

Licensed Child Caring Agency Site Visit Report Residential Care

Licensee: Calo Programs Missouri, Inc., d.b.a. Embark Behavioral Health Executive Director: Deveney Marshall Board Chairperson: Russell Petrella **Date of site visit:** November 6-7, 2023 **Licensing Coordinator:** Robin DuVal

Other Regulatory or Accrediting Agencies: Joint Commission Accreditation.

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 419-470-0010 to 419-470-0180, Licensing Residential Care Agencies Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description, type, and services: 24-hour residential program for adolescents who struggle with mental health challenges and who require increased levels of support to maximize their individual potential. Through the milieu model that a residential stay can afford, youth are able to receive assistance through individual evidence-based psychotherapy (e.g., Dialectical Behavioral Therapy (DBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Sensory Motor Arousal Regulation Treatment (SMART), Eye Movement Desensitization and Reprocessing (EMDR)) and specialized psychosocial groups (e.g., health and human sexuality, family relationships, social skills, group therapy). Concurrently, psychiatric and medication monitoring help ensure that all aspects of the participant's health are being supported. The program is designed to treat youth with a variety of mental health struggles and diagnoses, in a safe, structured, and therapeutic environment. The goal is to leverage our therapeutic services to minimize the risk of hospitalization by giving the participant the stability needed to achieve independence in the general community. Our core purpose is to create Joy and Heal Generations. This purpose is lived out through our core values of empathy, service, trusting relationships, growth, and results – the lens by which they approach their therapeutic program.

Capacity and Age Range: 50, ages 10-17

Funding sources: Commercial insurance.

Contracts and sources for referrals: No contracts. Sources for referrals: internet, hospitals, OP therapists, medical providers.

Average length of stay: 65 days

Average daily population served: 5

Number of children served annually: 12 since new programming took effect February 2023.

Use of seclusion or restraint: No.

Interviews: Two youth were individually interviewed, ages 14 and 13, with stays of 7 weeks and 3 weeks, respectively. Both report feeling safe in the program and that they feel the program is helping them. They have regular contact with people on their approved contact list, have privacy and time isn't restricted. Youth described regular activities on and off-site. The food is good and plentiful. Neither youth report any issues getting medications as prescribed. School is going well, and they get help when needed. Youth report giving input on their treatment plan and feeling listened to. They report the program does well at the educational component and their therapists. If there was something they could change about the program, it would be changing the age-range to group the younger residents and older residents together and allow more freedoms.

Two staff were individually interviewed and have worked in the program for almost 3 years and 6 months, respectively. Both described the types and frequency of training at time of hire and ongoing. They have regular staff meetings, have regular contact with their immediate supervisor, and management is responsive to concerns or suggestions made by staff. Staffing is sufficient for the current census. Forms of recreation for the youth, both on-site and off-site, were described. They described the ways to obtain information when a child enters the program. They report the program does well at building relationships with the youth, are attuned to their needs, and affirming to youth's gender fluidity. The program could improve on having more staff, staff consistency with boundaries within shifts, and improved communication. When asked if there was anything they could change about the program, they reported having more time in the morning for youth to be outside, more outdoor experiences, and more structure and staff consistency around areas of laundry and clean-up.

Observations: The walk-through consisted of the youth bedrooms, dorm rooms, bathrooms, living rooms, kitchen, medication room. Areas observed were clean, odor-free, and in good condition.

Program Strengths: Joint Commission Accredited, outcome driven, 1 to 3 staff to youth ratio, weekly treatment meetings with parental involvement, therapist caseload of 6 or less, family services programming including weekly parent coaching, monthly family workshops, daily family phone calls, two therapeutic groups per day, 7 day a week nursing, weekly psychiatric oversight, insurance funded.

Program Challenges: Current leadership challenge is visibility and marketing. There's a need to do more outreach to let Oregon families know this program is an option for youth.

Changes that have occurred in the last 2 years: In January of 2023, New Leaf Academy changed ownership to Calo Programs Missouri, Inc. The program kept the private pay long term program open until June of 2023 and started to take student funding through commercial insurance in February 2023, and have since served 12 youth via insurance funding. The agency received their Joint Commission Accreditation following a site visit in April 2023.

