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

Licensee: Lincoln County Shelter, Youth Tides

Executive Director: Tony Campa

Program Director: Cindy Park

Board Chairperson: Katie Jacobson (Lincoln County Board of Commissioners)

Date of site visit: 4-4-23

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

Other Regulatory or Accrediting Agencies: Oregon Dept. of Human Services (ODHS) Treatment Services

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): The Lincoln County Juvenile Department, Youth Tides Shelter Program, provides 21-day emergency housing and long-term transitional or independent housing to youth, ages 12 to the age of 21. Youth in the shelter program receive 24-hour support and supervision, with an anticipated length of stay from 24 hours to a year or more (depending on the needs of the resident). Residents are received for intake continuously as needed, on a 24/7 basis. Preference for placement is given to youth residing in Lincoln County or other coastal communities in Oregon. However, the program serves youth state-wide. The focus of the program is to provide residents with a safe and healthy living environment where they can develop a path to reunify with family or supportive adults, learn skills for independent living and conflict resolution, build self-esteem and embrace diversity, culture, and prosocial lifestyle. The Youth Tides Program acknowledges trauma-informed care is essential to effective delivery of services to youth. As such, the program's policies and practices reflect a commitment to trauma-informed care for the youth and families they serve. The program strives to maintain a culture of safety, choice, collaboration, trust and empowerment.

Program type and services: In August 2020, the program's license was changed from residential to a homeless, runaway & transitional living shelter license. Services include independent living, counseling, and short-term crisis services. Youth can also receive community based medical, mental health and chemical dependency services.

Form Rev. 12/14/2022

Capacity and Age Range: The program's capacity is 12 youth, ages 12 to 21.

Funding sources: Funding sources include ODHS and Lincoln County.

Contracts and sources for referrals: The program has contracts with the Lincoln County Juvenile Department and ODHS. The program also receives referrals from community partners, the local schools and school district, mental health, parents and self-referrals.

Average length of stay: The average length of stay for youth in the program is about 62 days.

Average daily population served: The average daily population is a little higher than 6 youth.

Number of children served annually: There were 45 youth served in the program in 2022.

Interviews, Observations: During the course of the review, 3 staff and 3 youth were randomly selected and individually interviewed. There was also a great amount of discussion with Tony Campa, Director, and Cindy Park, Supervisor. Three electronic child files, 3 employee files, and the training records of 3 staff were also reviewed. A walkthrough of the facility was also completed, and youth and staff in the program were observed.

During interview with the youth, all the youth reported they felt safe in the program, both during the day and at night. Each of the youth also reported they felt the staff were adequately trained to assist them in meeting their goals and in successfully de-escalating youth. Each youth also reported they thought the food was good and that they got enough to eat. All the youth stated they felt as though staff treated them well and each stated they have never observed another youth in the program being treated badly by staff. All the youth also stated they could call people important to them whenever they wanted, and each of the youth were able to talk about their discharge plan. One of the youth also stated she liked the bed in which she slept as it was very comfortable and big. Another youth was in the process of transitioning genders, and stated he felt very welcomed and accepted by staff. When asked if they would change anything about the program, 2 of the youth stated they would not change anything, and one of the youth stated they wished the program would better search youth's belongings upon their admit into the program, as a roommate of his smoked THC in their shared room on the first night he was enrolled in the program.

During interviews with program staff, it was consistently reported that over the past 2 years the program has made lots of changes to get all staff "on the same page," and these changes have been helping to improve the way in which youth are supported in the program. All 3 staff also reported the program was a good place to work, and they all stated they very much enjoyed working with the youth and seeing their positive changes over time. All 3 staff were also clear on the program's suicide prevention policy and procedure. In addition, all 3 staff felt the youth benefited from the frequent community activities the youth attended. All 3 staff also stated they felt they received adequate training to successfully do their job, and if they felt they would benefit from a specific training, their supervisor would support their attendance. All 3 staff also stated that the program had good communication processes in place to ensure staff coming on shift were adequately informed about individual youth issues and behaviors.

During walkthrough of the program, the program was found to be well decorated, inviting to youth, and in good repair.

Program Strengths: Program management report the shelter provides valuable shelter services to youth who live in coastal communities in Oregon, but also provides services to youth living in other areas of the State. The program provides a lot of recreational activities, has good partnerships with the local schools, has very good access to quality secondary educational opportunities and is able to access good medical and psychiatric services. The program provides a home-like setting, and services are tailored to meet the individual needs of each youth. The program has also continued to make positive changes which support a more trauma informed approach which supports positive youth development. There has also been low staff turnover over the past year.

Program Challenges: The program is 2 stories, and program management report this creates challenges in the provision of youth supervision and services. It would be nice if the program were a single story. The program has also experienced a high degree of staff turnover in the past 2 years, as many of the staff who had been employed at the program for many years chose to end their employment, with most of these employees leaving because they did not support the change in how they were being asked to work with and support the youth.

