DHS
Oregon Department
of Human Services

Licensed Child Caring Agency 6-Month Site Visit Report
Homeless/Runaway/Transitional Living Shelters

Licensee: Community Counseling Solutions, New Roads

Board Chairperson: Mark Lemmon

Executive Director: Kimberly Lindsay

Date of site visit: 3-1-23

Program Director: Stephanie Cronein

Licensing Coordinator: Irvin Minten, M.S.W.

Other Regulatory or Accrediting Agencies: Oregon Youth Authority

Program Compliance: The program was found to be compliant or will be compliant with OAR 419-400-0005 to 419-400-0310, Licensing Umbrella Rules, and OAR 419-450-0010 to 419-450-0120, 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): New Roads serves young adults in transition who have a primary diagnosis of serious and persistent mental illness. The program provides housing and a hybrid of intensive mental health and community integration services for young adults. Treatment includes residential services and rehabilitative services provided in the facility and in the community by staff, including psychiatric treatment, individual and group therapy, medication management, skills training, peer support, and supported employment and education services. Staff work with each person, building upon their strengths and interests, and identifying areas where they may need extra support, such as skill development, goal focus, and problem-solving, including how to access and utilize the tools and resources available to them.

New Roads was operated for many years by Columbia Care Services. Community Counseling Solutions (CCS) reports they took over operation of New Roads after being contacted by Columbia Care in July 2022 and asked if they were willing to operate the program. CCS management states they agreed to take responsibility for New Roads, since they have significant experience successfully providing mental health and drug and alcohol services in Eastern Oregon. CCS assumed operation of the program on 9-16-2022. CCS reports they did not make any changes to the program's design and services, and they continue to maintain the same policies and procedures that were in place when the program was operated by Columbia Care.

Program type and services: The program is licensed as a Transitional Living Shelter in order to give the program optimal opportunity to provide the youth with skills needed to be successful as adults.

Capacity and Age Range: 5, ages 17-20

Funding sources: Oregon Health Plan Personal Care Fund, rent, and fee for service billing.

Contracts and sources for referrals: No contracts. Referrals by the Oregon Youth Authority and Oregon Department of Human Services.

Average length of stay: 12-18 months

Average daily population served: 5

Number of children served annually: Unknown at this time.

Interviews, Observations: During this review, a walkthrough of the entire inside and outside of the program was completed. A great deal of conversation also took place with Tom Bailor, Program Administrator; Stephanie Cronein, Program Director; and Bob McConnell, Program Assistant Administrator. During discussion, it was reported the program has not made any changes to policies and procedures since the program opened about five months ago. During the walkthrough and subsequent discussion, the program's intake, behavior management, suicide prevention, medication administration, and medication storage and disposal procedures were reviewed.

During this 6-Month Review, individual and randomly selected interviews were conducted with 2 children and 2 staff currently enrolled and employed at the program. In addition, 3 youth files and 4 employee personnel files were randomly selected and reviewed.

During the youth interviews, both youth reported they enjoyed living at the program, that the staff were helpful and nice to them, and that they felt safe both during the day and at night while in their individual bedrooms. Both youth also stated they felt staff were well trained, that they got enough to eat, and both denied ever being treated badly or observing another youth being treated badly by staff of the program. Both youth also stated they could call people important to them whenever they wanted and that the program was helping them in meeting their goals, which for one of the youth included becoming a successful adult, and for the other youth it included them either working at or owning their own day care center after they completed college. Both youth stated they would not change anything about the program. One youth stated they had been in multiple treatment programs over the years, and they liked this program the best.

During the staff interviews, both reported they have worked at the program for multiple years, that they enjoyed working at the program, and that they most enjoy seeing the positive changes in the youth over time. Both staff also reported that they felt they received adequate training to successfully do their job, and if they wanted to attend a training, their manager would do all they could to support their attendance, within reason.

