                                                | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (b) Understanding of supervision structure                                                                                                                                                                                                                                            | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (c) Understanding of behavior management<br>policies                                                                                                                                                                                                                                  | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (d) Understanding of presenting issues of<br>the youth served                                                                                                                                                                                                                         | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (e) Safety procedures                                                                                                                                                                                                                                                                 | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (f) Sanitation procedures                                                                                                                                                                                                                                                             | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (g) First aid kit contents and use                                                                                                                                                                                                                                                    | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (h) Report writing                                                                                                                                                                                                                                                                    | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (i) CPR and First Aid                                                                                                                                                                                                                                                                 | X          |           |            |                                                                                                                                                                                                                                                            |                                        |
| (j) Crisis intervention training                                                                                                                                                                                                                                                      | X          |           |            |                                                                                                                                                                                                                                                            |                                        |

| Ongoing Training (Staff & Volunteers)                                                                                                                                                                                                                                 | Yes | No | N/A | Corrective Actions/Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Corrective Action Completed |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 413-215-0726(2)(a) Confidentiality                                                                                                                                                                                                                                    | X   |    |     | <b>Ongoing Training (Staff &amp; Volunteers)</b> 413-215-0726(2)(b) Universal precautions 413-215-0726(2)(c) <i>Discipline and behavior management</i> 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 <ul style="list-style-type: none"> <li>Documentation of one staff's Universal Precautions training was missing for the year 2021</li> <li>Two staff's CPI Certifications were expired.</li> <li>Two staff were missing documentation of Child Abuse Reporting Training for 2021.</li> </ul> |                             |
| 413-215-0726(2)(b) Universal precautions                                                                                                                                                                                                                              |     | X  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| 413-215-0726(2)(c) Discipline and behavior management                                                                                                                                                                                                                 |     | X  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| 413-215-0726(3) Training in CPR/First Aid sufficient to retain current certification                                                                                                                                                                                  | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| 413-215-0726(4) Staff working with food must possess a food handler's card                                                                                                                                                                                            | X   |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| 413-215-0061(5) Mandatory reporting that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee |     | X  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| 413-215-0761(3)(b) Employees transporting children meet the driver requirements (current driver's license, and training for 15+ passenger vans if applicable)                                                                                                         |     |    | X   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| Comments:                                                                                                                                                                                                                                                             |     |    |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |

| Child Records<br>413-215-0741(2)                                                                                  | Yes | No | N/A | Corrective Actions/Comments | Corrective Action Completed |
|-------------------------------------------------------------------------------------------------------------------|-----|----|-----|-----------------------------|-----------------------------|
| Name of Child                                                                                                     | X   |    |     |                             |                             |
| Date of Admission                                                                                                 | X   |    |     |                             |                             |
| (a) Sufficient information about the child's family or legal guardian to enable staff to contact them at any time | X   |    |     |                             |                             |
| (b) & 413-215-0731(2) Custody status                                                                              | X   |    |     |                             |                             |
| (c) authorization for medical treatment                                                                           | X   |    |     |                             |                             |
| (d) Consent to treat the child with interventions in use at the program                                           | X   |    |     |                             |                             |
| (e) Signed acknowledgment that child is responsible for requesting medication at prescribed times                 | X   |    |     |                             |                             |

|                                                                                                                                                                                                                                                      |            |           |            |                                    |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|------------------------------------|------------------------------------|
| (h) Documentation of child's illness and injuries and follow up by program                                                                                                                                                                           | X          |           |            |                                    |                                    |
| <b>Assessment</b><br>413-215-0741(2)(f) &                                                                                                                                                                                                            | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b> | <b>Corrective Action Completed</b> |
| 413-215-0731 Assessment<br>(2)(a)-(c) Includes family history, health history, mental health history (including diagnoses and current prescriptions).<br>(3) Statement as to whether child meets eligibility requirements to be admitted to program. | X          |           |            |                                    |                                    |
| <b>Service Planning</b><br>413-215-0741(2)(g) &                                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b> | <b>Corrective Action Completed</b> |
| 413-215-0736(2)(a) Includes family, staff & other interested parties                                                                                                                                                                                 | X          |           |            |                                    |                                    |
| (2)(b) Monthly review                                                                                                                                                                                                                                | X          |           |            |                                    |                                    |
| (2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs                                                                                                                       | X          |           |            |                                    |                                    |
| 413-215-0736 (3) Reasonable effort to involve family within 72 hours when possible                                                                                                                                                                   | X          |           |            |                                    |                                    |
| 413-215-0746 (4) Medication logs                                                                                                                                                                                                                     | X          |           |            |                                    |                                    |
| 413-215-0736 (6) Discharge summary (summary, results of evaluations, condition of child, compliance with program, recommendations and discharge destination)                                                                                         | X          |           |            |                                    |                                    |
| <b>Records and Documentation</b><br>413-215-0071                                                                                                                                                                                                     | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b> | <b>Corrective Action Completed</b> |
| (1) Stored safely and are available for inspection by Dept.                                                                                                                                                                                          | X          |           |            |                                    |                                    |
| (2) Permanent, legible, dated, and signed                                                                                                                                                                                                            | X          |           |            |                                    |                                    |
| (3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.                                                                                              | X          |           |            |                                    |                                    |
| (7) Permanent registry for each child includes:<br>Name<br>Gender<br>Birth date                                                                                                                                                                      | X          |           |            |                                    |                                    |

|                                          |  |  |  |  |
|------------------------------------------|--|--|--|--|
| Names, addresses of parents or guardians |  |  |  |  |
| Dates of admission                       |  |  |  |  |
| Placement upon discharge                 |  |  |  |  |
| Comments:                                |  |  |  |  |

