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

Licensee: Integral Youth Services (IYS)

Board Chairperson: Jason Tucker

Executive Director: Craig Schumann

Date of site visit: 4.06.2023

Program Director: Guillemina Zendejas

Licensing Coordinator: Jorge Pelinski & Jenifer McIntosh

Other Regulatory or Accrediting Agencies: None

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): Voluntary transitional homeless/runaway shelter program for Oregon Department of Human Services (ODHS) and runaway and homeless youth of Klamath County and surrounding areas.

Program type and services: Offers life skills, medical and behavioral health service linkage, educational supports, case management, ILP support, transition assistance to supportive and permanent housing.

Capacity: 9

Age Range: 10-17

Funding sources: Basic Center Grant & ODHS

Contracts and sources for referrals: Contracts - Grant Funded 2021-2024. Sources for referrals include Community Referrals, Outreach and ODHS-Child Welfare.

Average length of stay: 21-60 days

Average daily population served: 2-4

Number of children served annually: 25-70

Interviews: There were no children in care at the program at the time of the audit. Leadership staff were interviewed, and the challenges of the last two years were discussed. The program is in-between housing managers for the second time during the licensing review period. Leadership also discussed the challenges in recruiting and retaining staff to keep the program open and staffed.

Observations: The program continues to invest in making the home a warm and comfortable environment. The turnover in management was noticeable in a decrease in organization of records and how the program operates day to day from the last unannounced visit to the program.

Program Strengths: Per the program, Exodus House promotes youth expression, engagement, and decision making. The staff support is trained to provide physical and psychological safety with a focus on trauma informed care and collaborative problem solving.
Other program strengths include:

-All youth must attend school.

-Alcohol and Drug Free environment

-Home/family life model of shelter

-Outings, recreational activities, service project opportunities

-Case management which strives to be youth directed

-Voluntary placement only with youth's consent (The program serves runaway & homeless youth (RHY)). Some ODHS placements as well.

-Transitions for RHY population are almost 85% return to family or other stable housing.

-Shelter staff with life experience

Program Challenges: Per the program, The Program can be challenging at times for some youth due to their current life experiences and current state resulting in youth's lack of interest in participating in daily activities at the house. The program also encounters lack of flexibility with support staff, due to emotionally charged work environment. The program often experiences periods of non-communication with ODHS case workers after youth has been placed at Exodus House. The program believes this causes the moral of the youth served to decline, along with leaving Exodus Staff a with lack of direction due to calls/messages not being returned promptly.

Changes that have occurred in the last 2 years: Per the program, Program temporarily was closed from June 2022 to October 2022. Both manager and assistant manager were terminated, and remainder of staff was laid off. During this temporary closure, IYS was able to make some positive changes to Program and successfully hire a new team.

Lawsuits: None

Grievances and complaints filed in the last two years: None

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

Within 45 days of receipt of this report (insert name of agency) must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any, and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to Jorge Pelinski @ jorge.l.pelinski@odhsoha.oregon.gov

Recommendations: It is recommended that leadership consider how to ensure programmatic consistency considering the high turnover in management and front-line staff they are experiencing.

Exceptions: Agency has an exception to the requirement of having an Independent Audit.

Changes in License: None

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**			
(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**	Program has an exception to this requirement
(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**			
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**	
(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	
(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			
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		Program Admission and Assessment form is missing components per OAR 409-450-0050(a) and (d) required by rule. **Corrective Action:** Include a section in the admission and assessment to document the family history and legal custody status.
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			
(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			While there were no children in program at time of the on-site review, there is a locked storage for medication in the staff office area.
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 has first aid kit and fire extinguisher 2-A:10-BC	x			
(1)(b)(A) Each vehicle used to transport a child in care must be: properly registered,	x			

covered by an insurance policy in full force and effect, maintained in safe operating condition, and smoke-free.				
(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 school 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 419-450-0020	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(2) Nutritional needs are met as appropriate for each child in care	x			
Medication Storage and Dispensing	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**

419-450-0080				
(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			

Personnel Files 419-400-0120	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
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	
(3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description	x			
New Employee Orientation (30 days) 419-400-0120(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
(a) Agency policies and procedures	x			
(b) Ethical and professional guidelines	x			
(c) Suicide prevention and intervention	x			
(d) Attributes of population served	x			
(e) & (5)(a) to (c) Mandatory reporting that includes:	x			

(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				
(f) Privacy laws	**x**			
(g) Emergency procedures	**x**			
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**			
(b) Understanding of supervision structure	**x**			
(c) Understanding of behavior management policies	**x**			
(d) Understanding of presenting issues of 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**			
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	

(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**	
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**		There was no evidence that any staff had received a food handler's card. **Corrective Action:** Program to have copy of food handler's card for all staff in staff's training record.
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			**x**	

intervention training) from a certified instructor on an annual basis				
Child Records 419-450-0070(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
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) & 419-450-0050(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**			
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**			
419-450-0050(3) Statement as to whether child meets eligibility requirements to be admitted to program.		**x**		There was no indication in any of the child files reviewed that they met eligibility requirements for admission to the program. **Corrective Action:** Agency needs to include this statement on their assessment document.
Service Planning 419-450-0060	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**
419-450-0060(2)(a) Includes family, staff & other interested parties	**x**			
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**			

419-450-0060(3)(b) Make a program orientation available to the child in care's family.	x			
419-450-0060(4) Directly or through referral, the agency must make available individual, group, and family counseling by a qualified professional.	x			
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			

Licensing Coordinator's Signature: Jorge Pelinski Date: 4-27-2023

Manager Review: _____ Date: 4-21-2023