Both staff also felt CCS provided good training on suicide prevention and behavior management. Both staff also stated that program staff all supported one another in the difficult work and that their management team was supportive of them in taking time off and wanted them to have good self-care, outside the workplace. One of the staff stated their supervisor was personable, easy to talk with, and did a great job making all staff feel valued. The other staff reported that one of the things they liked most about their supervisor was that they held them accountable while also providing feedback. When asked how the transition has gone from Columbia Care to CCS, both stated there have been lots of changes, and it has been an adjustment period. Both staff reported some of the biggest changes have been that individual line staff, based on their experience and position, have been given new duties, such as having responsibility for facilitating daily groups for the youth. It was also reported that all staff have experienced changes in how they input their reports and billing. Both staff reported that, although there was an adjustment period, they have figured it out and successfully moved on.

During walkthrough of the program, the program's main living spaces were found to be in very good repair and were colorfully painted and well decorated. The bathrooms and bedrooms were also found to be in good repair and clean. In addition, the exterior of the program was found to be adequately maintained and kept.

Program Strengths: Program management report strengths include meeting the youth where they are at, building off each youth's strengths, and creating detailed treatment plans to meet each youth's goals. In addition, program staff report most of the youth accepted into the program come from local communities, as currently 75% of program youth come from within a short distance of the program, which allows the youth to feel more support from healthy family and friends and provides the program greater opportunity to create successful reunification plans. The program also experiences low staff turnover. Program management also report that since Community Counseling Solutions is the mental health and drug and alcohol provider for Umatilla County, the program has timely and excellent access to these services. In addition, the program has a very good relationship with the county's Supported Employment Program, which provides the youth with local employment opportunities and also gives the youth support and feedback in writing resumes and completing job interviews.

During the review, it was also noted that the program's management was open to looking at things differently, while being open to feedback. It was also observed that the program's medication administration and medication security practices were very good.

Program Challenges: The program's management reports that since there are very few statewide secure residential beds for young adults, the program receives a high number of intake referrals for youth who have acute needs. The program's management also reports that youth admitted into the program are often very dependent on playing video games and surfing the internet, and this can make it difficult for program staff to focus the youth on their treatment goals and getting them to participate successfully in school and community activities.

Changes that have occurred in the last 2 years: NA.

Lawsuits: There have not been any lawsuits in the 5 months in which the program has been in operation.

Grievances and complaints filed in the last two years: There have not been any grievances filed in the program's initial 5 months of operation.

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

Within 45 days of receipt of this report Community Counseling Solutions, New Roads 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 Irvin Minten at Irvin.minten@dhsoha.state.or.us

Recommendations: NA

Exceptions: NA

Changes in License: NA

Summary of Review				
Program and Services 419-400-0020 (2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Program and services are in scope of license	**X**			
Governance of the Agency 419-400-0040	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(1)(a) Minimum of 5 board members			**X**	- **The governance of the program was reviewed prior to the program's opening, but it was not reviewed during this 6-Month Review.**
(2)(f) Formally evaluate the exec. Director's performance annually			**X**	
(2)(g) Approves annual budget			**X**	
(2)(h) Obtain and review an annual independent financial review or audit of financial records.			**X**	
(2)(k) Written quality improvement program			**X**	
(2)(l) Meeting minutes			**X**	
Executive Director or Program Director 419-400-0040	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	**X**			
(3)(g) Approval from BCU	**X**			- **All New Roads employees have a completed and approved BCU check. These checks were completed within 90 days of CCS assuming the contract for New Roads from Columbia Care.**
Discipline, Behavior Management, and Suicide Prevention 419-400-0150	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(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	- **The program does not utilize seclusion or restraint.**
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	X			
Contractors (if applicable) 419-400-0120(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215			X	- **The program does not utilize contractors**.
(b)(B) Contract includes the following: (i) Services provided (ii) Contractor fees (iii) Disclosure of information from contractor to agency (iv) Lines of authority (v) Adherence to rules, including background check (vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability			X	
Restraints and Involuntary Seclusion 419-400-0180	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(11)(d) Each child caring agency that submits a report under this section shall make its quarterly report available to the public upon request at the Child Caring Agency's main office and on the child caring agency's website if applicable.		X		• **The program is currently not posting their quarterly seclusion and restraint report on the Community Counseling Solutions website. The program must post their most recent quarterly seclusion and restraint report on the Community Counseling Solutions website.**
Supplemental Information Provided by CCA	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Documents as indicated on the form titled "Renewal Licensing Required Documents"			X	
Documents as indicated on form titled "Required Financial Documents and Information"			X	
All required policies and procedures as identified in the "Umbrella Rules"			X	
All required policies and procedures as identified in "Agency Type Specific Rules"			X	- **Since the program's policies and procedures were closely reviewed upon program opening, they were not reviewed as a part of this 6-Month Review. The program's management also reports they have not made any changes to their policies and procedures during their first 5 months of operation.**
Staffing Requirements 419-450-0030	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**