Changes that have occurred in the last 2 years: In the past 2 years, the program has chosen to not fill their Assistant Director position, which was vacated after Patty Robb accepted a different job about 2 years ago. Instead, the program has changed their management structure to include a program supervisor and 4 staff lead positions. All the staff lead positions have been filled through the promotion of line staff in the program. Program management report they anticipate the change in hierarchy will allow line staff the opportunity to take more ownership in creating a positive staff culture and in facilitating changes to how staff support and work with the youth.

Lawsuits: NA

Grievances and complaints filed in the last two years: NA

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

Within 45 days of receipt of this report Lincoln 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 Irvin Minten at Irvin.minten@odhsoha.oregon.gov.

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 program is operated by Lincoln County and is overseen by the 3-member Lincoln County Board of Commissioners.**
(2)(f) Formally evaluate the exec. Director's performance annually		X		• **Tony Campa has not had his performance evaluated by the Lincoln County Commissioners since 2021. Mr. Campa reports he has recently requested the Lincoln County Commissioners to formally evaluate his performance. Mr. Campa must have his performance formally evaluated annually.**
(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			

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	- **The program reports that although youth may take a "time out" to gain control of their emotions, the youth are not required to do so.**
(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		• **Licensing Umbrella Rules: Policies and Procedures. 413-215-0056, 418.257 and 418.258, 419b.005, 419b.010, 419b.015.** The program’s Mandatory Reporting of Child Abuse policy and procedure (policy # 3.3) and Youth Tides Program Guide (p. 28) do not reflect current Oregon Licensing Rules and current Oregon statute. This includes reflecting the correct age of a child for which a report by program staff is required (Program Guide); that employees should not be required to consult with their supervisor prior to making a report, as the duty to report is personal to the employee (policies and procedure); and when to report sexual activity between youth prior to the youth coming to the program (policy and procedure). The program’s mandatory abuse reporting policy and procedure must reflect current Oregon Licensing Rules and current Oregon statute. • **Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures. 419-400-0090(1)(a).** The program’s Youth Tides Program Guide (p. 19), child rights notation, does not reflect current Oregon Licensing Rules. The program guide currently states that when youth are on restriction, phone calls are limited to parents, attorneys, and caseworkers. The following must be added to those whom a youth can call at any time: (a) Other persons approved for communication by the legal guardian or as provided in a court order. • **Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures. 419-400-0090(2)(B)(C)(D)(i)(ii).** The program’s Grievance policy and procedure (policy #: 7.2) and Youth Tides Program Guide (p.28) specific to grievance procedures do not reflect current Oregon Licensing Rules. The program’s policies and procedures and program guide on grievance procedures must reflect: (B) A prohibition of reprisal or retaliation against any individual who files a grievance; (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; and (D) The name, address, and phone number of (i) A Department licensing coordinator; and (ii) Any other governmental entities with oversight responsibilities. The program’s

					policies and procedure and program guide specific to grievance procedures must reflect current Oregon Licensing Rules and current Oregon statute. • **Licensing Umbrella Rules: Discipline, Behavior Management & Training, and Suicide Prevention. 419-400-0150(1)(b)(A-K).** The program's Behavior Management policy and procedure (policy #: 14.1) specific to actions prohibited by staff must be updated to reflect current Oregon Licensing Rules. The program's behavior management policy must include the following: (b) The discipline and behavior management policies and procedures must prohibit the following: (A) Spanking, hitting, or striking with an instrument. (B) Committing an act designed to humiliate, ridicule, or degrade a child in care or undermine the self-respect of a child in care. (C) Punishing a child in care in the presence of a group or punishment of a group for the behavior of one child in care. (D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact. (E) Assigning extremely strenuous exercise or work or requiring a child in care to spend prolonged time in one position likely to produce unreasonable discomfort. (F) Using restraint or involuntary seclusion as discipline. (G) Permitting or directing a child in care to punish another child in care. (H) Using any other kind of harsh punishment. (I) Denying a parent, guardian, or sibling the right to visit or communicate with a child in care solely as a disciplinary measure against the child in care. (J) Aversive conditions, which includes, but is not limited to, any technique designed to or likely to cause a child physical pain, the application of startling stimuli, and the release of noxious stimuli or toxic sprays, mists, or substances in proximity to the child in care. (K) Removing or limiting the use of a mobility aid or other assistive device for the purpose of controlling a child in care's behavior. The program's behavior management policies and procedures must reflect current Oregon Licensing Rules. • **Licensing Umbrella Rules: Restraints and Involuntary Seclusion. 419-400-0180(12)(A)(B)(c)(A-D).** The program's Behavior Management policies and procedure (policy # 4.1) specific to required notifications if a restraint were to occur in the program do not reflect Oregon Licensing Rules. Even though the program does not utilize restraints or seclusion, the program must have policy and procedure in place to ensure that the Oregon Licensing Rules are met and required notifications occur, if a restraint were to ever occur of a child enrolled in the program as an emergency intervention or in any other circumstance.

