



National Association for
Regulatory Administration

**STATE OF OREGON
DEPARTMENT OF HUMAN
SERVICES DEEMED STATUS
FEASIBILITY REPORT**

400 South Fourth Street, Suite 754E, Minneapolis, Minnesota, 55415
888-674-7052

www.naralicensing.org

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Deemed Status Feasibility Analysis and Report
A Report by the National Association of Regulatory Administration
For
The State of Oregon
Department of Human Services

Introduction/Overview

The Oregon Department of Human Services brings together the State’s principal human service agencies to serve the citizens of Oregon and reach the vision of safety, health and independence for all Oregonians.

Oregon law requires Child Caring Agencies to be licensed, and licensing activities for these facility types are conducted by the DHS Children’s Care Licensing program. Child-Caring Agencies operate (any of) the following programs:

- Academic Boarding Schools;
- Day Treatment Programs;
- Therapeutic Boarding Schools;
- Adoption Agencies;
- Homeless, Runaway and Transitional Living Shelters;
- Residential Treatment Facilities;
- Foster Care Programs;
- Therapeutic Outdoor Youth Programs.

HB 2903 passed in Oregon’s 2017 legislative session. This bill requires DHS to research, analyze and report on the establishment of a Deemed status determination that a Child Caring Agency has met some or all criteria of the full compliance requirements listed in ORS 418.240. Additionally, HB 2903 states that the Deemed Status determination will apply when a Child-Caring Agency has been accredited and is in good standing with a “national program, body or organization approved by the Department.”¹

Oregon DHS issued a Request for Proposals (RFP) in which the recipient would prepare a report that included:

- Recommendations for the process of and requirement for establishing a Deemed Status determination in the issuance of licenses, certifications and other authorizations to Child-Caring Agency applicants.
- Information about available accreditation programs, bodies or organizations, membership in which would qualify a Child-Caring Agency for a Deemed Status determination.
- Recommendations regarding the criteria for determining whether an applicant Child-Caring Agency is in good standing with a national accrediting program, body or organization.

¹ HB2903 Section 5 (1)

- Information about the potential impact that a Deemed Status determination would have on children’s safety and well-being in this state.
- Information about how other states have implemented accreditation.
- Recommendations for necessary legislation and budget requirement to implement a Deemed Status determination option for licensure, certification and authorization of Child-Caring Agencies.

DHS’ goal was to award a contract with a neutral entity with sufficient expertise to provide the analysis and recommendations regarding Deemed Status that is required by HB 2903. The Department selected the National Association of Regulatory Administration (NARA) to fulfill the needs identified by HB2903 and outlined within the RFP.

It is NARA’s intent to provide assistance to Oregon DHS and their decision makers by analyzing various approaches utilizing a ‘deemed status determination’ or similar system. In line with the requirements of this contract, NARA conducted an informal survey of surrounding states hoping to discover a “deeming status” model of operation. This informal survey revealed that surrounding states are not utilizing a “deemed status” approach with respect to their 24 hour residential facilities; as such, there is not a model from which NARA could recommend to Oregon DHS. Therefore, this document will discuss the background between licensing and accreditation, the benefits of accreditation, the accreditation and deeming processes, and finally a set of recommendations for Oregon DHS to consider in line with the requirements of the HB2903 legislation.

HB2903 and Family First Prevention Services Act (FFPSA)

While HB2903 is very specific in its intent, NARA would be remiss in not acknowledging the intersection and potential impact created by the federal Family First Prevention Services Act (FFPSA).

This federal legislation was not a part of the conversation during the time HB2903 was being debated in the Oregon legislature. However, its passage most certainly has an impact not only on the work outlined in HB2903, but on the number of programs who will be seeking accreditation. In passing FFPSA in February 2018 the federal government substantially changed the face of child welfare services across the country. The Act reforms the federal child welfare financing streams to provide services to who are at risk of entering the child welfare system. The Act aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment and in-home parenting skills training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.²

One of the components contained within this legislation concerns the new restrictions on institutional care. FFPSA states that federal financing will only reimburse congregate care that meet the criteria of a *Qualified Residential Treatment Program (QRTP)*. Additionally these congregate care environments must be licensed *and accredited* by an approved Health and Human Services (HHS) organization.

² First Focus Campaign for Children, Family First Prevention Services Act Bill Summary, March 2018

As a result, the push for accreditation is looming large for the State of Oregon. While there will always remain a need for the state level licensing process, Oregon providers have expressed concern about the appearance of ‘over regulation’ as a result of the requirements from the FFPSA: in its implementation FFPSA (with respect to the accreditation requirements) will likely produce a duplication of effort. As such, it is in Oregon’s best interest to examine ways to keep any duplication to a minimum.

Growing Interest in a Quality Evaluation of Services

In the past decade, the “quality” movement has been embraced by many service and manufacturing sectors and has spilled over to the human care regulatory arena. Fundamental quality assurance and improvement theories, as well as the comprehensive quality management approaches of Total Quality Management (TQM) and Continuous Quality Improvement (CQI) are finding their way into the daily operations of health care organizations³ and now much of this same movement is finding its way into the daily business involving the licensing of human care providers.

We are in a time when most regulatory managers and policy makers are undertaking efforts to maintain the basis of quality—the health and safety of individuals utilizing the service. This and many other factors have created a climate in which decision makers at all levels are seeking objective quality evaluation data.

Licensure, accreditation and certification systems are approaches to meet the need for quality and performance information. These systems have different purposes and different capabilities; selecting the right system or combination of systems requires careful analysis of user needs, agency needs and expectations of all involved. This is as true for a health care facility seeking accreditation as it is for a state human care agency wishing to set minimum quality standards for the licensure of Child Caring Agencies.

Comparative Discussion about Accreditation

Assessing the Need for Quality Evaluation

One of the first steps in establishing a quality evaluation system is determining the need(s) it is intended to address. For example, which *process* involving accreditation and ‘deeming’ is going to best serve Oregon and how will this new process be used?

The following information outlines the differences between licensure, accreditation and deemed status. Later in the report, information will be provided concerning the benefit of accreditation, the various accrediting bodies and a brief discussion of those organizations, the basic criteria for accreditation and process involved in becoming accredited.

³ Licensure, Accreditation, and Certification: Approaches to Health Services Quality. Ann L. Rooney, R.N., M.S., M.P.H. and Paul R. van Ostenberg, D.D.S., M.S.

Accreditation vs. Licensure vs. Deeming

Definitions of Licensure, Accreditation and Deemed Status

Licensure is a process by which a governmental authority grants permission to an individual practitioner or organization to operate or to engage in an occupation or profession. Licensure regulations are generally established to ensure that an organization or individual meets minimum standards to protect public health and safety. Licensing is the regulation of programs and services to ensure compliance with minimum standards and establishes a base line below which no licensed program is legally permitted to operate. Licensing is authorized by State law and administered by a State Agency, which develops regulations specific to each type of program, in consultation with representatives of the regulated programs and the general public.

Following a multifaceted licensing process, the final component of the on-site inspection determines whether a license will be granted. Maintenance of licensure is an ongoing requirement for the organization to continue to operate.

Accreditation is a formal process by which a recognized body, usually a non-governmental organization (NGO) assesses and recognizes that an *organization* meets applicable pre-determined and published standards. Unlike licensure, accreditation focuses on continuous improvement strategies and achievement of optimal quality standards rather than adherence to minimal standards intended to assure public safety.

Accreditation standards are voluntary and designed to promote recognition of program quality; they are usually regarded as optimal standards. Accreditation standards are also designed to encourage continuous improvement; and there may be cases where the accreditation standard is higher than licensing requirements. In some cases, Licensing Offices substitute the standards of the accrediting body for certain selected licensing regulations. However, such decisions should not be made easily; conducting a thorough review and comparison (between the respective regulations and accreditation standards) should take place. This notion is discussed later in this report.

Deemed Status is most associated with health care organizations. Health care organizations that want to participate in and receive payment from the Medicare or Medicaid programs must be certified as complying with the Conditions of Participation (CoPs), or standards set forth in federal regulations. This certification is based on a survey conducted by a state agency on behalf of the Centers for Medicare and Medicaid Services (CMS). However, if a national accrediting organization, such as the Joint Commission, has and enforces standards that meet the federal CoPs, CMS may grant the accrediting organization “deeming” authority.

If a participating facility meets the accreditation criteria, they can be ‘deemed’ as meeting the Medicare and Medicaid certification requirements. The health care organization would have “deemed status” and would not be subject to the Medicare survey and certification process because it has already been surveyed by the accrediting organization and meets those accreditation standards.⁴

⁴ <http://www.ashe.org/advocacy/orgs/deemedstatus.shtml>

Benefits of Accreditation

Accreditation is a stratagem by which an impartial organization reviews another institutions operations to ensure that business is being conducted in a manner consistent with national standards. Accreditation is a sign of quality and is an important consideration in the process of organizational decision making.

The benefits of accreditation are many and include:

1. Improving Organizational Reputation

- Accreditation creates national recognition of the organization and its commitment to excellence, accountability and safety of persons in care;
- Accreditation demonstrates that the provider/organization has gone *beyond* being licensed and adheres to a generally higher set of standards;
- Accreditation creates an opportunity for positive visibility; and
- Accreditation differentiates generally high achieving providers/organizations from those who are not and gives a competitive advantage.

2. Tightens Administration

- Accreditation creates consistency across programs/locations/staff;
- Creates better documentation and adherence to policies and procedures;
- Helps recruit and retain highly credentialed and qualified staff; and
- Improves customer satisfaction ratings.

3. Reduces Risk

- Improves safety procedures;
- Boosts emergency preparation;
- Creates performance improvement/measurement focus;
- May discourage nuisance lawsuits; and
- May reduce liability insurance rates.

4. Greater efficiencies as a result of improved and consistent practice

- Accreditation creates standard procedures, which contributes to greater managerial flexibility and consistency of processes;
- Puts 'standardization' into practice;
- Reduces 'fires'.

5. Improves facility financial outlook

- May be a condition of reimbursement for certain insurers or other funding sources (i.e., Family First Prevention Services Act)
- Strengthens the organizations capacity which creates a better environment for growth;

6. Supports Continuous Quality Improvement

Information about available accreditation programs, bodies or organizations, membership in which would qualify a Child-Caring Agency for a Deemed Status determination.

While there are many differing accrediting bodies, there are only three that truly support the work of Child Caring Agencies as defined in Oregon statute:

- The Joint Commission (TJC);
- Commission on Accreditation of Rehabilitative Facilities (CARF); and
- Council on Accreditation (COA);

The table below shows basic information concerning these three (3) distinct accrediting bodies. Furthermore, the table outlines:

- A description of the agency;
- The agency's inception;
- Number of nationally accredited programs;
- Cost to obtain accreditation;
- Preparation period and length of accreditation; and
- Whether the accreditation is given nationwide acceptance.

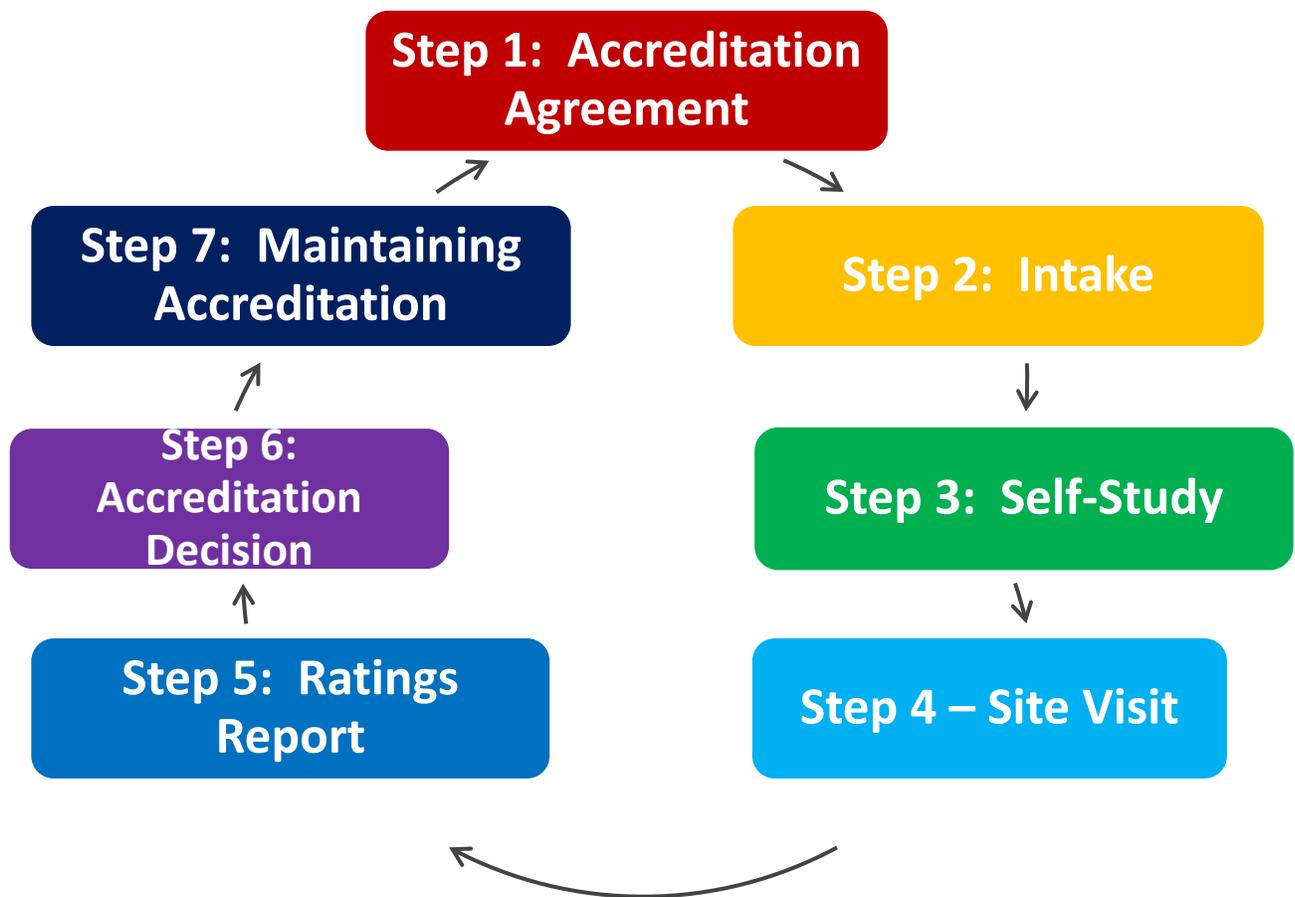
Accreditation Organizations Side by Side Comparison

	TJC (The Joint Commission) www.jointcommission.org	CARF (Commission on Accreditation of Rehabilitation Facilities) www.carf.org	COA (Council on Accreditation) www.coanet.org
About	An independent not-for-profit organization that accredits and certifies more than 19,000 health care, rehabilitation centers, long term care and behavioral health organizations within the United States	An independent non-profit accreditor of health and human services	Is an international, independent, not-for-profit, child and family service and behavioral healthcare accrediting organization
Inception	1951	1966	1977
Number of Accredited Programs	20,000	6000	1800+
Cost	Varies based upon number of sites and number of visits	Application fee is \$995 + Site visit Fee	Application fee \$750 Accreditation fee Maintenance of Accreditation fee \$400 annually
Prep Period	4-6 months	9-12 months for a new survey; 6-9 for re-accreditation	9-16 months from point a decision is made about accreditation
Period of Accredit.	3 years except laboratory accreditation which is 2 years; certifications are 2 years	1 or 3 years	4 years except Opioid Treatment Programs which are 3 years
Nationwide Acceptance	Recognized nationwide as a symbol of quality that reflects an organizations commitment to meeting certain performance standards	Provides a visible symbol that assures the public of a provider's commitment to continually enhance the quality of services and programs with a focus on the satisfaction of the persons served.	Is endorsed and recognized in every state and by a variety of groups including national and international human service organizations.