Lawsuits: none

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

Within 45 days of receipt of this report **Calo Programs Missouri, Inc.** 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 are to be emailed directly to Robin DuVal at <u>robin.m.duval@odhsoha.oregon.gov</u>.

| Summary of Review | | | | |
|---|-----|----|-----|-----------------------------|
| Program and Services 419-400-0020 (2) | Yes | No | N/A | |
| Program and services are in scope of license | Х | | | |
| Governance of the Agency 419-400-0040 | Yes | No | N/A | |
| (1)(a) Minimum of 5 board members | Х | | | |
| (2)(f) Formally evaluate the exec. Director's performance annually | Х | | | |
| (2)(g) Approves annual budget | Х | | | |
| (2)(h) Obtain and review an annual independent financial review or audit of financial records. | Х | | | |
| (2)(k) Written quality improvement program | Х | | | |
| (2)(I) Meeting minutes | Х | | | |
| Executive Director or Program Director 419-400-0040 | Yes | No | N/A | |
| (3)(a) knowledge of requirements for providing care and treatment appropriate to programs | Х | | | |
| (3)(g) Approval from BCU | Х | | | |
| 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 | Х | | | |
| (3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions) | | | х | |
| (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 | | | Х | |
| (4) Agency has adequate plan in place to respond to suicidal behavior/warning signs | Х | | | |

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| Contractors (if applicable) 419-400-0120(6) | Yes | No | N/A | |
|---|-----|----|-----|--|
| (a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215 | | | х | |
| (b)(B) Contract includes the following:(i) Services provided(ii) Contractor fees | | | | |
| (iii) Disclosure of information from contractor to agency (iv) Lines of authority | | | x | |
| (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 | | | | |
| Restraints and Involuntary Seclusion 419-400-0180 | Yes | No | N/A | Corrective Actions/Comments |
| (13)(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 |
| Documents as indicated on the form titled "Renewal Licensing Required Documents" | Х | | | |
| Documents as indicated on form titled "Required Financial Documents and Information" | х | | | |
| All required policies and procedures as identified in the "Umbrella Rules" | | X | | Upon review of the following policies and procedures, there are minor to moderate edits needed. Corrective Action: The agency shall update the following policies and procedures pursuant to each OAR and submit for review. Conflict of interest in OAR 419-400-0070 Children Rights in OAR 419-400-0090(1) Grievance Procedures in OAR 419-400-0090(2) Mandatory Abuse Reporting in OAR 400-0110(2)(a) Incident reporting in OAR 419-400-0110(2)(b) Personnel in OAR 419-400-0120 Privacy in OAR 419-400-0130 Suicide Prevention in OAR 419-400-0150(4) Discipline and behavior management in OAR 419-400-0150 Transportation in OAR 419-400-0200(1) Searches in OAR 419-400-0200(2) Hazards in OAR 419-400-0200(4) |

| All required policies and procedures as identified in "Agency Type Specific Rules" | | х | | The agency shall update the following policy and procedure pursuant to the OAR and submit for review.Medications in OAR 419-470-0110 |
|---|-----|----|-----|---|
| Physical Plant | Yes | No | N/A | 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 | Х | | | |
| 419-400-0230(12) License is posted in common area at each facility | x | | | Comment: This licensor recommended the license also be posted in the foyer as it's a common area at the program. |
| 419-470-0020(2)(a) &(c) Buildings are smoke free, clean and in good repair | Х | | | |
| 419-470-0020 (2)(d) Rooms are free of harmful drafts, odors, and excessive noise | Х | | | |
| 419-470-0020 (2)(e) Rooms are adequate in size and arrangement | Х | | | |
| 419-470-0020 (2)(f) System provides a continuous supply of hot and cold water to taps located throughout the facility | Х | | | |
| 419-470-0020 (2)(h) Building is well ventilated and room temperature is within a normal comfort range | Х | | | |
| 419-470-0030 (1) All parts of the facility ensure the safety of children | Х | | | |
| Room and Space Requirements 419-470-0030 | Yes | No | N/A | |
| (2) There is a separate living room or lounge area – 15 SF minimum per child | Х | | | |
| (5) There is a separate dining room with capacity for ½ of children in care and 15 SF per child in care | Х | | | |
| (7) Laundry is separate from living, kitchen, and dining areas | Х | | | |
| (8) Separate storage areas are provided for food, kitchen supplies, utensils, clean linens, soiled linens and clothing, cleaning supplies and equip, poisons, chemicals, outdoor recreational and maintenance equipment. (Hazardous materials are properly labeled, in original container and locked) | X | | | |
| (9) Outdoor activity area is protected from vehicles and other hazards and of a size and availability appropriate to the age and needs of children in care | Х | | | |
| (11) Time-out rooms: Rooms used for time out or quiet time must have adequate space, heat, light and ventilation and must not be capable of locking. | Х | | | |
| Room and Space Requirements Bedrooms 419-470-0030(3) | Yes | No | N/A | |
| (a) Adequate furnishings and personal items | Х | | | |
| (b) Separate from rooms used for dining, living, laundry, kitchen, and storage | Х | | | 1 |
| (c) Meet Oregon Fire Code Requirements | Х | | | 1 |
| (d) Be an outside room, with a window that operates as designed. If the window is modified from its original design, the fire marshal must approve the modification | х | | | |
| and indicate this room still meets applicable Oregon Fire Code. | | | | |
| (d) Ceiling at least 90 inches | Х | | | |
| (e) Minimum 60 SF per occupant | X | | 1 | 1 |
| (f) No more than 25 if dorm style | X | | 1 | 1 |
| (g) Permanently wired fixtures | X | | | 1 |
| (h) Window covering | X | | 1 | 1 |