(1) Has and follows a written plan for minimum staffing	**X**			
(2) One staff for each shift is trained in non-violent crisis intervention	**X**			
(3) Staffing ratio is sufficient for adequate supervision Days: Evenings: Sleeping:	**X**			
Grouping 419-450-0100	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(1) & (2) Has and follows policies for grouping children that meets requirements (age, developmental level, maturity, behavior, medical...)	**X**			- **The youth in the program have individual bedrooms.**
(4) Care was taken to assess and minimize risk for children placed with emancipated children or adults	**X**			
Service Planning 419-450-0060 Establish & maintain links with community agencies that provide:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(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**			
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-400-0090(3)(a)Foster Rights Posted (if children in DHS custody)	**X**			
419-400-0100(1) Sufficient safe space, equipment, and office equipment	**X**			
419-400-0230(12) License is posted in common area at each facility	**X**			
419-450-0080(2) Medication is kept in locked storage and inaccessible to children in care	**X**			
Umbrella Safety 419-400-0200	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(1)(b)(B) Vehicle has insurance policy, is smoke free, safe operating condition, and	**X**			- **The program's minivan is nicely kept and maintained. It is frequently used for taking youth to school, work, or community events.**

has first aid kit and fire extinguisher 2-A:10-BC				
(1)(b)(A) Each vehicle used to transport a child in care must be: properly registered, covered by an insurance policy in full force and effect, maintained in safe operating condition, and smoke-free.	**X**			
(3) If a child-caring agency has a swimming pool on the premises that is accessible to children in care or if a child-caring agency plans to have children in care engage in swimming, the child-caring agency must have and adhere to policies and procedures that address, at a minimum, providing disclosures and obtaining consents, assessing swimming ability of children in care, and ensuring the safety of pool access.			**X**	
(4)(a) The program protects children from potentially harmful items and materials.	**X**			
(4)(b) Direct supervision of children who do not have the ability to adjust and control water temperature			**X**	
(4)(c) Light fixtures have protective covers unless designed to be used without one	**X**			
Safety - Building Requirements 419-450-0110(4)(b)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(b)(A) Smoke free	**X**			
(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**			
Safety - Bathrooms 419-450-0110(4)(c)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(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**			
Client Rights	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**

419-450-0020				
(2) Nutritional needs are met as appropriate for each child in care	**X**			
Medication Storage and Dispensing 419-450-0080	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(2) Medication is locked and inaccessible to children	**X**			
(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**		• **The program's medication disposal log does not include how the medication was disposed. The program's medication disposal log must include documentation of how the medication was disposed.**

Personnel Files 419-400-0120	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Staff Name/Position	**X**			- **4 personnel files were randomly selected and reviewed as a part of this 6-Month Review.**
(3)(g) Date of Hire		**X**		• **In 1 of the 4 personnel files reviewed, the file did not include the employee's date of hire. All program personnel files must include the employee's date of hire.**
(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**			- **BCU checks were completed and approved for all employees within 90 days of Community Counseling Solutions assuming the contract of New Roads from Columbia Care Services in September 2022.**
(3)(d) Annual performance evaluations			**X**	
(3)(f) Record of personnel actions	**X**			
(3)(g) Termination date, reason for termination			**X**	
(3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description		**X**		• **In 3 of the 4 personnel files reviewed, the file did not include a current CCS job description for the employee. All employees must have a current job description in their personnel file.**