Basic Criteria for Accreditation: The Accreditation Process

Most bodies follow a similar process; however, some have more steps and some have fewer. The typical accreditation process looks similar to the below illustration:

Typical Accreditation Process



Obtaining accreditation is a time consuming and oftentimes expensive process. The above graphic illustrates the accreditation process and is generally consistent among the three agencies listed in this report. The graphic can also give one the indication that the process flows smoothly; however, that may not always be the case and it's important to recognize what actually takes place within each step of the process. It is equally important to realize that each step is dependent upon completion of the previous step.

In Step 1 the *Accreditation Agreement* is completed. This process generally involves completion of:

- An on-line application;
- verification of program eligibility; and
- accreditation agreement; and
- payment of accreditation fee.

Applicants also receive a description of the participant rights and responsibilities during this initial step.

Throughout the *Intake* process the applicant will compare their approach to regulatory compliance with the accreditation program standards of operation. Important dates and milestones are also outlined during this time.

After an applicant commits to accreditation, they begin a thorough self-evaluation in which they evaluate and apply applicable and relevant accrediting body standards to their own operations. This *Self Study* phase can take upwards of six to twelve months to complete. Throughout this stage, the applicant will be presenting evidence of compliance with the accreditation standards via an online submission.

Completion of the self-study process allows the applicant to prepare for the *Site Visit*. The site visit usually involves a minimum of 2-3 peer reviewers and lasts for 2-3 days. In addition to the actual observations that take place, reviewers will also:

- Interview Staff, Board, Stakeholders
- Review Documents and Records
- Visit Programs, Observe Staff/Client Interactions

Accreditation decisions are made following the submission of the *Ratings Report*, which summarizes the findings from the site visit. The *Ratings Report* also provides specific recommendations and information if it is considered necessary.

While maintaining one's accreditation status isn't truly a 'step', it is a critical component. Programs have to maintain information and submit that through documentation such as an *Annual Maintenance of Accreditation Report*⁵ in order to renew and continue being accredited.

⁵ https://www.jointcommission.org/accreditation_process_overview/

Deemed Status as It Relates To State Licensure

As stated earlier in this report, “deemed status” is typically a term (and process) most utilized by the health care industry but appears to be becoming more popular in other regulatory arenas. The primary source of ‘deemed status’ exists with the Centers for Medicaid and Medicare Services (CMS). Health care organizations that want to participate in and receive payment from the Medicare or Medicaid programs must be *certified* as complying with the Conditions of Participation (CoPs), or standards, set forth in federal regulations.

The certification is achieved based on:

- A survey conducted by a state agency on behalf of the federal government, such as the Centers for Medicare & Medicaid Services (CMS); or
- a national accrediting organization, such as The Joint Commission, that has been recognized by CMS (through a process called “deeming”) as having standards and a survey process that meet or exceed Medicare’s requirements.

Health care organizations that achieve accreditation through a Joint Commission “deemed status” survey are determined to *meet or exceed Medicare and Medicaid requirements*.

For example, the Joint Commission’s accreditation programs are recognized and relied on by many states in their quality oversight activities. Recognition and reliance refers to the acceptance of, requirement for, or other reference to the use of Joint Commission accreditation in whole or in part by one or more governmental agencies exercising regulatory authority.⁶ The Joint Commission standards and that of other accrediting bodies are widely relied upon and used in making licensing decisions. Therefore, receiving “deemed status” from a recognized agency (like that of TJC) means a status under which a (health care) facility may be exempt from routine surveys conducted by the state licensing authority.

Such considerations are not always the case in other areas of human care regulatory work. For example, Early Childhood accreditation agencies maintain that the status of the facility license is the minimum threshold to accreditation. In other words, the facility will not be considered for accreditation unless it is first state licensed and in good standing with those requirements. Accordingly, a state level survey must take place and the license issued before accreditation for these programs will be considered.

It’s important to note, however, just because an organization has achieved accreditation doesn’t guarantee that all state level licensing requirements have been met. In other words, there is no guarantee of ‘equivalency’ existing in all aspects of the respective standard. Therefore, before beginning any type of ‘deeming’ process, it is critical that a comparison, an alignment or crosswalk of the respective accrediting body standards against their state licensing requirements be conducted. Such example is provided later in this report.

⁶ Facts about Federal Deemed Status and state recognition, Joint Commission.org

Information about the potential impact that a Deemed Status determination would have on children’s safety and well-being.

Accrediting organizations are private organizations—and in many cases, for profit organizations. As such, it can be problematic for them to be given the authority to not only determine the quality of a licensed service program, but also grant that program an exemption from public inspections to ensure their compliance with state level regulations. These organizations often have a financial incentive in providing accreditation to certain entities, which can compromise their ability to ensure the service program is providing consumers of the service with quality care.

Unlike state regulatory programs, accrediting organizations are not required by law to provide the public with results of any inspections/survey’s they conduct. Furthermore, because accreditation periods are typically 2-3 years, a program could go for a significant period of time and not be subject to regular inspections; thus compliance cannot be assured nor measured and complacency to the respective standards can easily occur.⁷

Criteria for determining whether an applicant Child-Caring Agency is in good standing with a national accrediting program, body or organization.

A person or organization in **good standing** is regarded as having complied with explicit obligations, while not being subject to any form of sanction, suspension or disciplinary censure.⁸

Good standing is usually associated with the business industry. In business, maintaining good standing means filing required annual reports and maintaining compliance with applicable laws, paying required fees and no other governmental agency has taken negative action against the business. The same concept applies when talking about good standing within human care regulatory programs.

As indicated earlier, a providers accreditation status doesn’t always mean they are in compliance with all state regulatory requirements; as such, determining good standing is a critical piece to the accreditation/deeming dialogue. In adapting accreditation into the state regulatory schematic, Oregon DHS should consider what criteria are needed in order to ensure providers remain in good standing not only at the time of accreditation but in between accreditation determination periods.

So for purposes of this report, understanding the threshold (or eligibility standards) that each accreditation entity requires for accreditation will be important. Most likely these criteria involve weighted or mandatory standards (e.g., health and safety standards) that must be met.

Additionally, when considering the thresholds to good standing it is important to ensure the provider is in compliance with the most important and basic licensure requirements set forth by the state. For Child Caring Agencies an example might include compliance in the areas of:

- child and family rights;
- abuse reporting and investigation;

⁷ Adapted in part from The National Consumer Voice, theconsumervoice.org/issues

⁸ Definition of Good Standing--Wikipedia

- applying appropriate behavior management techniques;
- adequate furnishings and personal items for children;
- appropriate food services;
- safety of children;
- proper medication administration;
- the agency or the agency employees or agents have not engaged in financial mismanagement;
- timely corrects violations and maintains standards in accordance with any plan of correction;
- Agency provides full access to department staff, investigations, court appointed advocates, etc.

Developing a differential monitoring program--which highlights significant and important rules utilizing a statistical analysis--may be of assistance in determining good standing as well. This will be explored more in the recommendation section of this report.

Other States Use of Accreditation

NARA contacted 7 states to inquire about their use of accreditation within their regulatory system: Washington, Idaho, Montana, Utah, Colorado, California and Texas. Of the states that responded to NARA's phone inquiry the following is known:

1. Two states report they integrate very high licensing standards into their regulatory scheme. One of these states considers its licensing standards to be equivalent to accreditation standards. This state is petitioning the federal government to accept the state licensing standards in lieu of accreditation standards under the Family First Prevention Services Act (FFPSA). However, the other state indicates the two processes are separate and not necessarily reliant upon the other.
2. One state reported that many of their service providers have independently sought accreditation; this due in part to the "benefits" of accreditation but is also due to the fact that outside states who send their children to these programs require it. What's interesting to note however, is this particular state gives its providers an 'extended' license option; whereby a provider can be issued a license for a 2 or 3 year period. Providers who have been issued a 3 year license have been determined to be in full compliance with the state regulations. Those with a 2 year license have minor non-compliances in areas not directly related to child health and safety requirements.
3. One state reports that their service providers (similar provider type) are required to become accredited and have been required to do so for some time—even before FFPSA. However, the process is separate from the actual licensing process so there is no true intersection and as such no 'deeming' or similar process established.

What is concluded from this informal survey is of the states surveyed, not one of them is utilizing a ‘deemed status’ process per se. Instead, each state is making use of accreditation and licensing systems in ways unique to each state.

Crosswalk of Accrediting Bodies with Oregon Licensing Standards

Both licensing standards and accreditation standards share a common goal of helping applicable service provider organizations provide safe care, treatment, and other services for those in their care. Accreditation also demands that a number of high quality standards be comported with.

Most regulatory professionals will assert that accreditation standards and state licensing requirements are two vastly different sets of requirements that necessitate separate activities, processes, and approaches to supporting compliance. However, in establishing a deemed status program, determining whether an equivalency exists between the various sets of regulations, is a significant part of the process. In granting an organization deemed status, a governmental agency needs to establish that those standards meet or exceed the standards that already exist and are used to determine compliance with licensure requirements.

Developing a mechanism for evaluating and comparing the standards is the first step. This can be accomplished through a process known as a “cross walk”. Such techniques can be tedious, time consuming and normally involve a scientific and iterative practice. However, the benefits of such a comparative/analytic system outweigh any shortcomings in that it not only offers a complete comparison of regulations, it can identify areas that exist in state regulation that may not exist in the accrediting standards (thus helping to identify criteria for determining good standing).

There are many examples of crosswalk (a.k.a., ‘snap shot’) systems. One of the best *methods* is the approach used by Child Care Aware of America (CCAoA) in its efforts to rank licensing standards and monitoring responsibilities for child day care facilities. CCAoA, is not an accreditation agency, but the *methods* they have created and implemented to establish their Child Care Licensing Database can be extremely helpful in this discussion. ⁹

For specifics of this work and examples of state’s alignment to the CFOC Basics gold standard results please refer to: <https://rikoinstitute.com/2019/03/04/child-care-aware-of-americas-child-care-licensing-database-report/amp/>

The report is very comprehensive and easily understood.

Another model exists between TJC and CMS. Utilizing a *research methodology* similar to that of CCAoA, the alignment between the ‘gold standard’ TJC and CMS regulations looks something like this:

⁹ Child Care Aware, Introduction to Child Care Aware of America's Child Care Licensing Database: Initial Findings

A Snapshot of the Crosswalk

CFR number	Medicaid Requirement	Joint Commission Equivalent Standards
§482.13(a)(2)		
[The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.] The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:		EP 20 For hospitals that use Joint Commission accreditation for deemed status purposes: The process for resolving complaints includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the quality improvement organization (QIO). Ranking/ evaluative/analytical Comments:
Ranking		A B C D
		10

Unlike the map within the CCAoA crosswalk, not every Joint Commission standard maps to each Medicare condition and standard. Likewise, it might take multiple Joint Commission standards to demonstrate equivalency with one Medicare condition and standard. In fact, the crosswalks are specifically designed to highlight these relationships and show the various differences. As such, employing a scientific and analytical process can be very helpful.

For specifics of this work and examples of TJC and CMS alignment please refer to <http://www.jcrinc.com> and access the 2016 Joint Commission and CMS Crosswalk document.

In an effort to establish a foundation for this process, Oregon DHS staff asked NARA to conduct a straightforward, unscientific and very subjective comparison of 14 of Oregon’s Residential Care Agency rules to similar standards established by the Commission for Accreditation of Rehabilitation Facilities (CARF), Commission on Accreditation (COA) and The Joint Commission (TJC). **Attachment # 2** shows the association between Oregon’s rules and the corresponding accreditation standard (s).

The rules used in this comparison were selected by Oregon DHS licensing personnel as being rules that are basic to the health and wellbeing of children in care. There was no scientific process used to make the selection, nor was there a scientific process used to compare the information. The information is relational only. Each table is set up to show:

- The respective accrediting body;
- the web link for that organization;
- the Oregon rule; and the comparable accreditation standard; and
- a subjective determination regarding whether the respective standards meet or exceed the Oregon standard.

The reader will see in each table, an explanation or an overview of the accrediting body standard as an alternative to the actual phrasing of the respective accreditation standard. This was done to keep the document from becoming too windy; some of the accrediting body standards are quite lengthy. The explanation or overview gives the reader a general picture of the content within that standard.

¹⁰ 2016 Joint Commission and CMS Crosswalk: Comparing Hospital Standards and CoPs

NARA was asked to classify each rule (in terms of meeting or exceeding) to the corresponding accreditation standard; this process was conducted by reviewing each pertinent standard (not the explanation or overview) and comparing that to the Oregon regulation. This process was conducted very subjectively and was based upon the NARA consultant's experience as a professional human care regulator in understanding and interpreting rules and regulations.

This was a foundational exercise and should be read as such. The exercise does not employ a determination of equivalency. However, the conclusions that can be drawn from this work include the following:

- (1) Each of Oregon's chosen Residential Care Agency rules correspond to very similar accreditation standards; while there are areas where the accreditation standard exceeds the regulatory principle most of Oregon residential care rules as presented, were consistent with the corresponding accreditation standard.
- (2) Oregon's chosen rules for Residential Care Agencies appear to align closer to the COA standards.
- (3) Similar to the conclusions reached in the comparison between Joint Commission standards and CMS regulations, there was no direct match to Oregon's regulations; rather each accreditation body had multiple standards that contained the information in a single Oregon rule.