	Yes	No	N/A	Corrective Actions/Comments
				• To comply with the American and Disabilities Act, the program's policy and procedure titled Shelter Denial Criteria (policy # 13.9) must strike language that the program may decline placements for youth who "are severely developmentally disabled."
All required policies and procedures as identified in "Agency Type Specific Rules"	X			
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			
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		• **Although the program has a working fire extinguisher in each of their 3 transport vehicles, the fire extinguishers were not mounted. Each of the program's 3 transport vehicles must have a mounted fire extinguisher.**
(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 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 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**		• **The program is not asking youth to request prescribed medications at prescribed times. The program must encourage each youth to request their prescribed medication at prescribed times.**
(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		• **In 2 of the 3 staff personnel files reviewed, the file did not contain a current job description for the employee. The program must ensure that all personnel files have a current job description for the employee.**
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		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed training on ethical and professional guidelines within 30 days of hire, as the employee completed the training within about 100 days of hire. The program must ensure that all employees complete training on ethical and professional guidelines within 30 days of hire.**
(c) Suicide prevention and intervention	X			
(d) Attributes of population served		X		• **In 2 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed training on attributes of population served within 30 days of hire. The program must ensure that all employees complete 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		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed training on privacy laws within 30 days of hire. The program must ensure that all employees complete training on privacy laws within 30 days of hire.**
(g) Emergency procedures		X		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed training on emergency procedures within 30 days of hire. The program must ensure that all employees complete 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 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed an agency orientation as a part of their initial training. The program must ensure that all employees complete an agency orientation as a part of their initial training.**
(b) Understanding of supervision structure		X		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed initial training to gain an understanding of the program's supervision structure. The program must ensure that all employees complete training to gain an understanding of the program's supervision structure as a part of their initial training.**
(c) Understanding of behavior management policies	X			
(d) Understanding of presenting issues of the youth served	X			
(e) Safety procedures		X		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed initial training on safety procedures. The program must ensure that all employees complete training on safety procedures as a part of their initial training.**
(f) Sanitation procedures		X		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed initial training on sanitation procedures. The program must ensure that all employees complete training on sanitation procedures as a part of their initial training.**
(g) First aid kit contents and use		X		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed initial training on first aid kit contents and use. The program must ensure that all employees complete training on first aid kit contents and use as a part of their initial training.**
(h) Report writing		X		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed initial training on report writing. The program must ensure that all employees complete training on report writing as a part of their initial training.**
(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		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed ongoing and yearly training on confidentiality. The program must ensure that all employees complete ongoing and yearly training on confidentiality.**
419-450-0040(2)(b) Universal precautions		X		• **In 1 of the 2 applicable personnel files reviewed, the file did not contain documentation that the employee completed ongoing and yearly training on universal precautions. The program must ensure**

				that all employees complete ongoing and yearly training on universal precautions.
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			
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			

	Yes	No	N/A	Corrective Actions/Comments
(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's child files must 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				
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 is collecting all required and needed information to complete a comprehensive assessment of each child at the time of their intake into the program.**
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 is not completing service plans, as applicable, for each child enrolled in the program. As a result, a "No" finding is being given for this statute requirement. While creating each child's service plan, the program must attempt to gather information from the child's family, staff, and other interested parties.**
419-450-0060(2)(b) Monthly review		X		• **The program is not completing a monthly service plan review, as applicable, for each child. The program must complete a monthly review of each child's service plan.**
419-450-0060(2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs		X		• **The program is not completing a service plan for each child. At a minimum, each child's service plan must address the child's physical and medical needs, the child's behavior management issues, the child's mental health treatment, the child's education, and the child's special needs, as applicable.**
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		• **In the 4 child files reviewed, there was not any documentation that the program is providing or offering a program orientation to the child's family or legal guardian. The program must ensure that each child file has documentation that a program orientation is being provided or offered to the child's family or legal guardian.**
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		• **The program is not completing a discharge summary for each child. Each child discharge summary must contain a summary of how the child did in the program, results of the child's evaluations, condition of the child, the child's compliance with program rules, recommendations, and discharge destination.**
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		• **Upon a child's admission into the program, the program is not providing notice to the child's parents or guardians regarding how to access the program's quarterly restraint report(s). The program is to provide the notice upon the child's admission and at least two times each year thereafter. Upon a child's admission into the program, and at least two times each year thereafter, the program must provide notice to each child's parent or guardians regarding how to access the program's quarterly restraint report(s).**
419-400-0190(1) Information provided to children in care relating to Restraint & Involuntary Seclusion		X		• **The program is not providing required information relating to restraint and involuntary seclusion to each child entering the program who is not in the custody of DHS or OYA. This information must include: a. Instruction regarding how the child may report suspected inappropriate use of restraint or involuntary seclusion; b. Assurance that the child will not experience retaliation for reporting suspected inappropriate uses of restraint or involuntary seclusion; c. The telephone number for the toll-free**

				child abuse hotline and the telephone numbers and electronic mail addresses for the program's licensing agency, the child in care's caseworker and attorney, the child in care's court appointed special advocate and Disability Rights Oregon. The program must provide the above required information to all children entering the program who are not in custody of DHS or OYA.
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: 4/12/2023

Manager Review: ____________ Date: 4-10-2023

Form Rev. 12/14/2022