New Employee Orientation (30 days) 419-400-0120(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(a) Agency policies and procedures		**X**		- **In 3 of the 4 employee files reviewed, the employees were hired outside of the 6-month review period. Therefore, only 1 file in this review was applicable regarding the requirements of New Employee Orientation. In addition, it should be noted that this employee was the only new hire for the program since CCS assumed the New Roads contract on 9-16-22. Also, CCS has provided assurance that the employee has received all required trainings at this point.** • **The applicable employee file did not contain documentation of New Employee Orientation Training on Agency Policies and Procedures within 30 days of hire. All employees must have documented New Employee Orientation Training on Agency Policies and Procedures within 30 days of hire.**
(b) Ethical and professional guidelines	**X**			
(c) Suicide prevention and intervention	**X**			
(d) Attributes of population served		**X**		• **The applicable employee file did not contain documentation of New Employee Orientation Training on Attributes of Population Served within 30 days of hire. All employees must have documented New Employee Orientation Training on Attributes of Population Served within 30 days of hire.**
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse in ORS 418.257 and 419B.005 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	**X**			
(f) Privacy laws	**X**			
(g) Emergency procedures		**X**		• **The applicable employee file did not contain documentation of New Employee Orientation Training on Emergency Procedures within 30 days of hire. All employees must have documented New Employee Orientation Training on Emergency Procedures within 30 days of hire.**
Staffing Requirements 419-450-0040	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Staff (at least one for each shift) has been trained in non-violent crisis intervention	**X**			
Initial Training (Must be completed before staff is alone with youth) 419-450-0040(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**

(a) Completion of agency's orientation	**X**			- **In 3 of the 4 employee files reviewed, the employees were hired outside of the 6-month review period. Therefore, only 1 file in this review was applicable regarding the requirements of Initial Training. In addition, it should be noted that this employee was the only new hire for the program since CCS assumed the New Roads contract on 9-16-22. Also, CCS has provided assurance that the employee has received all required trainings at this point.**
(b) Understanding of supervision structure	**X**			
(c) Understanding of behavior management policies		**X**		• **The applicable employee file did not contain documentation of Initial Training on Understanding of Behavior Management Policies before the staff was alone with youth. All employees must have documented Initial Training on Understanding of Behavior Management Policies before they are alone with youth.**
(d) Understanding of presenting issues of the youth served		**X**		• **The applicable employee file did not contain documentation of Initial Training on Understanding of Presenting Issues of the Youth Served before the staff was alone with youth. All employees must have documented Initial Training on Understanding of Presenting Issues of Youth Served before they are alone with youth.**
(e) Safety procedures		**X**		• **The applicable employee file did not contain documentation of Initial Training on Understanding of Safety Procedures before the staff was alone with youth. All employees must have documented Initial Training on Safety Procedures before they are alone with youth.**
(f) Sanitation procedures		**X**		• **The applicable employee file did not contain documentation of Initial Training on Sanitation Procedures before the staff was alone with youth. All employees must have documented Initial Training on Sanitation Procedures before they are alone with youth.**
(g) First aid kit contents and use		**X**		• **The applicable employee file did not contain documentation of Initial Training on Understanding of First Aid Contents and Use before the staff was alone with youth. All employees must have documented Initial Training on First Aid Contents and Use before they are alone with youth.**
(h) Report writing		**X**		• **The applicable employee file did not contain documentation of Initial Training on Report Writing before the staff was alone with youth. All employees must have documented Initial Training on Report Writing before they are alone with youth.**
(i) CPR and First Aid		**X**		• **The applicable employee file did not contain documentation of Initial Training on CPR and First Aid before the staff was alone with youth. All employees must have documented Initial Training on Understanding of CPR and First Aid before they are alone with youth.**

(j) Crisis intervention training		**X**		• **The applicable employee file did not contain documentation of Initial Training on Crisis Intervention Training before the staff was alone with youth. All employees must have documented Initial Training on Crisis Intervention Training before they are alone with youth.**
Crisis Intervention Training Standards and Certification 419-400-0160(4) **(as applicable)**	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(a)Complete a minimum of 12 hours of initial training in person from a certified instructor, including but not limited to a minimum of six hours of training focused on positive behavior support, nonviolent crisis intervention and other methods of nonphysical intervention to support children in care during a crisis			**X**	- **The program does not utilize seclusion or restraints**.
(d) Receive a certificate that states: (A) The dates during which the certification is current (B) The type of restraint which the individual is certified to perform if applicable (C) The type of training the individual is certified to conduct if applicable (D) Any special endorsements earned by the individual (E) The level of training (F) The name of the certified instructor who conducted the training and administered the assessment of proficiency.			**X**	
(e) A certification issued: (A) Must be personal to the individual certified by the training provider (B) May be valid for no more than two years with recertification			**X**	
Ongoing Training (Staff & Volunteers)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-450-0040(2)(a) Confidentiality			**X**	- **Since the program has only been in operation for about 6 months, employee Ongoing Training could not be reviewed.**
419-450-0040(2)(b) Universal precautions			**X**	