Limitations

There are limitations when using a crosswalk/ alignment process to compare regulations. These limitations include the following:

- Crosswalks/alignment projects are created to demonstrate *equivalency*. Any changes made to the standards must be approved by the 'deeming' authority so that equivalency can be maintained.
- Crosswalks represent a point in time, and so they may not maintain 100% accuracy since requirements can be, and often are, changed and updated.
- Although crosswalks demonstrate how accrediting standards are equivalent (or exceed) to state standards, they are not meant to include a comprehensive list of standards. This being the case then indicates there are standards that should be considered that often are not.

For example, TJC has additional requirements that do not appear in any crosswalk with CMS as they are not used to demonstrate equivalency or they far exceed the CMS standard. So using the TJC and CMS example, hospitals seeking Joint Commission accreditation must comply with *more* requirements than those indicated by CMS; such could be the case with Oregon's umbrella regulations and the license specific regulations.

Closing Remarks and Recommendations

Embracing the benefits of accreditation and bringing those benefits into the state level regulatory world will not guarantee a successful outcome; but accreditation can have a hand in influencing the future of Oregon's state level human care regulatory processes. At its best, accreditation can

assist Oregon in increasing the number of providers delivering quality services to vulnerable populations. What remains is for Oregon to decide how, or whether it will intersect with the accreditation establishment in terms of its regulatory functions.

In the Request for Proposal, Oregon DHS asks for recommendations in the following areas:

1. The process of, and requirements for, establishing a Deemed Status determination in the issuance of licenses, certifications and other authorizations to Child Caring Agencies;
2. The criteria for determining whether an applicant Child Caring Agency is in good standing with national accreditation program, body or organization; and
3. Legislation and budget requirements to implement a Deemed Status determination option for licensure, certification and authorization of Child Caring Agencies.

Some of the recommendations have been stated in the body of this report, but NARA aims to reiterate those references in this section and include additional information for consideration. The information will be presented as potential strategies for fulfilling the recommendation.



Recommendations for Implementing a Deemed Status process

Identify the process of, and requirements for, establishing a Deemed Status determination in the issuance of licenses, certifications and other authorizations to Child Caring Agencies

Recommendation #1: Setting up a Deemed Status program can have positive regulatory benefits; as such Oregon is encouraged to explore establishing such a program it as it pertains to Child Caring Agencies.

Recommendation #2: If the Oregon legislature and Oregon DHS decide to establish a deemed status process, they first need to analyze and decide how accreditation will be recognized within the state’s regulatory structure.

Strategy 2.1 In its truest form, “deemed status” means that the source agency’s standards meet or exceed comparative standards; so providers who have received a survey and been granted accreditation by a deemed status agency, function and provide care at a generally higher level.

Strategy 2.3. If Oregon DHS allows accreditation to be interchanged with state licensure requirements through a deeming process, then the accreditation report –including any future compliance statements--should be a condition of license issuance and as such be made available to the public.

Strategy 2.4 In order to make accreditation a productive mechanism and to avoid regulatory duplicity, providers who have achieved accreditation from a deemed agency should be exempted from the state licensure and survey process during the period of accreditation.

Strategy 2.5 Statutory language should be added to the primary enabling authority allowing Oregon DHS to perform complaint inspections at an accredited Child Caring Agency. Additional types of surveys (abbreviated survey, compliance follow up) and the agency's authority to perform then should also be outlined in the enabling statute.

Recommendation #3: If Oregon DHS decides to employ a 'deemed status' process, they should consider partnering with (1) Council on Accreditation (COA); (2) Council on Accreditation for Rehabilitative Facilities (CARF) and/or (3) The Joint Commission (TJC).

Strategy 3.1: The above accrediting organizations possess standards consistent with Oregon's definition of Child Caring Agencies.

Strategy 3.2 Based on the unscientific comparison (of COA, CARF and TJC) performed by NARA, Oregon's Residential Care Agency rules most closely align with the standards from COA.

Strategy 3.3 Other bodies certainly can be considered once the deeming project has been fully implemented.

Recommendation #4: If Oregon decides to implement a deemed status process, it is recommended they analyze the following factors in making partnership decisions:

- The 'fit'-- how the state agency 'fits' with the accreditation agency and how the provider 'fits' with the accrediting body. while there is no best 'fit', for service providers, an exercise in aligning requirements should be used;
- The accreditors reputation with the receiving organizations values, vision and mission;
- Cost—fees vary and can definitely influence whether a provider can participate with a particular accreditation body; and
- Time required for providers to prepare for and achieve accreditation.

Recommendation #5: If Oregon pursues a deemed status process, a scientific crosswalk procedure similar to that used by CCAoA should be used to determine which body(s) would be fully vetted by Oregon. This process can also assist in determining equivalency in standards.

Strategy 5.1 Develop a working relationship with internal department statisticians, with colleges and universities within the state who have a research focus or contract with a regulatory group with the intent to identify the proper statistical analysis method.

Strategy 5.2 Consider developing a differential monitoring process, such as a modified Key Indicator Process so that high risk regulations can be properly identified. This can

be a critical component to establishing equivalency; it can also help formulate criteria for determining ‘good standing.’

Recommendation #6: To ensure consistency with regulatory remedies, including revocations, Oregon DHS should affirm agreement with its partnering agencies that when providers fall beneath the ‘gold’ standard, appropriate action will take place.

Recommendation #7: Oregon DHS should create a validation process which includes oversight procedures of the partnering agencies.

The criteria for determining whether an applicant Child Caring Agency is in good standing with national accreditation program, body or organization

Recommendation #1: If Oregon DHS decides to implement a deemed status process, they should consider determining good standing as:

- Strategy 1.1 Compliance with an agreed upon set of criteria between Oregon DHS and the respective accrediting body.
- Strategy 1.2 Compliance with identified high risk regulations.
 - Oregon should utilize a differential monitoring process, such as a modified Key Indicator Process so that high risk regulations can be properly identified.
- Strategy 1.3 Continuous compliance with state regulations and accreditation standards.
- Strategy 1.4 In addition to continuous compliance with accreditation standards, consideration of criteria such as:
 - Submission of the annual accreditation report of findings to Oregon DHS and completion of an annual maintenance of accreditation Report (MOA) required by most accreditation bodies;
 - Implementation of all accreditation report and state licensing requirements;
 - Self-reporting of critical incidents and significant changes;
 - Accreditation cycle monitoring processes;
 - Number of complaints received during the accreditation period; and
 - Payment of annual fee
- Strategy 1.5 Additional factors to consider:
 - The providers participation in an abbreviated survey—by either the state surveyors or the accreditation body during the accreditation period; and
 - the abbreviated survey should be performed at least once during the accreditation period and should be conducted unannounced.

Recommendation #2: In carrying out Recommendation #1, Oregon DHS should utilize processes that already exist from existing resources that have developed ‘gold standard’ regulations

Recommendation #3: If the provider is found out of compliance with these indicators, then actions should be taken against the accreditation and licensing statuses as good standing has not been achieved/maintained.

Legislation and budget requirements to implement a Deemed Status determination option for licensure, certification and authorization of Child Caring Agencies.

Recommendation #1: If it is decided to move toward a deemed status process, Oregon DHS will need to review enabling state statutes to determine the level of effort needed to pass legislation allowing for such program.

Strategy 1.1 Amend the existing statute as needed; or

Strategy 1.2 Create new legislation as needed to enact the program

Recommendation #2: Administrative Rules will need to be adjusted in accordance with any new legislation.

Recommendation #3: Stakeholder meetings should be arranged so that the public and Child Caring Agencies can understand the changes before them.

Recommendation #4: To ensure the success of a State Deeming Status program, Oregon DHS should seek reasonable fiscal appropriation. Such actions can include:

Strategy 4.1 Utilization of state general fund dollars after an appropriate legislative acquisition;

Strategy 4.2 Creation of a special revenue account resulting from initiating or increasing licensing fees; and/or

Strategy 4.3 Utilization of funds from other appropriate sources: tobacco use prevention funds, alcohol tax funds, civil and monetary program funds (CMP's), allocations from federal IV-E monies as determined appropriate; and

Strategy 4.4 Utilization of any and all other identified funds.

Recommendation #5: Oregon DHS should appropriate funds to assist (providers of) Child Caring Agencies in increasing compliance levels to enable them to achieve accreditation.

Attachment #1: HB2903

79th OREGON LEGISLATIVE ASSEMBLY--2017 Regular Session

Enrolled

House Bill 2903

Sponsored by Representatives OLSON, STARK, Senators PROZANSKI, GELSER, OLSEN; Representatives KENNEMER, NATHANSON, NOBLE, Senator MONNES ANDERSON

CHAPTER

AN ACT

Relating to child-caring agencies; creating new provisions; amending ORS 418.240 and section 38, chapter 106, Oregon Laws 2016; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 418.240, as amended by section 4, chapter 106, Oregon Laws 2016, is amended to read: 418.240. (1) All child-caring agencies shall obtain from the Department of Human Services a license, certificate or other authorization to provide care or services to children under ORS 418.205 to 418.327, 418.470, 418.475 or 418.950 to 418.970. The criteria for issuance, renewal, suspension or revocation of, or for placing conditions on, a license, certificate or authorization under this section must:

- (a) Be set forth in rules adopted by the department;
- (b) Include the full compliance requirements set forth in subsection (2) of this section; and (c) Include, but are not limited to, the following:
 - (A) The fitness of the child-caring agency.
 - (B) The employment of capable, trained or experienced staff that meet minimum staffing requirements.
 - (C) Sufficient financial backing to ensure effective operations.
 - (D) The probability of permanence in the child-caring agency.
 - (E) The care and services provided to the children served will be in their best interests and that of society.
 - (F) That the child-caring agency is or will be in compliance with the standards of care and treatment established in rules adopted by the department.

(2)(a) The department may not issue or renew a license, certificate or other authorization to a child-caring agency unless the department finds the agency is or will be in full compliance with all of the following:

- (A) The agency ensures child and family rights.
- (B) The agency complies with abuse reporting and investigation requirements.
- (C) The agency engages in and applies appropriate behavior management techniques.
- (D) The agency provides adequate furnishings and personal items for children.
- (E) The agency provides appropriate food services.
- (F) The agency ensures the safety of children.
- (G) The agency utilizes approved procedures and protocols for use of medications for children receiving care or services from the agency.
- (H) The agency or the agency's employees (H) or agents have not engaged in financial mismanagement.
- (I) The agency fully and timely corrects violations and maintains standards in accordance with any plan of correction imposed by the department.
- (J) The agency provides access as required under ORS 418.305 to a child or the agency's premises to the department or the department's employees, investigators, court appointed special advocates, attorneys for a child or other authorized persons or entities.

(b) The department may suspend, revoke or place conditions on a license, certificate or authorization of a child-caring agency if the department finds the agency is not in full compliance with any one or more of the full compliance requirements listed in paragraph (a) of this subsection.

(c) *[In the following circumstances]* The department *[may not issue, renew or place conditions on a license, certificate or authorization of a child-caring agency but]* must take immediate steps to suspend or revoke the license, certificate or other authorization of *[the]* a child-caring agency, if any of the following are found to exist:

(A) There has been the death of a child as a result of abuse or neglect on the part of the agency or any of the agency's employees or agents.

(B) There has been sexual or physical abuse or neglect of a child in the agency's care or custody that was known to the agency and the agency did not take immediate steps to report the abuse or neglect and to ensure the child's safety.

(C) The agency failed to cooperate fully with any local, state or federal regulatory entity's investigation of the agency or the agency's operations or employees.

(D) The agency failed to provide financial statements as required under ORS 418.255.

(d) If any of the circumstances described in paragraph (c) of this subsection exists, the department may immediately place conditions on the license, certificate or authorization of the child-caring agency prior to a hearing if, consistent with ORS 183.430, the department finds there is a serious danger to the public health or safety and sets forth specific reasons for such findings.

[(d)] **(e)** It is grounds to deny issuance or renewal, suspend, revoke or place conditions on a license, certificate or other authorization if the department becomes aware that a child-caring agency, or the owner or operator of the agency, has been found by other state or federal entities to have engaged in financial, civil or criminal misconduct.

(3)(a) If the Director of Human Services has taken action under subsection (2)(c) of this section to suspend or revoke a license, certificate or other authorization, the notice of intent to suspend or revoke may be rescinded if the director determines that the concerns regarding the health and safety of the children in the child-caring agency's care or custody have been ameliorated and any conditions placed on the license, certificate or other authorization of the child-caring agency have been resolved. A rescission under this subsection must be made by agreement between the Director of Human Services and the Director of the Oregon Youth Authority and, if the child-caring agency is licensed to provide medical or psychiatric services, with the additional agreement of the Director of the Oregon Health Authority in consultation with the medical director for such services within the authority.

(b) Fourteen days before rescinding a notice of intent to suspend or revoke, the Director of Human Services must provide written notice regarding the intent to rescind to the Governor. The notice of intent to rescind is a public record and open for inspection by any person without order of a court. The notice of intent to rescind must include the following information:

(A) The circumstances that led to the notice of intent to suspend or revoke;

(B) The actions taken by the child-caring agency, the Department of Human Services, the Attorney General, the Oregon Youth Authority and the Oregon Health Authority in response to the circumstances leading to the notice of intent to suspend or revoke;

(C) Any penalties, fees or charges made or levied against the child-caring agency; and

(D) A complete description of changes that were made at the child-caring agency and the reasons for the determination that the concerns regarding the health and safety of children in the child-caring agency's care or custody have been ameliorated or that any conditions placed on the license, certificate or other authorization of the child-caring agency have been resolved.

(c) In making a decision to rescind a notice of intent to suspend or revoke under this subsection, the decision must be based solely on the health and safety of the children served by the child-caring agency. System wide capacity of the child welfare system may not be considered as an element of the decision.

(d) For three years after a notice of intent to suspend or revoke is rescinded under this subsection, the child-caring agency must apply for a renewal of the child-caring agency's license, certificate or other authorization on an annual basis.

(e) The department must provide the following with copies of a notice of intent to rescind within five business days of issuing the notice:

(A) The Governor; and

(B) The committees of the Legislative Assembly relating to child welfare.

[(3)] **(4)** The department may **immediately** place conditions on any license, certificate or authorization issued under this section, including but not limited to placing full or partial restrictions on admission of children, temporary suspension, limitation of operations subject to an intent to revoke and limitation of operations subject to correction of violations as specified in a plan of correction imposed by the department. The department shall immediately notify any **state or governmental agency or unit that has a contract with the child-caring agency to provide care or services to a child, and the governing board, trustees, owners, managers, operators or other appropriate authorities**

responsible for the child-caring agency, of conditions placed by the department on the child-caring agency's license, certificate or authorization under this section.