**\*Supplemental information provided by the CCA as stated above (page 4). 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. (A) This right cannot be waived, including voluntarily. Restriction on communication between a child in care and his or her legal guardian may not be a condition of participation in the program. (B) A child-caring agency may place reasonable limits on communication, but only as provided in the child-caring agency's policy. Reasonable limits include, but are not limited to, having set time periods during the day for visitation and phone calls and imposing moderate limits on the duration of calls or visits. However, a limitation is not considered reasonable if it prevents the ability to meaningfully communicate, such as not allowing contact with a child in care's attorney during regular business hours. (b) The child in care's right to privacy. (c) The child in care's right to participate in service planning or educational program planning. (d) The child in care's right to fair and equitable treatment. (e) The child in care's right to file a grievance (as provided in section (2) of this rule) if the child in care or family feels that they are treated unfairly or if they are not in agreement with the services provided.*

- The above required information must be added to the Client Rights. The Client Rights states, "A reasonable degree of personal privacy". This is subjective and must be revised.

***413-215-0056 Licensing Umbrella Rules: Policies and Procedures***

*(Amended 1/1/19) (2) In addition to other policies and procedures required by these rules, the policies and procedures in section (1) of this rule must include: (a) A written policy on mandatory child abuse reporting, consistent with ORS 418.257, 418.258, 419B.005, 419B.010, and 419B.015 that includes requirements that child-caring agency employees, staff, contractors, agents, and proctor foster parents do all of the following: (A) Immediately report suspected child abuse directly to the Department via the child abuse reporting hotline. (B) Receive child-caring agency-provided training on mandatory abuse reporting requirements as part of employee orientation and at least annually thereafter as described in OAR 413-215-0061. (C) Receive child-caring agency-provided training on the definitions of child abuse in ORS 418.257 and 419B.005 that apply in child-caring agencies.*

- A Mandatory Reporting Policy was not submitted at the review and must be submitted to the Licensing Coordinator.

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

- The above stated prohibitions must be added to the Discipline Policy.

*Discipline Policy. A child-caring agency must incorporate into the program's care-giving practices positive nonpunitive discipline and ways of helping a child in care build positive personal relationships, self-control, and self-esteem.*

- The above requirement was not found in the Discipline Policy submitted.

**(4) Suicide Prevention.** *The policy must include the following: (a) How the child-caring agency will respond in the event a child in care exhibits self-injurious, self-harm, or suicidal behavior; (b) Warning signs of suicide; (c) Emergency protocols and contacts; (d) Training requirements for staff, including....suicide risk assessment tool training; (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; (h) A process for tracking suicide behavioral patterns; and (i) A "post-intervention" plan with identified resources.*

- The above information must be added to the agency's Suicide Prevention Policy.

### **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... (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 (10) Restraint. (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. (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. (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; (C) The efforts the program used to de-escalate the situation and the alternatives to restraint or involuntary seclusion the program attempted before placing the child in care in the 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 above information was not found in the Restraint Policy the agency submitted. In talking with the Executive Director, the agency no longer trains staff regarding physical restraints, so the restraint policy must be revised to state that staff are not authorized to conduct physical restraints, as they are not trained to do so. The policy must be revised to state the agency has a no restraint policy. At no time should a restraint be used on youth. Notwithstanding policy to not use physical restraint, 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 and state who will ensure this and the required debrief meeting occurs in accordance with OAR 413-215-0077 (10)(d).

**(13) Reporting Requirements**(e) Each child caring agency shall provide notice regarding how to access the quarterly reports to the parents or guardians of children in care in the program. The child caring agency shall provide the notice upon the child in care's admission and at least two times each year thereafter.

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

**413-215-0078 Licensing Umbrella Rules: Information Provided to Children in Care (Adopted 02/01/2022)** (1) Each child in care receiving services from a child-caring agency must be given the following: (a) Instruction regarding how a child in care may report suspected

*inappropriate use of restraint or involuntary seclusion; (b) Assurance that the child in care will not experience retaliation for reporting suspected inappropriate uses of restraint or involuntary seclusion and; (c) The telephone number for the toll-free child abuse hotline described in ORS 417.805 and the telephone numbers and electronic mail addresses for the program's licensing agency, the child in care's caseworker and attorney, the child in care's court appointed special advocate and Disability Rights Oregon.*

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

Licensing Coordinator's Signature: Holly Ivey Date: 11-30-2022

Manager Review:  Gil Date: 11-30-2022