419-450-0040(2)(c) Discipline and behavior management			**X**	
419-450-0040(3) Training in CPR/First Aid sufficient to retain current certification			**X**	
419-450-0040(4) Staff working with food must possess a food handler's card			**X**	
419-400-0120(5) Mandatory reporting that includes: (a) legal definition of child abuse in ORS 418.257 and 419B.005 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee			**X**	
419-400-0160(4)(b) Receive continuing education (as applicable on crisis intervention training) from a certified instructor on an annual basis			**X**	
Comments:				

Child Records 419-450-0070(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
Name of Child	**X**			- **3 child files were reviewed as a part of this 6-Month Review.**
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) & 419-450-0050(2) Custody status	**X**			
(c) authorization for medical treatment		**X**		• **The program's child files did not contain an authorization for medical treatment. The program must ensure that all child files contain a completed authorization for medical treatment.**
(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		• **The program's child files did not contain a signed acknowledgement that the child is responsible for requesting medication at prescribed times. The program must ensure that all child files contain a signed acknowledgement that the child is responsible for requesting medication at prescribed times.**
(h) Documentation of child's illness and injuries and follow up by program	X			
Assessment 419-450-0050	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-450-0050(2) Assessment includes family history, health history (substance abuse history/current use of prescription and OTC medication), mental health history (including diagnoses and treatment history), and who has custody of the child.	X			- **The program's assessments were well written and were very comprehensive.**
419-450-0050(3) Statement as to whether child meets eligibility requirements to be admitted to program.	X			
Service Planning 419-450-0060	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-450-0060(2)(a) Includes family, staff & other interested parties		X		• **The program's service planning documents did not include documentation that the child's family, staff, and other interested parties were involved in the creation of the service plan, as appropriate. The program must ensure that the child's family, staff, and other interested parties are involved in the creation of the service plan, as appropriate.**
419-450-0060(2)(b) Monthly review	X			
419-450-0060(2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs	X			
419-450-0060(3)(a) Reasonable effort to involve family within 72 hours when possible		X		• **The program's child files did not contain documentation that program staff made reasonable efforts to involve the family within 72 hours of the child's admittance into the program. The program must ensure that program staff make reasonable efforts to involve the child's family, if appropriate, within 72 hours of the child's admittance into the program.**
419-450-0060(3)(b) Make a program orientation available to the child in care's family.		X		• **The program's child files did not contain documentation that the program offered a program orientation to the child's family, as appropriate. The program must ensure that a program orientation is offered to the child's family, as appropriate.**
419-450-0060(4) Directly or through referral, the agency must make available individual,	X			

group, and family counseling by a qualified professional.				
419-450-0060(5) The child-caring agency must establish and maintain links to community agencies and individuals who can provide required services to children in care or their families that may not be directly available from the program. These services must include: (a)Alternative living arrangements. (b)Medical services. (c)Mental health services. (d)Educational services. (e)Independent living services. (f) Other assistance required by children in care or their families.	**X**			
419-450-0060(6) Discharge summary (summary, results of evaluations, condition of child, compliance with program, recommendations, and discharge destination)	**X**			
Medication Storage and Dispensing 419-450-0080	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(4) Documentation	**X**			
Records Relating to Restraint & Involuntary Seclusion	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-400-0180 (12) Records	**X**			
419-400-0180(13)(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.	**X**			
419-400-0190(1) Information provided to children in care relating to Restraint & Involuntary Seclusion	**X**			
Records and Documentation 419-400-0140	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(1) Stored safely and are available for inspection by Dept.	**X**			
(2) Permanent, legible, dated, and signed	**X**			

(3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.	**X**			
(7) Permanent registry for each child includes: Name Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge	**X**			
Comments:				

Licensing Coordinator's Signature: _____ Date: 3-16-2023

Manager Review: _____ Date: 3-8-2022