| Room and Space Requirements Bathrooms 419-470-0030(4) | Yes | No | N/A | |
|--|-----|----|------|------------------------------------|
| (a)(A)&(B) 1:8 ratio for toilets and sinks | Х | | | |
| (a)(D) Hot and cold running water, soap, and approved hand drying options | Х | | | |
| (a)(E) 1:10 ratio for shower or bathtub | Х | | | |
| (a)(E) Individual privacy | Х | | | |
| (a)(F) Window covering | Х | | | |
| (a)(G) Permanently wired fixtures | Х | | | |
| (a)(H) Adequate ventilation | Х | | | |
| (b)&(c) Wooden racks on floors are prohibited and impervious shower mats are | х | | | |
| disinfected & dried daily be in good condition and free of mold | | | | |
| Room and Space Requirements - Kitchen 419-470-0030(6) | Yes | No | N/A | |
| (a) Used exclusively for storage, food preparation, dishwashing, and activities | Х | | | |
| related to eating and food preparation activities | | | | |
| (b) Walls, floors are easily cleanable | Х | | | |
| (c) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean | Х | | | |
| (e) Equipment is easy to clean beneath, between and behind | Х | | | |
| Furnishings and Personal Items 419-470-0040 | Yes | No | N/A | |
| (1) There is a bed with frame | Х | | | |
| (1)(b) clean mattress in good condition, with a minimum thickness of five inches | Х | | | |
| (1)(c) a pillow in good condition | Х | | | |
| (1)(d) a private dresser, closet, or similar storage area for personal belongings that is readily accessible | х | | | |
| (2) Linens are in good repair. There is a waterproof mattress cover or mattress. Linens are appropriate and towels and washcloths are provided | Х | | | |
| (3) Bedding is changed weekly or when soiled | Х | | | |
| (4)&(5) Personal hygiene supplies and appropriate clothing are provided | X | | | |
| Food Services 419-470-0070 | Yes | No | N/A | |
| | res | | IN/A | |
| (1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation and provide snacks between mealtimes | Х | | | |
| (1)(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes including snacks | Х | | | |
| (1)(b) Menus are kept for at least 6 months | Х | | | |
| (1)(c) Drinking water is freely available | Х | | | |
| (2)(a) Food is stored, prepared & served in a sanitary manner | Х | | | |
| (2)(c) & (d) Food products are obtained from commercial suppliers (exception of | | | | |
| fruits & vegetables), unpasteurized juice is prohibited, and only Grade A | Х | | | |
| pasteurized and fortified milk in appropriate container. | | | | |
| Residential Care Safety 419-470-0080 | Yes | No | N/A | Corrective Actions/Comments |
| (2) Written emergency plan that includes | Х | | | |
| (a) Identifying the types of emergencies most likely to happen where the residential care agency is located | Х | | | |
| (b) Identifying a place to meet for each type of emergency identified | Х | İ | | |
| (c) Identifying an alternate shelter if necessary | X | 1 | | |

