Oregon Department of Human Services

Licensed Child Caring Agency Unannounced Site Visit Report

Licensee: Washington County Juvenile Department
Shelter Manager: LaRoy LaBonte
Juvenile Services Supervisor: Martha Villegas
Date of Unannounced: December 13, 2022
Licensing Coordinator: Todd Cooley
Other Regulatory or Accrediting Agencies: Oregon Department of Education (ODE), Oregon Health Authority (OHA), Oregon Department of Human Services (ODHS)

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

Previous Findings	Repeat Findings Further Action Needed	Comments
Governance of the Agency 413-215-0021 (2)(k) Written quality improvement program A copy of the program's quality improvement plan was not submitted to Licensing for review. **CORRECTIVE ACTION:** Submit a copy of the program's quality improvement plan to Licensing.	**Yes☐ No✓**	Quality Improvement Policy and Procedure submitted by the program via email on 8/22/22.
Executive Director or Program Director 413-215-0021 (3)(g) Approval from BCU	**Yes☐ No✓**	The program requested a new criminal background check on 8/1922 for the Shelter Manager. Approved results were forwarded to Licensing on 10/3/22 via email.

A new criminal background check is required for the Shelter Manager for the new licensing period. **CORRECTIVE ACTION:** Request and submit a copy of the Shelter Manager's newly approved background check for this new licensing period.		
Supplemental Information Provided by CCA Documents as indicated on the form titled "Renewal Licensing Required Documents" - Certification of Occupancy was not submitted **CORRECTIVE ACTION:** - Submit copy of Certificate of Occupancy	**Yes☐ No✓**	The program has submitted copies of ongoing email correspondence with the City of Hillsboro in an attempt to obtain a Certificate of Occupancy for the program but a certificate for the building could not be located.
Supplemental Information Provided by CCA Documents as indicated on the form titled "Renewal Licensing Required Documents" - Submitted Environmental Health Inspection was incomplete. **CORRECTIVE ACTION:** - Resubmit completed inspection form that is signed, dated, and indicates if the inspection was approved or not approved.	**Yes☐ No✓**	An approved copy of the program's Environmental Health Inspection, citing no violations, was submitted via email on 8/22/22.
All required policies and procedures as identified in the "Umbrella Rules" - Conflict of Interest was not submitted for review. **CORRECTIVE ACTION:** - Submit copy of Conflict-of-Interest Policy	**Yes☐ No✓**	The program submitted two documents, Article 13 Ethical Standards and 6.4.5 Harkins House Staff Boundaries and Expectations, via email on 8/22/22. that outline situations related to a potential conflict of interest.
All required policies and procedures as identified in the "Umbrella Rules" - Youth and Parent Rights requires modification.	**Yes☐ No✓**	The program submitted a revised copy of 6.2.1 Harkins House Responsibilities Youth and Parental Rights via email on 8/22/22. This policy was revised as requested, however, the specific right that speaks to a resident's right to privacy was not included in the revised version. This right must be added and the policy resubmitted to Licensing. Licensing received the updated policy 11/15/2022 with right to privacy language.

CORRECTIVE ACTION: - Revise 6.2.1 Youth and Parent Rights to include highlighted information. **413-215-0046 Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures (Amended 1/1/19)** . (b) The child in care's right to privacy.		
All required policies and procedures as identified in the "Umbrella Rules" - Grievance Policy requires modification. **CORRECTIVE ACTION:** - Revise 6.2.4 Grievance Policy to include elements of the Licensing Rule that are missing from the current policy.	**Yes☐ No✓**	The program submitted a revised copy of 6.2.4 Grievance Policy that now meets Licensing Rule.
All required policies and procedures as identified in the "Umbrella Rules" - Mandatory Reporting Policy requires modification. **CORRECTIVE ACTION:** - Revise 6.4.3 Mandatory Reporting Policy to include elements of the Licensing Rule that are missing from the current policy.	**Yes☐ No✓**	The program submitted a revised copy of 6.4.3 Procedures for Mandatory Reporting Information that now meets Licensing Rule.
Physical Plant 413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair Window sills located in the wellness room and in bedroom #281 located in the blue dorm are damaged and/or have etched in words/symbols associated with gang affiliation.	**Yes☐ No✓**	The program submitted a work order request to facilities for the repair of damaged windowsills and submitted pictures of the completed work on 8/31/22. The completion of this work will be verified at a subsequent site visit. Both windowsills were inspected on 12/13/22 and were in good condition.