[(4)] **(5)** If applicable, an applicant shall submit written proof of compliance with the notification requirements in ORS 336.575.

[(5)] **(6)** The department may not charge a fee for inspections leading to decisions regarding, and issuance of, licenses, certifications or authorizations under this section, but may impose fees to cover costs of related inspections done for the department by other governmental agencies.

[(6)] **(7) Except as provided in subsection (3) of this section**, a license, certificate or authorization issued by the department under this section shall be valid for a period of two years, unless suspended or revoked sooner by the department. However, the department at any time may require amendments to an existing license, certificate or authorization to accommodate changes in the factors upon which the issuance was based.

[(7)] **(8)** When a condition exists that seriously endangers or places at risk the health, safety or welfare of a child who is receiving care or services at a child-caring agency:

(a) The [Director of Human Services] **director** shall issue an interim emergency order without notice, or with reasonable notice under the circumstances, requiring the agency to correct the conditions and ensure the safety of children in the care of the agency. The interim emergency order shall remain in force until a final order, after a hearing, has been entered in accordance with ORS chapter 183.

(b) The director may commence an action to enjoin operation of a child-caring agency:

(A) If the agency is being operated without a valid license, certificate or other authorization issued under this section; or

(B) If the agency fails to comply with a plan of correction imposed by the department or to correct conditions not in conformity with standards as set out in an order issued under paragraph (a) of this subsection, within the time specified in the order.

[(8)] **(9)** If the director, the director's designee or the department becomes aware through any means that a child-caring agency, or an owner, operator or employee of a child-caring agency, is the subject of an investigation by another state agency, law enforcement agency or federal agency, the director or director's designee shall take immediate steps to cause an investigation to take place into the circumstances surrounding the investigation and whether there is a threat to a child, or whether a child is at risk, at the child-caring agency. Upon determination of the level of threat or risk to children at the agency, the director shall take appropriate steps to protect and ensure the health, safety and welfare of children as necessary under the circumstances. Failure to comply with the requirements of this subsection constitutes grounds for a charge of official misconduct in the second degree under ORS 162.405.

[(9)] **(10)** If the Department of Justice or Bureau of Labor and Industries commences an investigation of a child-caring agency or an owner, operator or employee of a child-caring agency, the Department of Justice or Bureau of Labor and Industries shall notify, inform and regularly update the director, the director's designee or such other personnel in the Department of Human Services designated to receive such information regarding the investigation. The director and the department shall immediately undertake the responsive action required by subsection [(8)] **(9)** of this section upon receiving such notification. Interference with, discouragement of or impediment to the receipt of the notification, information and updates required under this subsection constitutes official misconduct in the second degree under ORS 162.405.

[(10)] **(11)** The Department of Human Services shall adopt rules to implement the provisions of this section.

SECTION 2. ORS 418.240, as amended by section 4, chapter 106, Oregon Laws 2016, and section 1 of this 2017 Act, is amended to read:

418.240. (1) All child-caring agencies shall obtain from the Department of Human Services a license, certificate or other authorization to provide care or services to children under ORS 418.205 to 418.327, 418.470, 418.475 or 418.950 to 418.970. The criteria for issuance, renewal, suspension or revocation of, or for placing conditions on, a license, certificate or authorization under this section must:

(a) Be set forth in rules adopted by the department;

(b) Include the full compliance requirements set forth in subsection (2) of this section; and (c) Include, but are not limited to, the following:

(A) The fitness of the child-caring agency.

(B) The employment of capable, trained or experienced staff that meet minimum staffing requirements.

(C) Sufficient financial backing to ensure effective operations.

(D) The probability of permanence in the child-caring agency.

(E) The care and services provided to the children served will be in their best interests and that of society.

(F) That the child-caring agency is or will be in compliance with the standards of care and treatment established in rules adopted by the department.

(2)(a) The department may not issue or renew a license, certificate or other authorization to a child-caring agency unless the department finds the agency is or will be in full compliance with all of the following:

(A) The agency ensures child and family rights.

(B) The agency complies with abuse reporting and investigation requirements.

(C) The agency engages in and applies appropriate behavior management techniques.

(D) The agency provides adequate furnishings and personal items for children.

- (E) The agency provides appropriate food services.
- (F) The agency ensures the safety of children.
- (G) The agency utilizes approved procedures and protocols for use of medications for children receiving care or services from the agency.
- (H) The agency or the agency's employees or agents have not engaged in financial mismanagement.
- (I) The agency fully and timely corrects violations and maintains standards in accordance with any plan of correction imposed by the department.
- (J) The agency provides access as required under ORS 418.305 to a child or the agency's premises to the department or the department's employees, investigators, court appointed special advocates, attorneys for a child or other authorized persons or entities.

(b) The department may suspend, revoke or place conditions on a license, certificate or authorization of a child-caring agency if the department finds the agency is not in full compliance with any one or more of the full compliance requirements listed in paragraph (a) of this subsection.

(c) The department must take immediate steps to suspend or revoke the license, certificate or other authorization of a child-caring agency, if any of the following are found to exist:

(A) There has been the death of a child as a result of abuse or neglect on the part of the agency or any of the agency's employees or agents.

(B) There has been sexual or physical abuse or neglect of a child in the agency's care or custody that was known to the agency and the agency did not take immediate steps to report the abuse or neglect and to ensure the child's safety.

(C) The agency failed to cooperate fully with any local, state or federal regulatory entity's investigation of the agency or the agency's operations or employees.

(D) The agency failed to provide financial statements as required under ORS 418.255.

(d) If any of the circumstances described in paragraph (c) of this subsection exists, the department may immediately place conditions on the license, certificate or authorization of the child caring agency prior to a hearing if, consistent with ORS 183.430, the department finds there is a serious danger to the public health or safety and sets forth specific reasons for such findings.

(e) It is grounds to deny issuance or renewal, suspend, revoke or place conditions on a license, certificate or other authorization if the department becomes aware that a child-caring agency, or the owner or operator of the agency, has been found by other state or federal entities to have engaged in financial, civil or criminal misconduct.

(3)(a) If the Director of Human Services has taken action under subsection (2)(c) of this section to suspend or revoke a license, certificate or other authorization, the notice of intent to suspend or revoke may be rescinded if the director determines that the concerns regarding the health and safety of the children in the child-caring agency's care or custody have been ameliorated and any conditions placed on the license, certificate or other authorization of the child-caring agency have been resolved. *[A rescission under this subsection must be made by agreement between the Director of Human Services and the Director of the Oregon Youth Authority and, if the child-caring agency is licensed to provide medical or psychiatric services, with the additional agreement of the Director of the Oregon Health Authority in consultation with the medical director for such services within the authority.]*

(b) Fourteen days before rescinding a notice of intent to suspend or revoke, the Director of Human Services must provide written notice regarding the intent to rescind to the Governor. The notice of intent to rescind is a public record and open for inspection by any person without order of a court. The notice of intent to rescind must include the following information:

(A) The circumstances that led to the notice of intent to suspend or revoke;

(B) The actions taken by the child-caring agency, the Department of Human Services, the Attorney General, the Oregon Youth Authority and the Oregon Health Authority in response to the circumstances leading to the notice of intent to suspend or revoke;

(C) Any penalties, fees or charges made or levied against the child-caring agency; and

(D) A complete description of changes that were made at the child-caring agency and the reasons for the determination that the concerns regarding the health and safety of children in the child-caring agency's care or custody have been ameliorated or that any conditions placed on the license, certificate or other authorization of the child-caring agency have been resolved.

(c) In making a decision to rescind a notice of intent to suspend or revoke under this subsection, the decision must be based solely on the health and safety of the children served by the child-caring agency. System wide capacity of the child welfare system may not be considered as an element of the decision.

(d) For three years after a notice of intent to suspend or revoke is rescinded under this subsection, the child-caring agency must apply for a renewal of the child-caring agency's license, certificate or other authorization on an annual basis.

(c) The department must provide the following with copies of a notice of intent to rescind within five business days of issuing the notice:

(A) The Governor; and

(B) The committees of the Legislative Assembly relating to child welfare.

(4) The department may immediately place conditions on any license, certificate or authorization issued under this section, including but not limited to placing full or partial restrictions on admission of children, temporary suspension, limitation of operations subject to an intent to revoke and limitation of operations subject to correction of violations as specified in a plan of correction imposed by the department. The department shall immediately notify any state or governmental agency or unit that has a contract with the child-caring agency to provide care or services to a child, and the governing board, trustees, owners, managers, operators or other appropriate authorities responsible for the child-caring agency, of conditions placed by the department on the child-caring agency's license, certificate or authorization under this section.

(5) If applicable, an applicant shall submit written proof of compliance with the notification requirements in ORS 336.575.

(6) The department may not charge a fee for inspections leading to decisions regarding, and issuance of, licenses, certifications or authorizations under this section, but may impose fees to cover costs of related inspections done for the department by other governmental agencies.

(7) Except as provided in subsection (3) of this section, a license, certificate or authorization issued by the department under this section shall be valid for a period of two years, unless suspended or revoked sooner by the department. However, the department at any time may require amendments to an existing license, certificate or authorization to accommodate changes in the factors upon which the issuance was based.

(8) When a condition exists that seriously endangers or places at risk the health, safety or welfare of a child who is receiving care or services at a child-caring agency:

(a) The director shall issue an interim emergency order without notice, or with reasonable notice under the circumstances, requiring the agency to correct the conditions and ensure the safety of children in the care of the agency. The interim emergency order shall remain in force until a final order, after a hearing, has been entered in accordance with ORS chapter 183.

(b) The director may commence an action to enjoin operation of a child-caring agency:

(A) If the agency is being operated without a valid license, certificate or other authorization issued under this section; or

(B) If the agency fails to comply with a plan of correction imposed by the department or to correct conditions not in conformity with standards as set out in an order issued under paragraph (a) of this subsection, within the time specified in the order.

(9) If the director, the director's designee or the department becomes aware through any means that a child-caring agency, or an owner, operator or employee of a child-caring agency, is the subject of an investigation by another state agency, law enforcement agency or federal agency, the director or director's designee shall take immediate steps to cause an investigation to take place into the circumstances surrounding the investigation and whether there is a threat to a child, or whether a child is at risk, at the child-caring agency. Upon determination of the level of threat or risk to children at the agency, the director shall take appropriate steps to protect and ensure the health, safety and welfare of children as necessary under the circumstances. Failure to comply with the requirements of this subsection constitutes grounds for a charge of official misconduct in the second degree under ORS 162.405.

(10) If the Department of Justice or Bureau of Labor and Industries commences an investigation of a child-caring agency or an owner, operator or employee of a child-caring agency, the Department of Justice or Bureau of Labor and Industries shall notify, inform and regularly update the director, the director's designee or such other personnel in the Department of Human Services designated to receive such information regarding the investigation. The director and the department shall immediately undertake the responsive action required by subsection (9) of this section upon receiving such notification. Interference with, discouragement of or impediment to the receipt of the notification, information and updates required under this subsection constitutes official misconduct in the second degree under ORS 162.405.

(11) The Department of Human Services shall adopt rules to implement the provisions of this section.

SECTION 3. The amendments to ORS 418.240 by section 2 of this 2017 Act become operative on January 1, 2021.

SECTION 4. Section 38, chapter 106, Oregon Laws 2016, is amended to read:

Sec. 38. (1) The investigation conducted by the Department of Human Services under section 37, **chapter 106, Oregon Laws 2016**, [of this 2016 Act] must result in one of the following findings:

(a) That the report is substantiated. A report is substantiated when there is reasonable cause to believe that the abuse of a child in care occurred.

(b) That the report is unsubstantiated. A report is unsubstantiated when there is no evidence that the abuse of a child in care occurred.

(c) That the report is inconclusive. A report is inconclusive when there is some indication that the abuse occurred but there is insufficient evidence to conclude that there is reasonable cause to believe that the abuse occurred.

(2) When a report is received under section 37, **chapter 106, Oregon Laws 2016**, [of this 2016 Act] alleging that a child in care may have been subjected to abuse, the department shall notify the attorney for the child, the child's court appointed special advocate, the parents or guardians of the child, any attorney representing a parent or guardian of the child and any governmental agency or unit that has a contract with the child-caring agency to provide care or services to the child that a report has been received.

(3) The department may interview the child in care who is the subject of suspected abuse and witnesses without the presence of child-caring agency or proctor foster home employees or department personnel. The department shall inform the child in care that the child may have the child's parent or guardian, if the child has not been committed to the custody of the department or the Oregon Youth Authority, or attorney present when participating in an interview conducted in the course of an abuse investigation.

(4) The department shall notify the following when a report of abuse is substantiated: (a) The Director of Human Services.

(b) Personnel in the department responsible for the licensing, certificate or authorization of child-caring agencies.

(c) The department's lead personnel in that part of the department that is responsible for child welfare generally.

(d) With respect to the child in care who is the subject of the abuse report and investigation:

(A) Case managers for the child in care;

(B) The court appointed special advocate, if any, for the child in care; and (C) The attorney for the child in care, if any.

(e) The parents or guardians of the child in care who is the subject of the abuse report and investigation if the child in care has not been committed to the custody of the department or the youth authority. Notification under this paragraph may not include any details or information other than that a report of abuse has been substantiated.

(f) The parents or guardians of each child in care that is residing, or receiving care or services, at the child-caring agency or proctor foster home that is the subject of the report and investigation, if the child in care has not been committed to the custody of the department or the youth authority. Notification under this paragraph may not include any details or information other than that a report of abuse has been substantiated.

(g) Any governmental agency or unit that has a contract with the child-caring agency to provide care or services to a child in care.

(5) The department shall report on a quarterly basis to the interim legislative committees on child welfare for the purposes of public review and oversight of the quality and safety of child-caring agencies that are licensed, certified or authorized by the department in this state and of proctor foster homes that are certified by the child-caring agencies. Information provided in reports under this subsection may not contain the name or any identifying information of a child in care but must contain all of the following:

(a) The name of any child-caring agency or proctor foster home where the department conducted an investigation pursuant to section 37, **chapter 106, Oregon Laws 2016**, [of this 2016 Act] that resulted in a finding that the report of abuse was substantiated during that quarter;

(b) The approximate date that the abuse occurred;

(c) The nature of the abuse and a brief narrative description of the abuse that occurred;

(d) Whether physical injury, sexual abuse or death resulted from the abuse; and

(e) Corrective actions taken or ordered by the department and the outcome of the corrective actions.