| (d) Ensuring access to necessary medications or medical equipment | Х | | | |
|---|-----|----|-----|---|
| (e) How to help each child in care recover after a disaster | Х | | | |
| (3) Telephone numbers for local police, fire department, poison control, after hours medical advice and other appropriate emergency numbers must be posted near all telephones. | x | | | |
| (4) Operative flashlights sufficient in number are readily available to staff | х | | | Comment: This licensor recommended moving the box of flashlights to a more readily available space. |
| (5)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 years and contains: (A) identify of person conducting drill (B) date & time (C) notification method (D) staff participating (E) # of children & staff evacuated (F) special conditions simulated (G) problems encountered (H) time to complete | | x | | Documentation of evacuation drills were inconsistent. Corrective Action: The agency shall ensure the evacuation drill log form includes all required elements noted in (A-H); ensure that evacuation drills occur monthly and are appropriately documented. |
| Umbrella Safety 419-400-0200 | Yes | No | N/A | |
| (5)(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC | Х | | | |
| (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. | Х | | | |
| (4)(b) Direct supervision of children who do not have the ability to adjust and control water temperature | Х | | | |
| (4)(c) Light fixtures have protective covers unless designed to be used without one | Х | | | |
| Medication 419-470-0100 | Yes | No | N/A | Corrective Actions and Comments |
| (3)&(7)(e) Medications have a prescription and are stored in the original container with prescription label | х | | | |
| (4)&(5) Herbal supplements and remedies, medical treatments, special diets, physical therapy, physical aides or limitations have a written order signed by a physician or qualified medical professional. A written order, signed by a physician or qualified medical professional, is also required before a restriction on diet or physical activity is imposed. | x | | | |
| (7)(a) Prescription medications that are unused and medications that are expired or recalled may not be maintained with current medication and must be disposed of as described in agency disposal policy. | | x | | Several bubble pack medications were observed to be unsealed, however there were still pills tucked back in the bubble and/or taped back in. The medication |

| | | record did not provide a reasoning for any anomalies. Medications that have been popped out of their bubble packs and subsequently not administered to a child in care must not be placed back in the original container. This concern was brought to the attention of the Executive Director and the Nurse and immediately began investigating. Corrective Action: The agency shall ensure staff are retrained and following procedures to dispose of medications when a medication is refused, missed or any other type of medication error that results in a medication not being administered as prescribed and to follow the agency's disposal policy. The agency shall ensure management oversight occurs regularly to ensure proper procedures are followed. |
|--|---|--|
| (7)(c) Medications are inaccessible to children and stored behind at least two locking mechanisms. This does not apply to Naloxone. | x | Comment: Requirements are met within the program medication room, however the storage of discontinued medications in the Nurse's office was not locked behind two locking mechanisms at the time of my walk-thru. Typically, the drawer is locked, and the office is locked. However, the drawer was unlocked at the time of the walk-thru. Other staff have keys to unlock the office, leaving a potential risk of mishandling of those medications. |
| (8) Medications are disposed in accordance with state and federal law | x | Comment: It is recommended that the collection of medications to be disposed are stored in a separate container in the medication cabinet and clearly marked as "medications to be disposed." While on-site, the Nurse provided a labeled container in the cabinet. |
| (9) Written record of the disposal of medications is maintained and includes: (a) description and amount (b) name (c) reason (d) method (e) staff & witness signature | x | Comment:TheNursemaintainsdiscontinuedmedications in their office in a baggie labeled per each child in care. However, there's no corresponding record identifying the medications contained in that baggie. Agency policy allows for return of discontinued medications to the child's parent/guardian.•This licensor recommended that a record be created and utilized to document each |

