Oregon Department of Human Services

Licensed Child Caring Agency Unannounced Site Visit Report

Licensee: Multnomah County Juvenile Assessment and Evaluation
Juvenile Services Division Director: Dr. Kyla Armstrong-Romero
Program Manager: Izzy Lefebvre
Date of Unannounced: December 14, 2022
Licensing Coordinator: Todd Cooley
Other Regulatory or Accrediting Agencies: Oregon Health Authority (OHA), Oregon Youth Authority (OYA), Oregon Department of Human Services (ODHS) Treatment Services – Child Welfare (CW)

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)(f) Formally evaluate the exec. Director's performance annually At the time of the review, the Licensing Coordinator could not verify an annual performance evaluation was completed for the Juvenile Services Division Director. **CORRECTIVE ACTION:** Submit copies of the performance evaluations for the Division Director for 2020 and 2021.	**Yes☐ No✓**	Required performance evaluations were submitted to Licensing via email on 7/1/22.
Governance of the Agency 413-215-0021(2)(k) Written quality improvement program	**Yes☐ No✓**	A copy of the program's Quality Improvement Policy was submitted to Licensing via email on 8/18/22.

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.		
Supplemental Information Provided by CCA Documents as indicated on the form titled "Renewal Licensing Required Documents" A Certification of Occupancy for the program's facility was not submitted. **CORRECTIVE ACTION:** Submit a Certification of Occupancy for the program's facility.	**Yes☐ No✓**	Despite completing an internal search and reaching out to various county entities, the program was unsuccessful in obtaining the building's original Certificate of Occupancy. A recent fire marshal inspection was completed, and no concerns/violations were noted regarding the building's current occupancy status. Documentation of the program's efforts were provided. Within these documents are "permit cards" that reflect the various times that county officials (i.e. the Fire Bureau, the Bureau of Buildings) and contractors (ie utilities, architects) were on site over the course of years addressing maintenance and renovations.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" Program's existing Grievance Policy requires modification to be in compliance with Licensing Rule (C) A procedure to follow, in the event the grievance is filed against the executive director, that ensures that the executive director does not make the final decision on the grievance. (D) The name, address, and phone number of: (i) A Department licensing coordinator (Mary Torres, 201 High St SE Suite 500 Salem, OR 97301, 503-798-5300) and (ii) Any other governmental entities with oversight responsibilities.	**Yes☐ No✓**	This policy was revised as requested and submitted to Licensing on 8/8/22 via email.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules"	**Yes☐ No✓**	This policy was revised as requested and submitted to Licensing on 9/29/22 via email.

The program's policy regarding Mandatory Child Abuse Reporting was not submitted to Licensing. **CORRECTIVE ACTION:** Submit a copy of the program's Mandatory Child Abuse Reporting Policy to Licensing for review.		
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" The program's policy regarding Discipline and Behavior Management was not submitted to Licensing. **CORRECTIVE ACTION:** Submit a copy of the program's Discipline and Behavior Management Policy to Licensing for review.	**Yes☐ No✓**	This policy was revised as requested and submitted to Licensing on 9/29/22 via email.
Room and Space Requirements Bedrooms 413-215-0516(3) (c) Outside room with window allowing egress from building Bedroom windows are fixed. **CORRECTIVE ACTION:** Submit an exception to Licensing for the fixed bedroom windows.	**Yes☐ No✓**	Exception request was submitted to Licensing via email on 9/29/22 and approved by Licensing on 10/12/22.
Room and Space Requirements Bedrooms 413-215-0516(3) Fixed windows in bedrooms are frosted except for the top window pane/section to allow natural light. Some frosted window panes/sections in several bedrooms have been scratched off or etched with graffiti. **CORRECTIVE ACTION:** Re-frost window panes/sections where the frost has been scratched off or etched into.	**Yes☐ No✓**	As per the program's email, dated 9/15/22, the county's facilities department has received a work order request to re-frost the windows. Work order for frosting the affected windows was completed on 12/6/22 and verified on 12/14/22 during the unannounced visit walkthrough.
Safety 413-215-0541	**Yes☐ No✓**	The program submitted all available drills for review. During a staff meeting on 8/8/22 staff were reminded that drills are to be done on a monthly basis and completed accurately. Management assured that the most recent drill conducted in August reflected the time