(6) In compiling records, reports and other information during an investigation under section 37 (1), chapter 106, Oregon Laws 2016, and in issuing findings, letters of concern or reprimands, the Director of Human Services or the director's designee and the department may not refer to the employee, person or entity that is the subject of the investigation as an "alleged perpetrator" but must refer to the employee, person or entity as the "respondent."

SECTION 5. (1) No later than September 15, 2018, the Department of Human Services shall submit a report to the interim legislative committees on child welfare regarding the establishment of a "deemed status" determination that a child-caring agency has met some or all of the criteria or the full compliance requirements listed in ORS 418.240. The "deemed status" determination will apply when a child-caring agency has been accredited and is in good standing with a national accrediting program, body or organization approved by the department.

(2) The report shall include:

(a) Recommendations for the process of and requirements for establishing a "deemed status" determination in the issuance of licenses, certifications and other authorizations to child-caring agency applicants.

(b) Information about available accreditation programs, bodies or organizations, membership in which would qualify a child-caring agency for a "deemed status" determination.

(c) Recommendations regarding the criteria for determining whether an applicant child caring agency is in good standing with a national accrediting program, body or organization.

(d) Information about the potential impact that a “deemed status” determination would have on children’s safety and well-being in this state.

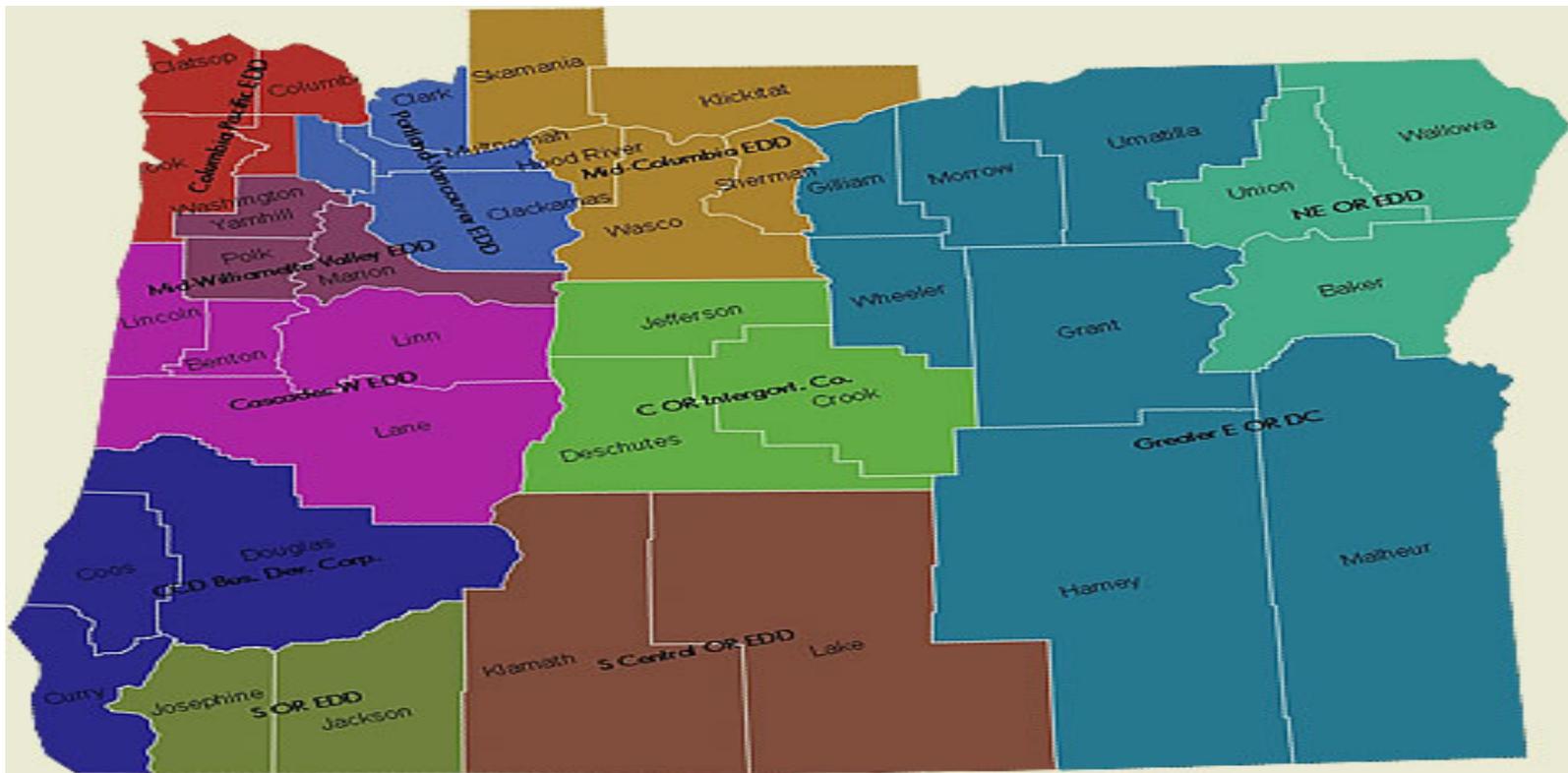
(e) Information about how other states have implemented similar “deemed status” determinations and the consequences of such implementation.

(f) Recommendations for necessary legislation and budget requirements to implement a “deemed status” determination option for licensure, certification and authorization of child caring agencies.

SECTION 6. Section 5 of this 2017 Act is repealed on January 2, 2019.

SECTION 7. This 2017 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect on its passage.

Attachment #2: Regulatory Crosswalk



Commission on Accreditation of Rehabilitation Facilities (CARF)

www.carf.org

Governance	Oregon Requirement Meet or Exceed	CARF Comparable Standard (with standard explanation)
413-215-0021 Section 2 & 4	CARF standards exceed ORE 413-215-0021	
<p>(2) <u>Responsibilities of the governing board.</u> The governing board of a child-caring agency must have all of the following responsibilities:</p> <p>(a) To provide leadership for the child-caring agency.</p> <p>(b) To be responsible for establishing the child-caring agency's by-laws and policies, to monitor the agency's programs consistent with its policies and mission, and to guide program development.</p> <p>(c) To adopt by-laws that provide a basic structure for the operation of the programs of the child-caring agency.</p> <p>(d) To develop by-laws for selection and rotation of its members.</p> <p>(e) To ensure the employment of a qualified executive director and to delegate appropriate responsibility to that individual for the administration, management, and operation of the child-caring agency, including the employment of all childcaring agency staff and the authority to dismiss any staff member.</p> <p>(f) To formally evaluate the executive director's performance annually and keep a copy of the evaluation signed by the board chair in the executive director's personnel file.</p> <p>(g) To approve the annual budget of anticipated income and expenditures necessary to provide the services described in its program description.</p> <p>(h) To review an annual report of actual income and expenditures.</p> <p>(i) To obtain and review an annual independent financial review or audit of financial records when required by these rules or requested by the Department.</p> <p>(j) To establish and ensure compliance with personnel practices for the selection and retention of staff sufficient to operate the child-caring agency.</p> <p>(k) To ensure a written quality improvement program that identifies systematic efforts to improve its services.</p> <p>(L) To keep permanent records of meetings and deliberations on major decisions affecting the delivery of services.</p> <p>(4) <u>The executive or program director must be responsible for all of the following:</u></p> <p>(a) The daily operation and maintenance of the child-caring agency and its facilities in compliance with the rules in OAR chapter 413, division 215 and the established program budget.</p> <p>(b) Administration of policies and procedures to ensure clear definition of staff roles and responsibilities, lines of authority, and equitable workloads that ensure safe and protective care, supervision, and treatment of the children served by the childcaring agency.</p> <p>(c) Ensuring that only individuals whose presence does not jeopardize the health, safety, or welfare of the children in care served by the child-caring agency are employed or used as volunteers.</p> <p>(d) Recruiting, employing, supervising, training, or arranging for these activities. (e) Reporting to the governing board on the operation of the child-caring agency.</p> <p>(f) Providing for appropriate staff to assume the executive or program director's responsibility for the operation and maintenance of the child-caring agency whenever the executive or program director is absent from the child-caring agency.</p> <p>(g) Terminating from employment any staff member who is unsuitable or who performs in an unsatisfactory manner.</p> <p>(h) Complying with all laws, and ensuring that all child-caring agency employees, contractors, and agents comply with all laws, including mandatory child abuse reporting laws.</p> <p>(i) Ensuring that the child-caring agency, including its employees, contractors, and agents, complies with all licensing rules and regulations and internal policies and procedures of the child-caring agency.</p>		<p>Governance: Standard 1B, 1-7</p> <p>:</p> <p>The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.</p> <p>Financial Management and Planning Standard 1F 1-10</p> <p>CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost</p>

			<p>management and incorporates plans for long-term solvency.</p> <p>Performance Measurement and Management Standard M CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.</p> <p>Health and safety issues Standard H CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.</p> <p>Workforce Development and Management Standard I CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization’s ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.</p>
Financial Mgmt 431-215-0026	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
(1)Budget. A child-caring agency must operate under an annual line-item budget, showing planned expenditures and sources of income, which has been approved by the governing board as the plan for management of its funds, and provide a copy to the Department as required by OAR 413-215-0081 and upon request. (2) Funding. The annual budget of a licensee must document that the licensee has sufficient funds to meet the requirements of licensure, to operate the programs the licensee is licensed to operate, and to provide the services the licensee has stated the child-caring agency will provide. (3) Fiscal accountability.			Financial Management and Planning Standard 1F 1-10 CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting

<p>(a) A child-caring agency must maintain complete and accurate accounts, books, and records following generally accepted principles of accounting. A child-caring agency must provide to the Department current internal financial statements, general ledgers, bank statements, and any other financial records as required in OAR 413-215-0081 and upon request.</p> <p>(b) The Department may conduct an audit, including a forensic audit, of any childcaring agency to determine compliance with applicable laws and administrative rules. An audit under this subsection shall be at the expense of the Department.</p> <p>(4) A child-caring agency that is a nonprofit corporation must comply with the requirements of ORS 128.610 to 128.769.</p> <p>(5) Insurance. A child-caring agency must at all times maintain each of the following: (a) General liability insurance in an amount that is reasonably related to the exposure to risk, but in no case in an amount less than \$1,000,000 for each occurrence and \$3,000,000 aggregate.</p> <p>(b) Adequate fire insurance.</p> <p>(c) Adequate auto insurance if the child-caring agency owns or operates a vehicle.</p>		<p>principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.</p> <p>Risk Management Standard 1G 1-4 CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.</p>	
Respect of Chldrn in Care	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0031		Standards are consistent with one another	
<p>A child-caring agency must respect the race, spiritual beliefs, sexual orientation, gender identity and gender expression, disabilities, national origin, and cultural identities of a child in care, and provide opportunities to enhance the positive self-concept and understanding of the child in care. The child-caring agency must ensure that written materials are made available in other languages as necessary, or as indicated by the demographic environment or the population served by the program</p>		<p>Rights of Persons Served Section 1.K CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and Ongoing interactions with the persons served.</p> <p>Accessibility Section 1.L. CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.</p> <p>A Program Service and Structure Section 2 Standards (17) and (33) For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate</p>	

			<p>the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care. The guiding principles include: ■ Child/youth and family driven services. ■ Promotion of resiliency. ■ Cultural and linguistic competence. ■ Strengths-based approach. ■ Focus on whole person in context of family and community. ■ Trauma-informed, where applicable.</p> <p>Screening and Access to Services Section 2, B Standard (12) and (24) The process of screening and assessment is designed to determine a person’s eligibility for services and the organization’s ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization’s programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person’s strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, the person’s family or significant others, and external sources.</p>
<p>Children and Family Rights Policy and Griev. Procedures 413-215-0046</p>	<p>Oregon Requirement</p>	<p>Meet or exceed</p>	<p>CARF Comparable Standard(with standard explanation)</p>
<p>(1) <u>Rights of children in care</u> and families served by the child-caring agency. A child-caring agency must guarantee the rights of children in care and the families the child-caring agency serves. A child-caring agency must enact and adhere to a policy ensuring those rights. A written copy must be distributed to all children in care and families served by the child-caring agency, and afford the following rights: (a) Except as provided in paragraph (B) of this subsection, the child in care's right to uncensored communication with legal guardians, caseworkers, legal representatives, and other persons approved for communication by the legal guardian or as provided in a court order. (A) This right cannot be waived, including voluntarily. Restriction on communication between a child in care and his or her legal guardian may not be a condition of participation in the program.</p>		<p>Standard is consistent</p>	<p>Rights of Persons Served Standard K CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and General Program Standards/Program/Service Structure Section 2 Standard A #32-34</p>

(B) A child-caring agency may place reasonable limits on communication, but only as provided in the child-caring agency's policy. Reasonable limits include, but are not limited to, having set time periods during the day for visitation and phone calls and imposing moderate limits on the duration of calls or visits. However, a limitation is not considered reasonable if it prevents the ability to meaningfully communicate, such as not allowing contact with a child in care's attorney during regular business hours.

(b) The child in care's right to privacy.

(c) The child in care's right to participate in service planning or educational program planning.

(d) The child in care's right to fair and equitable treatment.

(e) The child in care's right to file a grievance (as provided in section (2) of this rule) if the child in care or family feels that they are treated unfairly or if they are not in agreement with the services provided.

(f) The child in care's right to have adequate and personally exclusive clothing.

(g) The child in care's right to personal belongings.

(h) The child in care's right to an appropriate education.

(i) The child in care's right to participate in recreation and leisure activities.

(j) The child in care's right to have timely access to physical and behavioral health care services.

(2) **Grievance Procedures.** (a) A child-caring agency must enact and adhere to written procedures for the children in care and families the child-caring agency serves to submit a grievance. For an academic boarding school, this subsection only applies to grievances about health or safety issues. The child-caring agency must provide the procedures to each child in care and family. The procedures must include all of the following:

(A) A process likely to result in a fair and expeditious resolution of a grievance.

(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.

(D) The name, address, and phone number of:

(i) A Department licensing coordinator; and

(ii) Any other governmental entities with oversight responsibilities.

(b) Grievances and complaints filed with the child-caring agency and all information obtained in their resolution must be maintained for a minimum of two years and provided to the Department upon request.

(3) A child-caring agency serving children in care who are also in the care or custody of the Department must:

(a) Post and adhere to the Oregon Foster Children's Bill of Rights in accordance with the requirements of OAR 413-010-0180 and comply with ORS 418.200 to 418.202; and

(b) Have and adhere to a process for children in care in Department care or custody to make complaints consistent with ORS 418.201(1). (c) Comply with the Oregon Foster Children's Sibling Bill of Rights in accordance with the requirements of OAR 413-010-0180 and comply with ORS 418.607.