CORRECTIVE ACTION: Repair damaged window sills and submit photos of repaired areas		
Physical Plant 413-215-0511(2)(h) Building is well ventilated and room temperature is within a normal comfort range Staff report that during the summer, the facility's air conditioner does not effectively cool the facility. **CORRECTIVE ACTION:** Address concern with facilities to resolve or improve the facility's cooling system.	**Yes☐ No✓**	The program submitted ongoing correspondence with the county's Facilities and Parks Services Division to address ongoing HVAC concerns at Harkins House. Facilities has assessed the system and determined that given the building's age and design, the system is functioning as expected. While the county continues to explore a long-term solution to include the possibility of upgrading the HVAC system should funds become available, Facilities and Park Services Division is making portable cooling units available to the program during the summer months.
Room and Space Requirements **Bathrooms** 413-215-0516(4) (a)(H) Adequate ventilation The bathroom and shower areas do not appear to have a working ventilation system. **CORRECTIVE ACTION:** Follow up with facilities and explore ventilation options for the bathrooms and shower areas.	**Yes☐ No✓**	A work order to assess the bathroom's ventilation system was submitted. An email dated 8/22/22, documents a facility tech replacing a motor for an exhaust fan that resulted in the system working appropriately now. Completion of this work will be verified at a subsequent site visit. Bathroom ventilation appeared adequate during walkthrough on 12/13/22.
Safety 413-215-0541 3)(a) Evacuation drill occurs monthly Evacuation drills were not submitted for review **CORRECTIVE ACTION:** Submit a copy of evacuation drills for 2020 thru May of 2022.	**Yes✓ No**	The program submitted drills for the last licensing period Jan. 2020 – July 2022. The drill sheets were missing required information as per the licensing rule to include special conditions simulated and problems encountered. In reviewing the drill sheets, the program missed 3 monthly drills in 2020, 2 monthly drills in 2021 and 3 drills in 2022. On 9/1/22, the program emailed a revised version of the fire drill sheets to include *conditions simulated and problems encountered*. In an attempt to ensure that the drills are completed on a monthly basis, the evacuation sheets have been prefilled with each month as a reminder for the drills to be completed on a regular basis. During the unannounced the evacuation drills were reviewed and there was no documentation of a drill being conducted in November 2022 **-Repeat finding**
Medication 413-215-0551 (10) Written record of the administration of medication includes: (h) possible adverse reactions	**Yes☐ No☐**	The program reports that adverse reactions have been added to the youth's MARS. Compliance in this area will be monitored at a subsequent site visit.

The program's existing medication logs maintained for each youth does not reflect possible adverse reactions related to the medication being taken. **CORRECTIVE ACTION:** Develop a process where possible adverse reactions are documented on youths' medication logs.		
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (a) Agency policies and procedures One out of three new hire files did not reflect training in the following areas: - Agency policies and procedures **CORRECTIVE ACTION:** Ensure that new hires are receiving the required training and the completed training is appropriately documented in their respective personnel file.	**Yes☐ No✓**	The program has submitted a New Employee Training Checklist that will be implemented to ensure the completion and documentation of New Employee Orientation training required by Licensing Rule. Compliance in this area will be monitored at a subsequent site visit. There have been no new hires since the last review and this item was unable to be reviewed. Follow-up will continue at the next unannounced.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (b) Ethical and professional guidelines One out of three new hire files did not reflect training in the following areas: - Ethical and professional guidelines **CORRECTIVE ACTION:** Ensure that new hires are receiving the required training and the completed training is appropriately documented in their respective personnel file.	**Yes☐ No✓**	The program has submitted a New Employee Training Checklist that will be implemented to ensure the completion and documentation of New Employee Orientation training required by Licensing Rule. Compliance in this area will be monitored at a subsequent site visit. There have been no new hires since the last review and this item was unable to be reviewed. Follow-up will continue at the next unannounced.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (c) Organizational lines of authority One out of three new hire files did not reflect training in the following areas: - Organizational lines of Authority	**Yes☐ No✓**	The program has submitted a New Employee Training Checklist that will be implemented to ensure the completion and documentation of New Employee Orientation training required by Licensing Rule. Compliance in this area will be monitored at a subsequent site visit. There have been no new hires since the last review and this item was unable to be reviewed. Follow-up will continue at the next unannounced.