| | | | | medication, the amount, the child's name, and the date at a minimum. |
|---|-----|----|-----|---|
| (10) Written record of the administration of medication includes: (a) name (b) description (c) dates and times (d) missed doses (e) medication disposed (f) method of administration (g) ID of person administering (h) possible adverse reactions (i) medication taken outside facility | | x | | Medications that were not administered, refused, missed or any other type of medication error must be documented. Refer to (7)(c) above. Corrective Action: The agency shall ensure medication errors, or anomalies in documentation, are documented by adding a notation to the medication administration record. The agency shall ensure staff are retrained and following procedures for proper documentation. The agency shall ensure management oversight occurs regularly to ensure proper procedures are followed. |
| Extracurricular, Enrichment, Cultural & Social Activities 419-470-0110 | Yes | No | N/A | |
| (2) Children have ongoing opportunities to participate in at least one age- appropriate or developmentally appropriate activity | Х | | | |
| Minimum Staffing Requirements 419-470-0130 | Yes | No | N/A | |
| (1)&(2) Supervision is adequate for the type of program, location, age and type of children, ability of supervisor to respond, electronic back-up systems. Minimum ratios are maintained: Ages 6 and older: 1:7; Overnight (staff awake) 1:10 | X | | | |
| (4)(a) When one staff on duty, there is additional staff immediately available with max response time of 30 minutes | Х | | | |
| (5) There is at least one on-site employee authorized to apply the reasonable and prudent parent standard | Х | | | |
| Sleeping Arrangements 419-470-0140 | Yes | No | N/A | |
| (1) Children are in separate bedrooms than adults, unless parent and child, or there is written approval from guardian/parent and licensing coordinator | | | Х | |
| (2) There is adequate supervision of children when sleeping | Х | | | |
| (3) When assigning bedrooms a residential care agency must consider all of the following: (a) Chronological age (b) Developmental age (c) Gender identity | X | | | |
| (d) Personal history, including medical, mental health, behavioral health, and past adverse experiences including any physical or sexual abuse | | | | |

| Personnel Files 419-400-0120 | Yes | No | N/A | Comments |
|---|-----|----|-----|--|
| Staff Name/Position | Х | | | |
| (3)(g) Date of Hire | Х | | | |
| (3)(a) record of education, training, and previous employment | Х | | | |
| (1)(b) & (3)(b) reference checks completed and documented | Х | | | |
| (1)(a) & (3)(c) Background check completed and documented | Х | | | A reminder was provided to initiate new background checks at times of position changes. |
| (3)(d) Annual performance evaluations | Х | | | |
| (3)(f) Record of personnel actions | Х | | | |
| (3)(g) Termination date, reason for termination | | | Х | |
| (3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description | Х | | | |
| New Employee Orientation – Umbrella Requirements (30 days) 419-400-0120(4) | Yes | No | N/A | Corrective Actions |
| (a) Agency policies and procedures | Х | | | |
| (b) Ethical and professional guidelines | Х | | | |
| (c) Suicide prevention and intervention | | X | | The agency shall ensure that all new employees (under Calo Programs Missouri Inc.) complete this training within 30 days of hire, regardless of their prior employment. |
| (d) Attributes of population served | Х | | | |
| (e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse in <u>ORS 418.257</u> and <u>419B.005</u> (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee | x | | | |
| (f) Privacy laws | Х | | | |
| (g) Emergency procedures | Х | | | |
| New Employee Orientation – Residential 419-470-0120(1) (Prior to working alone and within 30 days) | Yes | No | N/A | Corrective Actions |
| (a) Discipline and behavior management including de-escalation, crisis prevention, positive behavior management, and disciplinary techniques that are non-punitive in nature | x | | | |
| (b) CPR and First Aid sufficient to retain a current certification | Х | | | |
| (c) Universal precautions and hygiene | Х | | | |
| (d) Application of the reasonable and prudent parent standard | Х | | | |
| (e) Training on the agency's policy on suicide prevention and suicide risk assessment tool | | x | | The agency shall ensure that all new employees (under Calo Programs Missouri Inc.) complete this training within 30 days of hire, regardless of their prior employment. |
| Crisis Intervention Training Standards and Certification 419-400-0160(4) (as applicable) | Yes | No | N/A | Corrective Actions/Comments |