For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care. The guiding principles include: ■ Child/youth and family driven services. ■ Promotion of resiliency. ■ Cultural and linguistic competence. ■ Strengths-based approach. ■ Focus on whole person in context of family and community. ■ Trauma-informed, where applicable

Screening and Access to Services
Standard 2B (8)

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, the person's family or significant others, and external sources.

Standard 4.E 9

Section 1, K Rights of Persons Served (3)

CARF-accredited organizations protect and promote the rights of all persons served. This

			commitment guides the delivery of services and Ongoing interactions with the persons served. *Review comment: there is no specification within the standard referring to (2)(C).
Personnel	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0061		See comments*	
<p>(1) Staff requirements and hiring. To ensure that the child-caring agency uses only staff and volunteers who do not jeopardize the health, safety, or welfare of children, a child-caring agency and its contractors must meet all of the following requirements:</p> <p>(a) Comply with the Department's background check rules at OAR 407-007-0200 to 407-007-0370.</p> <p>(b) Obtain reference checks.</p> <p>(c) Employ individuals who meet the staff minimum qualifications as stated in the current job description.</p> <p>(2) Personnel policies of the child-caring agency and its contractors must include all of the following:</p> <p>(a) For each staff position, a job title and a written job description that defines the qualifications, duties, and lines of authority for the position.</p> <p>(b) A staff development plan providing for opportunities for professional growth through supervision, training, and experience.</p> <p>(c) Procedures for a written annual evaluation of the work and performance of each staff member that include provision for employee participation in the evaluation process.</p> <p>(d) A description of the termination procedures established for resignation, retirement, and dismissal.</p> <p>(e) A written grievance procedure for staff.</p> <p>(3) <u>Personnel Files</u>. The child-caring agency and its contractors must have a personnel file for each employee that is maintained for a minimum of two years after the termination date of each employee and includes all of the following:</p> <p>(a) A record of education, training, and previous employment.</p> <p>(b) Documentation of reference checks.</p> <p>(c) Documentation that a background check was completed as required in OAR 407- 007-0200 to 407-007-0370. (d) Annual performance evaluations.</p> <p>(e) Ongoing record of training received.</p> <p>(f) Records of personnel actions.</p> <p>(g) Starting and termination dates, and reason for termination.</p> <p>(h) A current job description.</p> <p>(4) <u>Staff orientation</u>. A child-caring agency must provide training to each newly hired employee within 30 days of employment on all of the following subjects:</p> <p>(a) Child-caring agency policies and procedures.</p> <p>(b) Ethical and professional guidelines.</p> <p>(c) Suicide prevention and intervention.</p> <p>(d) Attributes of population served.</p> <p>(e) Child-abuse reporting laws and requirements including the definitions of abuse that apply specifically to a child in care.</p> <p>(f) Privacy laws.</p> <p>(g) Emergency procedures.</p> <p>(5) <u>Child abuse reporting training</u>: A child-caring agency must provide training and written materials on mandatory child abuse reporting responsibilities to all employees and, if applicable, proctor foster parents as part of initial orientation and annually thereafter. The training must include written instruction on the following:</p>			<p>Health and Safety Section 1 Standard H CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders. Standard H (4)</p> <p>Workforce Development and Management Section 1 Standard I (3)-(7) and (10) CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.</p> <p>Section 2, General Program Standards Program Service/Structure For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the</p>

	<p>(a) The definitions of child abuse in ORS 418.257 and 419B.005 that apply in childcaring agencies;</p> <p>(b) The legal responsibility to immediately report suspected child abuse or neglect by calling the appropriate child abuse reporting hotline; and</p> <p>(c) The legal responsibility to report child abuse is personal to the employee and, if applicable, the approved proctor foster parent and is not fulfilled by reporting the child abuse or neglect to the owner, operator, or any other employee of the childcaring agency even if the owner, operator, or other employee reports the child abuse to the Department.</p> <p>(6) Contractor-related requirements.</p> <p>(a) If a child-caring agency contracts with other private providers or individuals in lieu of or in addition to hiring permanent employees, the child-caring agency must ensure that the contractor meets the applicable requirements of this rule and the LICENSING UMBRELLA RULES 413-215-0001 to 413-215-0136 24 rules in OAR chapter 413, division 215 specific to the type of service the contractor provides.</p> <p>(b) If the child-caring agency contracts to provide any of its services:</p> <p>(A) The child-caring agency must ensure the contractor has a process to screen its employees for professional conduct and sufficient methods for holding its employees accountable.</p> <p>(B) The contract between the child-caring agency and contractor must specify all of the following:</p> <p>(i) The services the contractor provides.</p> <p>(ii) The contractor's fees.</p> <p>(iii) Disclosure of information from the contractor to the agency.</p> <p>(iv) Lines of authority between the contractor and the child-caring agency and among employees of the contractor in connection with the provision of services.</p> <p>(v) Adherence to applicable Department rules and requirements, including, but not limited to the background check rules in OAR 407-007-0200 to 407-007-0370.</p> <p>(vi) Any liability of the child-caring agency for acts of the contractor, any rights of indemnity, and any limitations on liability of the child-caring agency or contractor.</p>		<p>organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care. The guiding principles include: ■ Child/youth and family driven services. ■ Promotion of resiliency. ■ Cultural and linguistic competence. ■ Strengths-based approach. ■ Focus on whole person in context of family and community. ■ Trauma-informed, where applicable</p> <p>_____</p> <p>*Review comment: With the exception of child abuse reporting, all elements of this standard are fully contained in the above mentioned standards.</p> <p>CARF requirements for staff, simply relate to all persons providing care, therefore contractors would be included in these specifications.</p>
<p>Discipline, Behavior Mgmt and Suicide Prev.</p> <p>413-215-0076</p>	<p>Oregon Requirement</p>	<p>Meet or exceed</p> <p>CARF Standard exceeds Ore standard</p>	<p>CARF Comparable Standard(with standard explanation)</p>
	<p>(l) A child-caring agency, except a child-caring agency licensed only to provide adoption services under OAR 413-215-0401 to 413-215-0481, must adopt and adhere to written policies and procedures on discipline, behavior management, and suicide prevention that meet all of the requirements of this rule.</p> <p>(a) Copies of the policies and procedures must be provided to the Department as provided in OAR 413-215-0081 and any time policies are adopted or amended.</p> <p>(b) The discipline and behavior management policies and procedures must prohibit the following:</p> <p>(A) Spanking, hitting, or striking with an instrument.</p> <p>(B) Committing an act designed to humiliate, ridicule, or degrade a child in care or undermine the self-respect of a child in care.</p> <p>(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.</p> <p>(D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact.</p> <p>(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.</p>		<p>Section 2 Promotion of non-violent practices Standard F</p> <p>CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:</p> <p>■ Engagement.</p>

(F) Using physical restraint (see paragraph (3)(d)(A) of this rule) or 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.

(2) **Discipline Policy.** A child-caring agency must incorporate into the program's care-giving practices positive nonpunitive discipline and ways of helping a child in care build positive personal relationships, self-control, and self-esteem.

(3) **Behavior Management.**

(a) The behavior management policy of the child-caring agency must identify appropriate and positive methods of behavior management based on a child's needs, developmental level, and behavior.

(b) The policies must include a description of the model, program, or techniques used and its use of each of the following:

(A) Nonviolent crisis intervention. For purposes of this rule, "nonviolent crisis intervention" means a nationally recognized, holistic system for defusing escalating behavior and safely managing physically aggressive behavior. The agency's choice of a "nonviolent crisis-intervention system" must be conveyed to and approved by the Department.

(B) Use of time out, if applicable.

(C) Use of restraints, if applicable.

(i) Chemical restraint, meaning the administration of medication for the management of uncontrolled behavior, is prohibited. Chemical restraint is different from the use of medication for treatment of symptoms of severe emotional disturbances or disorders.

(ii) Mechanical restraint, meaning the use of any physical device to involuntarily restrain the movement of a child in care as a means of controlling his or her physical activities, is prohibited.

(D) Use of seclusion, if applicable.

(c) Time out.

(A) For the purpose of this rule, "time out" means restricting a child in care to a designated area for a period of time to give the child in care an opportunity to regain self-control.

(B) "Time out" must include frequent contact with staff.

(C) Rooms used for "time out" must have adequate space, temperature, light, and ventilation, and must not be capable of locking.

(D) "Time out" episodes must be documented in the child in care's record.

(d) Physical restraint.

(A) For the purposes of this rule, "physical restraint" means the act of restricting a child in care's voluntary movement to manage and protect the child in care or others from injury when no alternate actions are sufficient to manage the child in care's behavior. "Physical restraint" does not include temporarily holding a child in care in an emergency to assist him or her or assure his or her safety, such as preventing a child in care from running onto a busy street.

(B) Only child-caring agency staff and proctor foster parents who have been trained in a nationally recognized nonviolent crisis-intervention system may use physical restraint and only when physical restraint is necessary as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained.

(C) The child-caring agency must report each use of physical restraint on a child in care to the child in care's parent or legal guardian, caseworker, or probation officer within five working days, and must document the notification in the child in care's case file.

(D) Any use of physical restraint by a staff member or proctor foster parent of the child-caring agency, if the member is not trained in a nationally recognized nonviolent crisis intervention system, must also be reported to a Department licensing coordinator within one working day of occurrence.

- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self-direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports. Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal. Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied. Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary

(E) Limitations. The child-caring agency must have a policy that prohibits the application of a nonviolent physical restraint to a child in care who has a documented physical condition that would contraindicate the use of that particular restraint, unless a qualified medical professional has previously and specifically authorized its use in writing for that child in care. Documentation of the authorization must be maintained in the child in care's record. (F) Physical Restraint Documentation. The policies of the child-caring agency must require a report on an incident report form of behavior that required the use of physical restraint. The report must include the specific attempts to de-escalate the situation before using physical restraint and the length of time the physical restraint was applied. The report must include the time the restraint started and the time it was terminated, the debriefing completed with the staff and child in care involved in the physical restraint, and documentation of a review by the executive director, program director, or designee.

(G) Review. The policies of the child-caring agency must require that whenever a physical restraint is used on a child in care more than two times in seven days, there is a review by the executive director, the director's designee, or a management team to determine the suitability of the program for the child in care, whether modifications to the child in care's plan are warranted, and whether staff need additional training in alternative therapeutic behavior management techniques. The child-caring agency must take appropriate action indicated by the review.

(e) Seclusion.

(A) For the purposes of this rule, "seclusion" means that a child in care is involuntarily confined to an area or room and is physically prevented from leaving.

(B) Rooms used for seclusion must have adequate space, temperature, light, and ventilation.

(C) Seclusion may only be used to ensure the safety of the resident or others during an emergency safety situation. (D) Episodes of seclusion are limited to two hours for children in care age nine and older and one hour for children in care under the age of nine.

(E) Visual monitoring of a child in care in seclusion must occur and be documented at least every 15 minutes.

(F) Each incident of seclusion must be documented in the child in care's clinical record and must include the clinical justification for its use.

(G) If incidents of seclusion used with an individual child in care cumulatively exceed five hours in five days, or a single episode of more than two hours for children in care age nine and older or more than one hour for children in care under age nine, the executive director or designee must review the case with those with clinical leadership responsibilities to evaluate the child in care's plan of care and make necessary adjustments.

(f) If the child-caring agency utilizes seclusion and restraint as part of its behavior management practices, its use of seclusion and restraint must be in compliance with all applicable federal and state regulations and rules.

(4) Suicide Prevention. The policy must include the following:

(a) How the child-caring agency will respond in the event a child in care exhibits self-injurious, self-harm, or suicidal behavior;

(b) Warning signs of suicide;

(c) Emergency protocol and contacts;

(d) Training requirements for staff, including suicide prevention training and suicide risk assessment tool training; (e) Procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions;

(f) Suicide risk assessment procedures on the day of intake;

(g) Documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff;

(h) A process for tracking suicide behavioral patterns; and (i) A "post-intervention" plan with identified resources.

emergency administration of medication as an immediate response to a dangerous behavior. Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Section 2

Standard A 16 (c) -7

A fundamental responsibility of the organization

is to provide a comprehensive program structure.

The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided. The organization, where appropriate, provides information to the child/youth served and in collaboration with the parent(s) and/or legal representative.

Standard B Access to Services

(12)

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, the person's family or significant others, and external sources.

Section 4 Core Residential Program Standards Standard E (3)

			Review Comment: both standards are strong in this area, however, the CARF standard includes more detail as well as a requirement to perform a critical incident debrief for <i>every</i> seclusion event.
Safety	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0079		Meet	
<p>To ensure the safety of children in care and employees, a child-caring agency must have and adhere to written policies and procedures that comply with the safety requirements in this rule.</p> <p>(1) <u>Transportation</u>. If a child-caring agency transports children in care in a vehicle, the agency must have policies and procedures that address all of the following:</p> <p>(a) Driver requirements.</p> <p>(A) Each employee transporting a child in care in a motor vehicle must have a current driver license on record with the child-caring agency and must comply with applicable traffic laws when transporting children in care.</p> <p>(B) The child-caring agency may use an employee to provide transportation for children in care only if the employee is covered by an insurance policy in full force and effect, and in compliance with the standards set by the child-caring agency.</p> <p>(C) The child-caring agency must ensure that employees providing transportation are trained in emergency procedures, including behavior management if applicable, while in a vehicle.</p> <p>(D) The child-caring agency must ensure that each person who transports a child in care in a van for 15 or more passengers receives training in the safe operation of that type of vehicle prior to transporting children.</p> <p>(E) The child-caring agency must take reasonable steps to ensure safety when using off-road vehicles.</p> <p>(b) Vehicle requirements.</p> <p>(A) Each vehicle used to transport a child in care must be:</p> <p>(i) Properly registered;</p> <p>(ii) Covered by an insurance policy in full force and effect;</p> <p>(iii) Maintained in safe operating condition; and</p> <p>(iv) Smoke-free.</p> <p>(B) Each vehicle owned by a child-caring agency and used to transport a child in care must have aboard a first aid kit and a fully charged, properly secured, and working fire extinguisher with a rating of at least 2-A:10-BC.</p> <p>(c) Children in care and adults must ride in a vehicle manufactured seat, properly using the passenger restraint device in accordance with Oregon law when traveling on public roads.</p> <p>(2) <u>Searches</u>. If a child-caring agency carries out searches on children in care or visitors, the child-caring agency must have written policies and procedures that, at a minimum, comply with all of the following:</p> <p>(a) A prohibition on strip searches.</p> <p>(b) A prohibition on body cavity searches.</p> <p>(c) Requirement that searches will be conducted in the least intrusive manner possible for the type of search being conducted.</p> <p>(d) Requirement that pat down searches of children in care will only be conducted when necessary to discourage the introduction of contraband, or to promote the safety of staff and other children in care and will only be conducted as follows:</p> <p>(A) By staff trained in proper search techniques;</p> <p>(B) By a staff member of the same sex as the child in care being searched, and in the presence of another staff member;</p> <p>(C) The child in care must be told the child is about to be searched;</p> <p>(D) The child in care must be asked to remove all outer clothing (gloves, coat, hat, and shoes) and empty all pockets;</p> <p>(E) The staff member must then pat the clothing of the child in care using only enough contact to conduct an appropriate search;</p>			<p>Health and Safety Section 1 H Standard (12) CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.</p> <p>Section 1 I Workforce Development and Management Standard (4)(1)(a) CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization’s ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served</p> <p>Section 4 Core Residential Programs Standard E.8</p>