CORRECTIVE ACTION: Ensure that new hires are receiving the required training and the completed training is appropriately documented in their respective personnel file.		
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (d) Attributes of population served One out of three new hire files did not reflect training in the following areas: - Attributes of Population Served **CORRECTIVE ACTION:** Ensure that new hires are receiving the required training and the completed training is appropriately documented in their respective personnel file.	**Yes☐ No✓**	The program has submitted a New Employee Training Checklist that will be implemented to ensure the completion and documentation of New Employee Orientation training required by Licensing Rule. Compliance in this area will be monitored at a subsequent site visit. There have been no new hires since the last review and this item was unable to be reviewed. Follow-up will continue at the next unannounced.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) (e) Privacy laws One out of three new hire files did not reflect training in the following areas: - Privacy Laws **CORRECTIVE ACTION:** Ensure that new hires are receiving the required training and the completed training is appropriately documented in their respective personnel file.	**Yes☐ No✓**	The program has submitted a New Employee Training Checklist that will be implemented to ensure the completion and documentation of New Employee Orientation training required by Licensing Rule. Compliance in this area will be monitored at a subsequent site visit. There have been no new hires since the last review and this item was unable to be reviewed. Follow-up will continue at the next unannounced.
Ongoing Training 413-215-0556(2)(c) Discipline and Behavior Management One out of two established staff members did not reflect completion of required annual training in the following areas: - Discipline and Behavior Management **CORRECTIVE ACTION:** Ensure that employees are receiving the required annual training and the completed training is	**Yes☐ No✓**	The program reports updating their electronic training system through NeoGov with staff's completed training so that employees are alerted regarding required annual training. Compliance in this area will be monitored during subsequent site visit. The unannounced review was too close in proximity to the site review to determine ongoing compliance in this area. Follow-up to be done on next review.

appropriately documented in their respective personnel file.		
Ongoing Training 413-215-0556(3) Staff providing direct care must maintain current CPR/First Aid certification One out of two established staff members did not reflect completion of required annual training in the following areas: - CPR/1st Aid **CORRECTIVE ACTION:** Ensure that employees are receiving the required annual training and the completed training is appropriately documented in their respective personnel file.	**Yes☐ No✓**	The program reports losing their two CPR/1st aid instructors due to staff turnover. Two new trainers have been identified to provide in house training in these two areas. In addition, the program is updating their electronic training system through NeoGov with staff's completed training so that employees are alerted regarding required annual training. Compliance in this area will be monitored during subsequent site visit. The unannounced review was too close in proximity to the site review to determine ongoing compliance in this area. Follow-up to be done on next review.
Ongoing Training 413-215-0061(5) Mandatory reporting (annually) that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee One out of two established staff members did not reflect completion of required annual training in the following areas: - Mandatory Reporting **CORRECTIVE ACTION:** Ensure that employees are receiving the required annual training and the completed training is appropriately documented in their respective personnel file.	**Yes☐ No✓**	The program reports updating their electronic training system through NeoGov with staff's completed training so that employees are alerted regarding required annual training. Compliance in this area will be monitored during subsequent site visit. The unannounced review was too close in proximity to the site review to determine ongoing compliance in this area. Follow-up to be done on next review.
Children's Records **Health Services** **413-215-0546** (2)(e) Documentation of age-appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease	**Yes☐ No✓**	The program has re-established this instruction through the county's Health and Human Services. A representative from this agency provides this instruction to youth on a quarterly basis. Documentation of this instruction will be kept in the youth's respective files. Compliance in this area will be monitored in a subsequent site visit. Given there is no frequency requirement for this training and the close proximity to the site review, this item will be followed up on at the next review.