| | | | 1 |
|--|-----|----|----------|
| (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 | | | Х |
| nonphysical intervention to support children in care during a crisis | | | |
| (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 | | | Х |
| (E) The level of training | | | |
| | | | |
| (F) The name of the certified instructor who conducted the training and administered the assessment of proficiency. | | | |
| (e) A certification issued: | | | |
| (A) Must be personal to the individual certified by the training provider | | | Х |
| (B) May be valid for no more than two years with recertification | | | |
| Ongoing Training | Yes | No | N/A |
| 419-470-0070(2)(b) Employees who handle food served to children have a valid food handler's card | х | | |
| 419-400-0200 (1) Employees transporting children have: current driver's license, | | | |
| insurance, trained in emergency procedures and behavior management, and | Х | | |
| training for 15+ passenger vans if applicable) | | | |
| 419-470-0120 (2)(a) Environmental emergencies | Х | | |
| 419-470-0120 (2)(b) Universal Precautions | Х | | |
| 419-470-0120 (2)(c) Discipline and Behavior Management | Х | | |
| 419-470-0120 (2)(d) Agency's policy on suicide prevention and risk assessment tool | Х | | |
| 419-470-0120 (3) Staff providing direct care must maintain current CPR/First Aid | | | |
| certification | Х | | |
| 419-470-0120 (4) Designated staff authorized to apply reasonable and prudent | v | | |
| parent standard are trained in application of the standard | Х | | |
| 419-400-0120(5) Mandatory reporting (annually) that includes: | | | |
| (a) legal definition of child abuse in <u>ORS 418.257</u> and <u>419B.005</u> | х | | |
| (b) legal responsibility to immediately report(c) legal responsibility to report is personal to the employee | | | |
| | | | <u> </u> |
| 419-400-0160(4)(b) Receive continuing education (as applicable on crisis intervention training) from a certified instructor on an annual basis | Х | | |
| | | | |

| Children's Records | Yes | No | N/A | |
|------------------------------|-----|----|-----|--|
| Health Services 419-470-0090 | | | | |

| | 1 | - | r | |
|--|-----|----|----------|---|
| (2) Medical history obtained within 30 days (significant findings, current | | | | |
| immunizations, history of surgical procedures-health issues-injuries, allergies, | Х | | | |
| dental, vision, hearing, behavioral health, and physician orders) | | | | |
| (4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14) | Х | | | |
| (g) Have a physical examination within the first 60 days after admission of a child | | | | |
| in care. Documentation of a physical examination having occurred within the | Х | | | |
| calendar year will meet this requirement. | | | | |
| Consents 419-470-0160(1) | Yes | No | N/A | Corrective Actions |
| (a) Provide routine and emergency medical care | Х | | | |
| (b) Use the discipline and behavior management system | Х | | | |
| (c) Use restraint or seclusion (if applicable). Must specify the reasons for the | | | х | |
| intervention and how staff are trained and supervised | | | ^ | |
| (d) Restrict contact with persons outside of the agency | Х | | | |
| (e) Allow access as defined in 419-400-0230 & 0240 | Х | | | |
| (f) Impose a dress code | | | | The agency shall ensure consent to impose a dress |
| | | Х | | code is obtained from the child in care's |
| | | | | parent/guardian and properly documented. |
| (g) Apply the reasonable and prudent parent standard | Х | | | |
| Disclosures 419-470-0160(2) Parent/guardian has acknowledged in writing: | Yes | No | N/A | Corrective Actions |
| (a) Information regarding personal or room searches and protocols for confiscation | Х | | | |
| of contraband | ^ | | | |
| (b) Statement of Rights of Children and Parents/Guardians | | V | | The agency shall ensure this disclosure is provided |
| | | Х | | and properly documented indicating that the parent/guardian has acknowledged. |
| (c) Any policies and procedures upon request | | | | The agency shall ensure this disclosure is provided |
| | | Х | | and properly documented indicating that the |
| | | | | parent/guardian has acknowledged. |
| Authorizations 419-470-0160(3) | Yes | No | N/A | |
| (a) Disclose or exchange information with others | Х | | | |
| (b) Child specific visitors | Х | | | |
| (c) Visitation resources are pre-approved | Х | | | |
| (d) Activity specific authorizations are pre-approved to allow children to participate | | | | |
| in potentially hazardous activities, including but not limited to using motorized yard | Х | | | |
| equipment, swimming, and horseback riding. | | | | |
| Information about Children in Care 419-400-0190(1) | | | | |
| Summary sheet contains the following: | Yes | No | N/A | Corrective Actions |
| (a)The name, gender, date of birth, religious preference, and previous address | | | | The agency shall ensure an entry is noted for |
| | | | | religious preference. |
| | | х | | • While on-site, the agency discussed ways to |
| | | | | incorporate that into their electronic system in |
| | | | | the demographic page. |
| | | | <u> </u> | |
| (b) Name and location of previous and current school | | Х | | The agency shall ensure this information is obtained |
| | | | | and documented. |