<p>(F) If the staff detects anything unusual, the child in care must be asked to identify the item, and appropriate steps must be taken to remove the item for inspection;</p> <p>(G) If the child in care refuses to comply, the executive director or designee must be notified immediately and be responsible to resolve the matter; and</p> <p>(H) All searches must be documented in writing.</p> <p>(e) Policy regarding obtaining appropriate consents for searches.</p> <p>(f) If the child in care refuses to comply with a requirement of the search, the program must follow established policies to determine if the child in care can be refused admission to or discharged from the program.</p> <p>(g) Information regarding any personal or room searches and protocols for confiscation of contraband items, including the notification of law enforcement if illegal contraband is discovered. This information will include the procedures and rationales of the child-caring agency for any program-initiated room or body search.</p> <p>(3) <u>Water safety</u>. 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.</p> <p>(4) <u>Hazards</u>.</p> <p>(a) A child-caring agency must protect children in care it serves from guns, drugs, sharps, paint, hazardous materials, bio-hazardous materials, and other potentially harmful items. A child-caring agency must have a written policy that addresses potentially harmful materials that are in areas accessible to the children in care in the program or on the grounds of the program.</p> <p>(b) Direct supervision by staff must be provided for any child in care who does not have the ability to adjust and control water temperature.</p> <p>(c) Each light fixture must have a protective cover unless it is designed to be used without one.</p>		<p>Section 1 Health and Safety Sta CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders. ndard H</p>	
<p>Physical Plant Requirement</p>	<p>Oregon Requirement</p>	<p>Meet or exceed</p>	<p>CARF Comparable Standard(with standard explanation)</p>
<p>413-215-0511</p>		<p>See comment*</p>	
<p>(1) A residential care agency may not allow children in care to have access to, or provide services regulated by these rules (OAR 413-215-0501 to 413-215-0586) in, a building unless the building has been certified as meeting all applicable state and local construction-related requirements for a building used by the residential care agency.</p> <p>(2) A residential care agency must meet all of the following requirements:</p> <p>(a) All buildings where children in care are present must be smoke-free.</p> <p>(b) All buildings owned, maintained, or operated by the residential care agency to provide services to children in care must meet all applicable state and local building, electrical, plumbing, and zoning codes.</p> <p>(c) All areas of buildings where children in care are present must be kept clean and in good repair. Major appliances and heating, ventilation, plumbing, and electrical systems must be functional and in good repair.</p> <p>(d) Each room used by children in care must have floors, walls, and ceilings that meet the interior finish requirements of the applicable Oregon Structural Specialty Code (see the current version of OAR 837-040-0140) and the Oregon Fire Code (see the current version of OAR 837-040-0010 and 837-040-0020) and be free of harmful drafts, odors, and excessive noise.</p> <p>(e) Each room used by children in care must be adequate in size and arrangement for the purpose in which it is used. (f) A system providing a continuous supply of hot and cold water must be distributed to taps conveniently located throughout each facility.</p> <p>(g) Water systems serving the property must be installed and maintained in compliance with applicable drinking water regulations (see OAR chapter 333) from the Public Health Division of the Oregon Health Authority.</p> <p>(h) Heat and ventilation.</p>		<p>CARF doesn't address this specifically but instead requires the organization to show documentation of compliance with "all other regulations of local authorities"</p>	

<p>(A) Buildings must be ventilated by natural or mechanical means and must be free of excessive heat, condensation, and obnoxious odors.</p> <p>(B) Room temperature must be maintained within a normal comfort range.</p> <p>(i) Water temperature and access to water:</p> <p>(A) A continuous supply of hot and cold water, installed and maintained in compliance with this rule and OAR 413-215-0516, must be distributed to taps conveniently located throughout each building used to provide services or housing for children in care.</p> <p>(B) The temperature of hot water used for hand washing, bathing, or showering must be controlled so that it does not exceed 120 degrees Fahrenheit in each building used to provide services or housing for children in care.</p> <p>(C) Each child in care who lacks the ability to adjust and control water temperature safely must be directly supervised by a staff member of the residential care agency.</p>			
Environmental Health	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0531		Meet	
<p>A residential care agency must meet all of the following requirements:</p> <p>(1) The program of the residential care agency must maintain an environment that ensures safety for program staff and children in care.</p> <p>(2) Environmental Health Specialist approval. Prior to licensure and every two years upon license renewal, the program must be assessed and provide documentation of approval by a registered environmental health specialist (see OAR 338-010-0025 to 338-010-0038) for the following safety areas:</p> <p>(a) Food service risk assessment.</p> <p>(b) Drinking water or waste water assessment.</p> <p>(c) Vector and pest control, including the use of pesticides and other chemical agents.</p> <p>(d) Hazardous material management, including handling and storage.</p> <p>(e) Recreation assessments (such as playgrounds, swimming pools, and hot tubs) for injury prevention and hazard mitigation</p>			<p>Section 1 Health and Safety Standards H (1) (2) (14) & (15) CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.</p>
Food Services	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0536		Meet	
<p>A residential care agency must meet all of the following requirements with regard to food services:</p> <p>(1) Nutrition and dietary requirements.</p> <p>(a) A residential care agency must arrange meals daily, consistent with normal mealtimes that occur during hours of operation.</p> <p>(b) Menus must be prepared in advance in accordance with USDA guidelines and must provide a sufficient variety of foods served in adequate amounts for each child in care at each meal, adjusted for seasonal changes. Records of menus as served must be maintained in the record of the residential care agency for at least six months.</p> <p>(c) Drinking water must be freely available to the children in care served by the residential care agency.</p> <p>(2) Food selection, storage, and preparation.</p> <p>(a) All food and drink provided by the residential care agency must be stored, prepared, and served in a sanitary manner.</p> <p>(b) All employees who handle food served to children in care must have a valid food handlers card pursuant to ORS 624.570.</p> <p>(c) Selection of food. All food products served by a residential care agency must be obtained from commercial suppliers, except:</p> <p>(A) Fresh fruits and vegetables and fruits or vegetables frozen by the residential care agency may be served.</p> <p>(B) The serving of un-pasteurized juice is prohibited.</p> <p>(d) Requirements related to milk.</p> <p>(A) Only Grade A pasteurized and fortified milk may be served to children in care.</p>			<p>Section 1 Health and Safety Standard H (14) CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.</p> <p>Section 4, Core Residential Program Standards Standard 4(e), (5) (7)</p>

<p>(B) Milk and fluid milk products must be dispensed from a commercially filled plastic container of not more than one-gallon capacity or from a refrigerated bulk container equipped with a dispensing device approved by the Food and Drug Administration or Oregon Department of Agriculture.</p> <p>(e) Children in care may participate in activities in a food-preparation area, other than routine clean up, only while under the supervision of the employees of the residential care agency.</p>			
RCA: Safety	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0541		Meet	
<p>A residential care agency must meet all of the following requirements related to safety:</p> <p>(1) Fire safety. Prior to licensure and every two years upon license renewal, the program must be assessed and approved by the State Fire Marshall or designee for the following fire safety areas:</p> <p>(a) The residential care agency must provide fire safety equipment that meets the requirements of applicable building codes and the Oregon Fire Code (see the current version of OAR 837-040-0010 and 837-040-0020).</p> <p>(b) The residential care agency must comply with existing state and local fire safety codes.</p> <p>(2) Emergency plan.</p> <p>(a) The residential care agency must have, for each facility it operates, a written emergency plan that includes:</p> <p>(A) Instructions for evacuation of children in care and employees in the event of fire, explosion, accident, or other emergency.</p> <p>(B) Instructions for response in the event of a natural disaster, external safety threat, or other emergency.</p> <p>(b) Telephone numbers for local police and fire departments and other appropriate emergency numbers must be posted near all telephones.</p> <p>(c) Operative flashlights sufficient in number must be readily available to the staff in case of emergency.</p> <p>(3) Evacuation drills. (a) An unannounced evacuation drill must be held monthly under varying conditions to simulate the unusual conditions that occur in the event of fire. For each drill, the residential care agency must document the following information and retain it for a minimum of two years:</p> <p>(A) Identity of the person conducting the drill.</p> <p>(B) Date and time of the drill.</p> <p>(C) Notification method used.</p> <p>(D) Staff members on duty and participating.</p> <p>(E) Number of children in care and staff evacuated.</p> <p>(F) Special conditions simulated.</p> <p>(G) Problems encountered.</p> <p>(H) Time required to accomplish complete evacuation.</p> <p>(b) The residential care agency must ensure that all employees and children in care are aware of the procedures to follow in case of emergencies.</p>		<p>Section 1 Health and Safety Standard H (5)-(7), (13)</p> <p>CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.</p>	

Health Services	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0546		Meet	
	<p>(1) A residential care agency must obtain all private health record information referred to in this rule in a manner that complies with federal and state law.</p> <p>(2) Medical history. Within 30 days of a child in care being placed with a residential care agency, the residential care agency must obtain available medical history and other health-related information on the child in care, including:</p> <ul style="list-style-type: none"> (a) Significant findings of the most current physical examination; (b) The child in care's current immunizations, history of surgical procedures and significant health issues or injuries, and past or present communicable diseases; (c) Any known allergies; (d) Dental, vision, hearing, and behavioral health; (e) Documentation that the child in care has received age-appropriate instruction regarding pregnancy prevention, nutrition, prevention of HIV and AIDS, and general information about the prevention and treatment of sexually transmitted disease; and (f) Physician or qualified medical professional's orders, including those related to medications, if any. <p>(3) Health Services. The residential care agency must provide or arrange for the following health services, as applicable:</p> <ul style="list-style-type: none"> (a) Information on maintaining reproductive health and birth control. (b) Prenatal care. (c) Well-baby care. (d) Fetal alcohol syndrome. (e) Accessing child and infant health insurance programs. (f) Screening for breast and other common cancers. (g) Provide all necessary feminine hygiene products. (h) Access to birth control, vaccinations, and information about preventing sexually transmitted diseases. <p>(4) Medical examinations. A residential care agency must safeguard the health of each child in care it serves by providing for a medical examination by a physician or qualified medical professional at the following intervals:</p> <ul style="list-style-type: none"> (a) Three examinations during the first year of the child's life. (b) One examination at the age of two. (c) One examination at the age of four. (d) One examination at the age of six. (e) One examination at the age of nine. (f) One examination at the age of 14. <p>(5) A residential care agency must have written procedures for accessing routine and urgent medical care for children in care, including obtaining necessary consents.</p>		<p>Section 2 General Program Standards Standard E</p> <p>For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care.</p>

Medication	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0551		CARF Standard is higher than Oregon Standards	
	<p>(1) Policy and procedures. The residential care agency must have policies and procedures that cover all prescription and non-prescription medications that address all of the following:</p> <ul style="list-style-type: none"> (a) How the medication will be administered. (b) By whom the medication will be administered. (c) How the staff of the residential care agency who administer medication will be trained. (d) How the administration of medication will be documented. (e) How the administration of medication will be monitored. (f) How unused medication will be disposed of. (g) The process that ensures that each child in care's prescription and non-prescription medications are reviewed, unless the medications are all provided through a single pharmacy. As used in this rule, "non-prescription medication" means any medication that does not require a written prescription for purchase or dispensing and includes the use of any herbal remedies or supplements. (h) How the foster care agency and the proctor foster home will ensure compliance with OAR 413-070-0470 if it serves children in Department custody. <p>(2) Program staff may not dispense medication to a child in care in any of the following situations:</p> <ul style="list-style-type: none"> (a) In excess of the prescribed or authorized amount. (b) For disciplinary purposes. (c) For the convenience of staff. (d) As a substitute for appropriate treatment services. <p>(3) A prescription, signed by a physician or qualified medical professional, is required before any prescription medication is administered to, or self-administered by a child in care. Medications prescribed for one child in care may not be administered to, or self-administered by another child in care or staff. As used in this rule, "self-administration of medication" refers to the act of a child in care placing a medication internally in, or externally on, his or her own body.</p> <p>(4) A written approval, signed by a physician or qualified medical professional, is required for any use of herbal supplements or remedies.</p> <p>(5) A written order, signed by a physician or qualified medical professional, is required for any medical treatment, special diet, physical therapy, aid to physical functioning, or limitation of activity.</p> <p>(6) Before a residential care agency permits a child in care to self-administer prescription medication, self-administration must be recommended by the qualified medical professional, approved in writing by a physician or qualified medical professional, and closely monitored by the staff of the residential care agency.</p> <p>(7) Medication storage.</p> <ul style="list-style-type: none"> (a) Prescription medications that are unused and medications that are outdated or recalled may not be maintained in the facility. "Outdated" means any medication whose designated period of potency, as indicated on the label, has expired. (b) The facility may maintain a stock supply of non-prescription medications. (c) All prescription and non-prescription medications stored in the facility must be kept in a manner that they are inaccessible to children in care. (d) Medications requiring refrigeration must be refrigerated and secured. (e) Medications must be maintained and stored in its original container, including the prescription label. <p>(8) Medication disposal. Medications must be disposed of in a manner that ensures that they cannot be retrieved, in accordance with all applicable state and federal law.</p> <p>(9) A written record of all medication disposals must be maintained and must include all of the following:</p>		<p>Section 2 General Program Standards Standard E</p> <p>For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization. A commitment to quality and the involvement of the persons served span the entire time that they are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served. The persons served have the opportunity to transition easily through a system of care.</p>