Confirmation regarding the documentation of age-appropriate instruction could not be found after the review of youth files. **CORRECTIVE ACTION:** Create a process where age-appropriate instruction in the areas listed is documented in the youth's respective files.		
Consents 413-215-0576(1) (a) Provide routine and emergency medical care Consent to provide routine and emergency medical care could not be located in the program's intake packet. **CORRECTIVE ACTION:** Demonstrate that this consent exists within the program's intake process. If one does not exist, create, and implement the required consent.	**Yes☐ No✓**	The program confirmed via email dated 9/15/22, that this consent is located in the program's Voluntary Placement Agreement form that was revised on 8/11/22.
Authorizations 413-215-0576(3) (d) Activity specific authorizations are pre-approved to allow children to participate in potentially hazardous activities, including but not limited to using motorized yard equipment, swimming, and horseback riding. Authorization for pre-approved potentially hazardous activities could not be found in the youth files reviewed. **CORRECTIVE ACTION:** Create an authorization related to potentially hazardous activities and ensure this authorization is signed at the time of intake by the youth and/or legal guardian.	**Yes☐ No✓**	The program's Assumption and Risk and Release of Liability form has been revised to include this authorization related to potentially hazardous activities. This form is available in both English and Spanish.
Information about Children in Care **413-215-0581(1) Summary sheet contains the following:**	**Yes☐ No✓**	The program's client face sheet has been modified to include religious preference as well as gender identity.

(a)The name, gender, date of birth, religious preference, and previous address There is no designated space to capture a youth's religious preference on the youth's summary sheet. **CORRECTIVE ACTION:** Modify the existing summary/face sheet to include religious preference.		
The program was advised to forward all critical events documented in incident reports to Licensing as required by rule effective immediately. See related licensing rule for reference. **413-215-0091 Licensing Umbrella Rules: Responsibilities of Licensees** *(Amended 1/1/19)* A licensee is responsible to do all of the following: (11) Notify the Department in the following circumstances: (b) Within one business day if a critical event occurs. As used in this section, "critical event" means a significant event occurring in the operation of a child-caring agency that is considered likely to cause complaints, generate concerns, or come to the attention of the media, law enforcement agencies, first responders, Child Protective Services, or other regulatory agencies. Compliance with this notification requirement does not satisfy mandatory child abuse reporting requirements under ORS 419B.005 to 419B.045.	**Yes☐ No✓**	The program has forwarded their most recent critical events to Licensing for review.
The program provides a consent intake form in Spanish for their monolingual Spanish speaking youth and families. A review of these Spanish forms indicate that some information is missing and does not match the English consent intake forms provided to English speaking and/or bilingual youth and families. **CORRECTIVE ACTION:** Review the translated forms and ensure the document	**Yes☐ No✓**	As per an email sent on 8/19/22, the program has updated the Voluntary Placement Agreement and has had this intake packet translated into Spanish for monolingual, Spanish speaking guardians.

holds that same information that is provided to English.		

New Findings from Site Visit	Comments
None	

Interview Summary

During the unannounced review three youth and one staff were interviewed.

The first youth interviewed had been in the program just over four months and had previously been in the program for about four months within the preceding year. Youth felt safe in the program and stated there were multiple staff they felt comfortable addressing any problems or concerns with. School was going good, and youth stated they are on track to finish a year early. The food is good, and the youth stated they enjoy participating in meal prep and working in the kitchen. Youth said they get at least one hour of rec time each day and goes on outings to the gym where they like to lift heavy weights. Youth noted some concern around staffing during med pass as one staff will be downstairs administering meds while there is one staff for each side upstairs. During this time it is at the discretion of the staff whether youth can be in the common area or if they need to stay in there rooms for downtime due to ratios. Youth also stated they previously had "unlimited" phone calls while on level 5, but that had recently changed to a strict one ten-minute phone call to family each day. Youth expressed frustration around this because they are very close to their family and it is a good support system for them. This client also had the perception that some of the staff "targeted" or supervised more closely the Hispanic clients as compared to the white clients. Youth stated overall the program was fine and a lot of the staff were really good about checking in with youth.