The program did not submit all copies of the facility's evacuation drills for the last licensing period 2020/2021. The program's evacuation drill is being improperly filled out. Staff are documenting "Monthly" in the section that states "Time required to complete drill." **CORRECTIVE ACTION:** Submit all evacuation drills for 2020 and 2021 to Licensing for review. Retrain staff to document the time it took for the drill to be completed from start to finish (i.e., 6 mins 20 secs) rather than listing how often the drills are conducted. REPEAT FINDING.		required to complete the drill as requested by Licensing and is committed to the continuing this practicing from this point forward. A review of the fire drills since the full review show that drilsl for all months to date have been conducted.
Medication 413-215-0551 (10) Written record of the administration of medication The program recently took over medication administration. The following items requires consistent documentation of the following items: missed doses and the reason(s) why, possible adverse reactions, documentation of when medication is started and stopped **CORRECTIVE ACTION:** The following items requires consistent documentation of the following items: missed doses and the reason(s) why, possible adverse reactions, documentation of when medication is started and stopped.	**Yes☐ No✓**	Additional coaching in this area was provided to staff during staff meeting held on 8/822.
Personnel Files 413-215-0061 3)(g) Date of Hire Employees' dates of hire could not be verified with the information provided at the time of the review. **CORRECTIVE ACTION:** Verify with Licensing how employees' dates of hire are consistently documented or will be from this point forward.	**Yes☐ No✓**	Program working with HR to verify that this information can be appropriately captured in Workday, the electronic HR records system used by the county. This information is now able to be accessed through Workday.

Personnel Files 413-215-0061 (3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description A copy of current job descriptions could not be verified with the information provided at the time of the review. **CORRECTIVE ACTION:** Verify with Licensing that current job descriptions are kept in each employee's respective file or will be from this point forward.	**Yes☐ No✓**	Program working with HR to verify that this information can be appropriately captured in Workday This information is now able to be accessed through Workday.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) Agency policies and procedures Three new employee training records could not verify the completion of New Employee Orientation in the following areas: **CORRECTIVE ACTION:** Verify the completion and documentation of the above training topics within 30 days of hire from this point forward	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing will be in compliance.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) Ethical and professional guidelines Three new employee training records could not verify the completion of New Employee Orientation in the following areas: **CORRECTIVE ACTION:** Verify the completion and documentation of the above training topics within 30 days of hire from this point forward	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing will be in compliance.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) Organizational lines of authority	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established.

Three new employee training records could not verify the completion of New Employee Orientation in the following areas: **CORRECTIVE ACTION:** Verify the completion and documentation of the above training topics within 30 days of hire from this point forward		Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) Attributes of population served Three new employee training records could not verify the completion of New Employee Orientation in the following areas: **CORRECTIVE ACTION:** Verify the completion and documentation of the above training topics within 30 days of hire from this point forward	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4) Mandatory reporting Three new employee training records could not verify the completion of New Employee Orientation in the following areas: **CORRECTIVE ACTION:** Verify the completion and documentation of the above training topics within 30 days of hire from this point forward	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.
New Employee Orientation – Residential (30 days) 413-215-0556 Discipline and Behavior Management Two new employee training records could not verify the completion of training in these areas:	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.

Discipline and Behavior Management Restraint and seclusion **CORRECTIVE ACTION:** Ensure the completion and documentation of the above training topics within 30 days of hire from this point forward.		
New Employee Orientation – Residential (30 days) 413-215-0556 Restraint and seclusion Two new employee training records could not verify the completion of training in these areas: Discipline and Behavior Management Restraint and seclusion **CORRECTIVE ACTION:** Ensure the completion and documentation of the above training topics within 30 days of hire from this point forward.	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.
Ongoing Training 413-215-0556(2)(c) Disciple and Behavior Management Employee training records for two veteran staff members could not verify the completion of annual training in this area: **CORRECTIVE ACTION:** Ensure the completion and documentation of the above training topic on an annual basis from this point forward.	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.
Ongoing Training 413-215-0556(3) CPR/First Aid certification Employee training records for two veteran staff members could not verify the completion of annual training in this area: **CORRECTIVE ACTION:** Ensure the completion and documentation of the above training topic on an annual basis from this point forward.	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.

Ongoing Training 413-215-0556(4) Reasonable and prudent parenting Employee training records for two veteran staff members could not verify the completion of annual training in this area: **CORRECTIVE ACTION:** Ensure the completion and documentation of the above training topic on an annual basis from this point forward.	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.
Ongoing Training 413-215-0061(5) Mandatory Child Abuse Reporting Employee training records for two veteran staff members could not verify the completion of annual training in this area: **CORRECTIVE ACTION:** Ensure the completion and documentation of the above training topic on an annual basis from this point forward.	**Yes☐ No✓**	Management met with HR technician on 7/14/22 to capture all required training in Workday. Currently completed training is being tracked via email to capture day stamps related to the training completed. This information will be converted into Workday once that process has been established. Program manager advised training is now conducted and documented through Workday. It was advised there are still a few minor issues that will continue to be worked on, but a review of the system shows documentation for all training, to include new employee orientation and ongoing training, will be in compliance.
Children's Records **Health Services** 413-215-0546 Youth files reviewed did not reflect documentation of age-appropriate instruction. **CORRECTION ACTION:** Create a procedure where age-appropriate instruction in these areas is documented in each youth's respective file.	**Yes✓ No☐**	Three staff members were identified to attend a Sex Education Basics training scheduled for 8/25/22. These staff members will be providing the age-appropriate instruction to residents on a monthly basis. Two of the three staff trained to provide this information have since left the program. Licensing discussed options with management during the unannounced and a plan is currently being worked on to provide this information to clients during the intake process. (**repeat finding**)
Disclosures 413-215-0576(2) Parent/guardian has acknowledged in writing: (c) Any policies and procedures upon request The program's existing intake packet does not include a disclosure advising that the program will make any policy and procedure available to the resident or their family upon request.	**Yes☐ No✓**	This disclosure has been added to the program's existing intake form.