| | | | | While on-site, the agency discussed ways to incorporate that into their electronic system in the demographic page. |
|--|-----|----|-----|--|
| (c) Date of admission | Х | | | |
| (d) Legal custody | | x | | The agency shall ensure an entry is noted for legal custody. While on-site, the agency discussed ways to incorporate that into their electronic system in the demographic page. |
| (e) The name, address, and telephone number of: (A) The child in care's parents. (B) The child in care's legal guardian, if different than the parents, and a copy of the document that provides for his or her authority over the <i>child in care</i>. (C) Other persons significant to child (D) Other professionals to be involved in service planning (if applicable) | x | | | |
| Service Planning 419-470-0170(2) | Yes | No | N/A | Comments |
| (b) Intake document is completed the date child accepted into care (emergency placement 48 hours) | Х | | | |
| (d) Assessment is completed within 30 days and contains relevant historical info., current behavioral observations, identified need for services, and how agency will provide services | х | | | |
| (e) (A)&(B) Service plan within 60 days (parent, guardian and child actively involved). Describes how child's issues will be addressed, anticipated outcomes, and reviewed by child and guardian/parent. | х | | | Comment: The agency shall continue efforts to ensure documentation is clear when the review with the child and parent/guardian occurs. |
| (e)(C)&(D) Service plan is reviewed quarterly and revised when information indicates other services should be provided | Х | | | |
| Case Management 419-470-0170(3) | Yes | No | N/A | Corrective Actions |
| (a) Services are documented, progress toward achieving goals is tracked | Х | Ī | | |
| (c) Discharge planning evaluations and decisions are documented. | | х | | The agency shall ensure discharge planning evaluations, decisions, etc. are captured and documented. |
| (c) Discharge summary must include: | | | | |
| (A)Current medications (B)Name of the physician or qualified medical professional who prescribed each medication (C)Any outstanding medical or other appointments (D)Summary of the child's participation in the program and progress achieved. (E)Results of evaluations (F)Recommendations regarding services | х | | | |
| (G)Discharge destination | | | | |
| (e) Follow up services | | | Х | |
| (f) Incident Reports | Х | | | |
| Records Relating to Restraint & Involuntary Seclusion | Yes | No | N/A | Corrective Actions |

| 440,400,0400 (40) Becorde | V | 1 | 1 | 1 |
|--|-----|----|-----|--|
| 419-400-0180 (12) Records | Х | | | |
| 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 | | | | This requirement is not met in its entirety. The |
| the program. The child caring agency shall provide the notice upon the child in | | Х | | agency shall update the notice and submit for review. |
| care's admission and at least two times each year thereafter. | | | | |
| 419-400-0190(1) Information provided to children in care relating to Restraint & | | | | This requirement is not met in its entirety. The |
| Involuntary Seclusion | | Х | | agency shall update the notice and submit for review. |
| Financial Records 419-470-0170(4) | Yes | No | N/A | Corrective Actions and Comments |
| Records contain date, amount, source, purpose, signatures | | x | | A small amount of cash was discovered after a child's admission process, and it was placed in a baggie labeled with the child's name and stored in the office. Corrective Action: The agency shall create a financial record log to document any monies belonging to a child in care. The form must include all elements notes in this rule. Note: Typically, the program does not allow cash, however a log is required in the event Comment: The agency has a process for in-program earnings for each child in care which translates into money on a debit card that's specific to each child to use on store outings. The agency provided documentation outlining how the debit card system works and how it's tracked. |
| Personal Possessions Records 419-470-0170 (5) | Yes | No | N/A | |
| Individual written inventory of all personal possessions is maintained and updated as needed | х | | | |
| Records and Documentation 419-400-0140 | Yes | No | N/A | |
| (1) Stored safely | Х | | | |
| (2) Permanent, legible, dated, and signed | Х | | | |
| (3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out. | Х | | | |
| (7) Permanent registry for each child includes Name; Gender; Birth date; Names, addresses of parents or guardians; Dates of admission; Placement upon discharge | х | | | |

Date: <u>12/28/20</u>23 Licensing Coordinator's Signature: <u>Robin DuVal</u>

Manager Review:

Heilen

Date: <u>12-27-202</u>3