Youth two and three felt more comfortable being interviewed at the same time and provided similar responses to each other. They have been in the program for 2 ½ months and 1 ½ months respectively. Both stated they felt safe in the program and had multiple staff across different shifts they could talk to if they had issues. They said the food was awesome during the week, but on the weekends, a lot of the same stuff is served. Youth two stated his family was involved in his treatment and discharge planning while youth three stated their mother wasn't very involved, but staff kept her updated on what was discussed. When asked about rec both stated they would love to have a heavy bag or speed bag on campus (both are types of punching bags). They also mentioned that they liked to go to the gym, but it hasn't happened as frequently as it once did. It used to be a weekly trip and now only is occurring maybe twice a month. They were unsure if it was a staffing issue or just a time issue. These clients also commented on the phone usage and stated it recently went from unlimited to once a day for 10-minutes. Youth stated concerns over a particular staff, Henry, whom they stated was disrespectful towards them and their peers. When asked for examples one stated Henry would imply during conversations that he would fight them. This was in the context of telling a story about an incident outside of the program the client had with another youth, where Henry implied he would have handled it differently and referenced them both going to DEL, Donald E. Long (Multnomah County Juvenile Detention) which the client took to mean Henry would have fought him and landed them both in detention if Henry was the other youth. The other example was during a phone call in which Henry asked the client to wrap their phone call because they were at the 10-minute limit. Henry again asked the client to wrap it up, and when the call didn't end immediately, Henry hung up the phone. The other concern both of these clients had was around leisure time and the movies/TV they were allowed to watch. They said they could only watch PG movies with the exception of Marvel movies, and they only had access to Kids Netflix. They thought this was unreasonable given the average age of the clients being around 15-17. The clients also said certain staff, identifying David and Sidney/Sindey, in particular as being very good about checking in with them.

The staff interviewed had been at the program just over a year in both JC1 and JC2 roles. Staff had a lot of concerns, not serious, but items that should be addressed by management to improve workplace conditions. Most of the concern revolved around overall training and communication. There has been a lot of turnover the past year and as people leave, promotions to fill the vacant spot is typically internal. These changes occurred without a whole lot of training or guidance for those acquiring the new positions. Staff felt they have adequate staffing, but the lack of communication on assignments and duties creates a lot of stress and makes it more difficult to do their jobs. Staff stated that with better organization and communication the daily routines would be just fine with the staff they currently have. With current schedules and staff to youth ratios, they said prioritizing Individual Skills Building (ISB) with the youth can be a challenge due to time. Staff felt they had a very solid group of staff that are capable of working well together and just needed some clear guidance from management in order for things to run more smoothly. When asked if the outings were being limited due to lack of staffing, it was relayed time was an issue, but there are staff who are reluctant to take clients on outings for their own reasons. Training was also discussed, and they felt training was not as strong as it could be, and due to turnover, it felt like there was a push to get staff on the floor sooner rather than later.

Observations

Overall, the program was clean and in good repair. There were some items strewn about the living quarters as the clients were in the process of decorating their doors for the holidays. The boy's bathroom had garbage cans overflowing with paper towels, but chores are normally conducted after school, which was currently in session during the review.

All concerns noted in the above interviews will be addressed with upper management. The program director is currently on vacation and licensing would like to meet with both the program manager and supervisor at the same time. These concerns or follow-up will be around the topics of phone calls, outing consistency, training, communication on all levels, and the individual concerns around the one staff identified.

Corrective Actions and Timeframes:

Please submit the following to verify compliance.

Within 45 days of receipt of this report **Washington County Juvenile Department** must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to **Todd Cooley at todd.cooley@odhsoha.oregon.gov.**

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Licensing Coordinator's Signature: Todd Cooley Date: 12-21-2022

Manager Review: _____ Date: 12-19-2022