CORRECTIVE ACTION: Modify the existing intake packet to include a disclosure advising that the program will make any policy and procedure available to the resident or their family upon request.		
Personal Possessions Records 413-215-0581(5) Individual written inventory of all personal possessions is maintained and updated as needed Two out of five youth files reviewed did not include an inventory of all personal possessions. **CORRECTIVE ACTION:** Develop a process where each youth's personal belongings are inventoried on a consistent basis and that documentation is kept in each youth's file from this point forward.	**Yes☐ No✓**	Staff were coached in this area on 8/8/22 and reminded to complete an inventory sheet for residents.

New Findings from Site Visit	**Comments**
No new findings identified during unannounced.	

Interview Summary
During the unannounced review two clients and one staff were interviewed. The first client had been at A&E approximately 2.5 months. They stated things were pretty good and they were looking towards the future. They are currently doing school online and are ready to finish and enter into a trade school for fabrication welding. Client said the food is okay, but not enough. They are constantly hungry even with snacks provided throughout the day. Being housed in the same building as the county detention center, A&E relies on the detention food services, which only provides standard portions and does not allow for seconds or larger servings. Staff is currently working with client to get a doctor's order for double portions. When asked about concerns, client talked about a situation where group punishment was received after a brownie was taken and no one admitted to taking it, so all youth received consequences. Licensing followed up with management about this concern, and it was addressed appropriately with all staff being reminded group "punishment" was not allowed, and a different course of action to get a resolution needed to be used in the future. Client had a few other concerns around active grievance forms that are currently working through the grievance process. Client did not like the rule that they were to stay in their rooms at night and not allowed to come out and just wander in the common areas. They also stated they would really like weights in order to work out on the unit. Client stated they are involved in their treatment planning along with their mom and dad. Client gets 2-3 calls a day and feels they have easy access to talk with family. When asked about outings, client said

they have recently started going on a lot more outings to places like Starbucks, mini golf, the movies, and walks. Client also said staff were really good at interacting with the clients and felt comfortable talking with multiple staff about any concerns they might have.

The second client interviewed was previously at the program for a few days before running. This time they have been there for about one month. Client stated they are comfortable with staff and feel safe in the program. Client did have an issue with one on-call staff whom they knew from another program. At the prior placement, client had assaulted this staff who then brought charges against the client. Licensing asked program management about this, and the program is aware, and although the two will see each other in passing, they ensure the staff is not responsible for supervising this client or in the same pod as the client throughout the day. Client said they liked breakfast, but there are a lot of terrible meals, and they sometimes feel hungry when they don't like the food. Client relayed when the food is bad the only alternate meal offered is bread with a slice of cheese. Client did say the snacks are good and available throughout the day. Client really likes the outings with family and legal team. They also stated they have been to play mini golf and are currently getting ready for a trip to look at Christmas lights. Client also says they have the opportunity to go record music every week. Client said their dad is active in their treatment planning and is able to make phone calls pretty much any time since there are only two clients in their pod right now. If the client could change one thing, they stated they would change the room because they are boring and look like cells.

Staff interviewed is an on-call staff who had been at the program for about 6 months and works the floor approximately twice a week. This staff felt adequate training was provided prior to working the floor, but also has the advantage of working for another CCA and had experience in this type of work prior to working there. Staff did not have a whole lot to say other than they felt management was receptive to their needs and noted staff are allowed to take additional time if they feel they are not ready to work the floor, essentially stating management wants to make sure everyone feels comfortable with their training prior to engaging youth and working the floor. There were no concerns or other insights from this staff.

Observations

Overall, the facility was clean and in good repair. The shower vents on the female side of the program have been updated, and the area looks great. This had been a longstanding issue. The same vents on the male side are functional but have signs of rust, and a plan is in place to update similar to the female side. Establishing a process to conduct and track training in Workday appears to be a solid improvement on the administrative process and should result in fewer findings in the future.

There have also been multiple changes in senior leadership. Dr. Kyla Armstrong-Romero was recently announced as the new Juvenile Services Division Director, replacing Tracy Freeman who was filling the role as interim Director. Izzy Lefebvre is the Program Manager for A&E.

Program also has added brand new treadmills and stationary bikes to the floor for clients to use.

Corrective Actions and Timeframes:

Please submit the following to verify compliance.

Within 45 days of receipt of this report **Multnomah County Juvenile Assessment and Evaluation** 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.

Licensing Coordinator's Signature: Todd Cooley Date: 12-27-2022

Manager Review: [signature] Date: 12-21-2022