<ul style="list-style-type: none"> (a) A description of the prescribed medication and the amount disposed. (b) The child in care for whom the medication was prescribed. (c) The reason for disposal. (d) The method of disposal. (e) The name of the person disposing the medication, and the initials of an adult witness. <p>(10) Medication records. A written record must be kept for each child in care listing all medications, both prescription and over-the-counter, that are administered. The record must include all of the following:</p> <ul style="list-style-type: none"> (a) The name of the child in care. (b) A description of the medication, instructions for use, and the recommended dosage. (c) Dates and times medication is administered. (d) A record of missed dosages. (e) Medication dropped or disposed of. (f) Method of administration for each medication. (g) Identification of the person administering the medication. (h) Any possible adverse reactions to the medication. (i) Documentation of any medication taken outside the facility to be administered during a home visit or other activity. <p>(11) Where applicable, the residential care agency must maintain documentation of the continuing evaluation of the ability of the child in care to self-administer a medication.</p>	
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Staff Training	Oregon Requirement	Meet or exceed	CARF Comparable Standard(with standard explanation)
413-215-0556		meet	

<p>In addition to the requirements in OAR 413-215-0061(4) and (5), a residential care agency must meet all of the following training requirements with respect to its staff:</p> <p>(1) Staff of the residential care agency must be provided with orientation training prior to or within 30 days of hire. The orientation must include training on all of the following:</p> <ul style="list-style-type: none"> (a) Discipline and behavior management protocols including de-escalation skills training, crisis prevention skills, positive behavior management, and disciplinary techniques that are non-punitive in nature and are focused on helping children in care build positive personal relationships and self-control. (b) If restraint and seclusion are utilized by the residential care agency, which techniques are approved by the residential care agency and how use of these procedures is monitored. The policy of the residential care agency must be clear in training that restraint or seclusion is used as an intervention of last resort. <p>(2) Staff of the residential care agency must receive ongoing training at least annually on all of the following:</p> <ul style="list-style-type: none"> (a) Procedures for handling environmental emergencies. (b) Universal precautions (infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids) and hygiene. (c) Discipline and behavior management. <p>(3) Staff providing direct care of children in care of the residential care agency must receive training in cardiopulmonary resuscitation and first aid sufficient to retain a current certification.</p> <p>(4) Designated staff authorized to apply the reasonable and prudent parent standard must receive training related to the application of the reasonable and prudent parent standard and age-appropriate or developmentally appropriate activities for a child in care.</p>		<p>Section 1. I. Workforce Development and Management</p> <p>CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization’s ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served</p> <p>Section 2. A. Program/Service Structure</p>
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	<p>Standard 16 (a)-(c) For an organization to achieve quality services, the philosophical foundation of child- and family-centered care practices must be demonstrated. Children/youth and families are involved in the design, implementation, delivery, and ongoing evaluation of applicable services offered by the organization..</p>
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Council on Accreditation (COA)
Coanet.org/standards/

Governance	Oregon Requirement	Meet or Exceed	COA Comparable Standard(with standard explanation)
413-215-0021 Section 2 & 4		Standards are consistent	
<p>(2) <u>Responsibilities of the governing board.</u> The governing board of a child-caring agency must have all of the following responsibilities:</p> <p>(a) To provide leadership for the child-caring agency.</p> <p>(b) To be responsible for establishing the child-caring agency's by-laws and policies, to monitor the agency's programs consistent with its policies and mission, and to guide program development.</p> <p>(c) To adopt by-laws that provide a basic structure for the operation of the programs of the child-caring agency.</p> <p>(d) To develop by-laws for selection and rotation of its members.</p> <p>(e) To ensure the employment of a qualified executive director and to delegate appropriate responsibility to that individual for the administration, management, and operation of the child-caring agency, including the employment of all childcaring agency staff and the authority to dismiss any staff member.</p> <p>(f) To formally evaluate the executive director's performance annually and keep a copy of the evaluation signed by the board chair in the executive director's personnel file.</p> <p>(g) To approve the annual budget of anticipated income and expenditures necessary to provide the services described in its program description.</p> <p>(h) To review an annual report of actual income and expenditures.</p> <p>(i) To obtain and review an annual independent financial review or audit of financial records when required by these rules or requested by the Department.</p> <p>(j) To establish and ensure compliance with personnel practices for the selection and retention of staff sufficient to operate the child-caring agency.</p> <p>(k) To ensure a written quality improvement program that identifies systematic efforts to improve its services.</p> <p>(L) To keep permanent records of meetings and deliberations on major decisions affecting the delivery of services.</p> <p>(4) The executive or program director must be responsible for all of the following:</p> <p>(a) The daily operation and maintenance of the child-caring agency and its facilities in compliance with the rules in OAR chapter 413, division 215 and the established program budget.</p> <p>(b) Administration of policies and procedures to ensure clear definition of staff roles and responsibilities, lines of authority, and equitable workloads that ensure safe and protective care, supervision, and treatment of the children served by the childcaring agency.</p> <p>(c) Ensuring that only individuals whose presence does not jeopardize the health, safety, or welfare of the children in care served by the child-caring agency are employed or used as volunteers.</p> <p>(d) Recruiting, employing, supervising, training, or arranging for these activities. (e) Reporting to the governing board on the operation of the child-caring agency.</p> <p>(f) Providing for appropriate staff to assume the executive or program director's responsibility for the operation and maintenance of the child-caring agency whenever the executive or program director is absent from the child-caring agency.</p> <p>(g) Terminating from employment any staff member who is unsuitable or who performs in an unsatisfactory manner.</p>		<p>PA-AM 3: Senior Leadership Responsibilities PA-AM 4: Agency Leadership PA-FIN 3: Financial Planning PA-FIN 6: Personnel</p> <p>COA's Administration and Management standards outline the responsibilities of agency leadership to foster a culture of transparency, accountability, and community responsiveness; provide oversight of operations; and promote program and operational improvements. The responsibilities set forth in the standards represent the multi-faceted functions the leadership of a public agency assumes in cooperation with relevant stakeholders.</p> <p>Through sound administration and effective management, the agency achieves its vision, mission and strategic goals; assures appropriate use of public resources for the public good and remains responsive to the needs of the communities it serves.</p> <p>PA-HR Recruitment and Selection</p> <p>Recruiting, developing, and retaining a competent, qualified, and committed workforce is essential to any high functioning public agency. Effective human resources practices ensure that the agency's workforce supports its mission and strategic goals, promote high levels of personnel satisfaction and retention, and establish a supportive culture and climate that maximize performance in order to achieve desired outcomes.</p> <p>PA-RPM1: Legal and Regulatory Compliance</p> <p>COA's Risk Prevention and Management standards require that agencies take a proactive approach to risk by continually improving systems and practices for identifying and mitigating potential risks, and learning</p>	

<p>(h) Complying with all laws, and ensuring that all child-caring agency employees, contractors, and agents comply with all laws, including mandatory child abuse reporting laws.</p> <p>(i) Ensuring that the child-caring agency, including its employees, contractors, and agents, complies with all licensing rules and regulations and internal policies and procedures of the child-caring agency.</p>		<p>from adverse events and challenges when they occur. Proactive, systemic risk prevention and management requires a holistic approach that involves staff throughout the agency and considers all areas of potential risk including, but not limited to: legal compliance, liability exposure, health and safety, human resources, contracting, technology, security of information, client rights and confidentiality, and finances</p> <p>PA-PQ Performance and Quality Indicators/Roles and Responsibilities The Performance and Quality Improvement (PA-PQI) Standards for public agencies provide the framework for an agency-wide PQI system that increases agency capacity to make data-informed decisions and effectively identify and implement interventions that support the achievement of performance targets, program goals, individual and family outcomes, and staff and consumer satisfaction. Building and sustaining a comprehensive, mission-driven PQI system is dependent upon the active engagement of staff, persons served, and other stakeholders throughout the improvement cycle.</p>	
Financial Mgmt	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
431-215-0026		Standards are consistent	
<p>(1)Budget. A child-caring agency must operate under an annual line-item budget, showing planned expenditures and sources of income, which has been approved by the governing board as the plan for management of its funds, and provide a copy to the Department as required by OAR 413-215-0081 and upon request.</p> <p>(2) Funding. The annual budget of a licensee must document that the licensee has sufficient funds to meet the requirements of licensure, to operate the programs the licensee is licensed to operate, and to provide the services the licensee has stated the child-caring agency will provide.</p> <p>(3) Fiscal accountability.</p> <p>(a) A child-caring agency must maintain complete and accurate accounts, books, and records following generally accepted principles of accounting. A child-caring agency must provide to the Department current internal financial statements, general ledgers, bank statements, and any other financial records as required in OAR 413-215-0081 and upon request.</p> <p>(b) The Department may conduct an audit, including a forensic audit, of any childcaring agency to determine compliance with applicable laws and administrative rules. An audit under this subsection shall be at the expense of the Department.</p> <p>(4) A child-caring agency that is a nonprofit corporation must comply with the requirements of ORS 128.610 to 128.769.</p>		<p>PA-FIN 1: Internal Control Environment PA-FIN 2: Financial Risk Assessment PA-FIN 3: Financial Planning PA-FIN 4: Financial Management Public agencies’ commitment to providing high quality services, driven by their missions and mandates, are the foundation for sound and ethical financial management. Agency leadership must foster a culture of accountability that supports sound financial practices at all levels of the agency, while acknowledging that financial capacity and budgets may be determined by external entities. Effective financial management ensures that resources are being directed in accordance with state mandates to those programs or interventions that have the strongest impact on individuals and</p>	

<p>(5) Insurance. A child-caring agency must at all times maintain each of the following: (a) General liability insurance in an amount that is reasonably related to the exposure to risk, but in no case in an amount less than \$1,000,000 for each occurrence and \$3,000,000 aggregate.</p> <p>(b) Adequate fire insurance.</p> <p>(c) Adequate auto insurance if the child-caring agency owns or operates a vehicle.</p>		<p>families served. Accountability is established through clearly defined lines of authority and responsibility, adherence to internal control responsibilities, and by making the strategic connection between efficient and effective use of agency resources and improved outcomes.</p> <p>Agency viability and positive outcomes are achieved through efficient use of agency resources and diligent applications of sound financial management practices that align with the agency’s overall strategic plan and accord with applicable legal and regulatory requirements.</p> <p>PA-RPM 2: Risk Prevention COA’s Risk Prevention and Management standards require that agencies take a proactive approach to risk by continually improving systems and practices for identifying and mitigating potential risks, and learning from adverse events and challenges when they occur. Proactive, systemic risk prevention and management requires a holistic approach that involves staff throughout the agency and considers all areas of potential risk including, but not limited to: legal compliance, liability exposure, health and safety, human resources, contracting, technology, security of information, client rights and confidentiality, and finances.</p>	
Respect of Children in Care	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0031		COA exceeds Oregon Standard	
<p>A child-caring agency must respect the race, spiritual beliefs, sexual orientation, gender identity and gender expression, disabilities, national origin, and cultural identities of a child in care, and provide opportunities to enhance the positive self-concept and understanding of the child in care. The child-caring agency must ensure that written materials are made available in other languages as necessary, or as indicated by the demographic environment or the population served by the program</p>		<p>PA-RTX 15: Populations with Specialized Care Needs The agency brings in additional service providers and consultants and modifies program design, service planning, and staffing, as needed, to serve residents with specialized care needs.</p> <p>PA-RTX-16 PA-CR 1: Client Rights/Client Protection of Rights and Ethical Obligations</p>	

			<p>The agency protects the legal and ethical rights of all clients by:</p> <ul style="list-style-type: none"> a. informing clients of their rights and responsibilities; b. providing fair and equitable treatment; and c. providing clients with sufficient information for them to make an informed choice about using the agency and its services. <p>PA-CR 4: Rights of Persons with Developmental Disabilities</p>
<p>Children and Family Rights Policy and Griev. Procedures</p>	<p>Oregon Requirement</p>	<p>Meet or exceed</p>	<p>COA Comparable Standard(with standard explanation)</p>
<p>413-215-0046</p>		<p>COA Exceeds Oregon Standard</p>	
<p>(1) Rights of children in care and families served by the child-caring agency. A child-caring agency must guarantee the rights of children in care and the families the child-caring agency serves. A child-caring agency must enact and adhere to a policy ensuring those rights. A written copy must be distributed to all children in care and families served by the child-caring agency, and afford the following rights:</p> <p>(a) Except as provided in paragraph (B) of this subsection, the child in care's right to uncensored communication with legal guardians, caseworkers, legal representatives, and other persons approved for communication by the legal guardian or as provided in a court order.</p> <p>(A) This right cannot be waived, including voluntarily. Restriction on communication between a child in care and his or her legal guardian may not be a condition of participation in the program.</p> <p>(B) A child-caring agency may place reasonable limits on communication, but only as provided in the child-caring agency's policy. Reasonable limits include, but are not limited to, having set time periods during the day for visitation and phone calls and imposing moderate limits on the duration of calls or visits. However, a limitation is not considered reasonable if it prevents the ability to meaningfully communicate, such as not allowing contact with a child in care's attorney during regular business hours.</p> <p>(b) The child in care's right to privacy.</p> <p>(c) The child in care's right to participate in service planning or educational program planning.</p> <p>(d) The child in care's right to fair and equitable treatment.</p> <p>(e) The child in care's right to file a grievance (as provided in section (2) of this rule) if the child in care or family feels that they are treated unfairly or if they are not in agreement with the services provided.</p> <p>(f) The child in care's right to have adequate and personally exclusive clothing.</p> <p>(g) The child in care's right to personal belongings.</p> <p>(h) The child in care's right to an appropriate education.</p> <p>(i) The child in care's right to participate in recreation and leisure activities.</p> <p>(j) The child in care's right to have timely access to physical and behavioral health care services.</p> <p>(2) Grievance Procedures. (a) A child-caring agency must enact and adhere to written procedures for the children in care and families the child-caring agency serves to submit a grievance. For an academic boarding school, this subsection only applies to grievances about health or safety issues. The child-caring agency must provide the procedures to each child in care and family. The procedures must include all of the following:</p>			<p>PA-RTX 16 Residential Facilities Residential facilities contribute to a physically and psychologically safe, healthy, homelike, non-institutional, therapeutic environment.</p> <p>PA-RTX 17 Privacy Provisions The agency provides for resident comfort, dignity, privacy, and safety. PA-RTX 17.04 and 17.05</p> <p>PA-BSM Behavior and Support Management</p> <p>PA-CR1 Clients Rights Protections of Rights PA-CR2 Clients Rights/Confidentiality and Privacy Protections One of COA's Guiding Principles for Effective Practice is to respect the rights of individuals, which requires that practices reflect a profound respect for personal dignity, confidentiality, and privacy. This is evident throughout all service standards; and it plays a particularly important role in the development of this section, devoted to the rights and dignity of all service recipients. In addition to addressing legally protected client rights, the standards in this section also center on the professional ethics of service delivery. This section promotes privacy, transparency, and mutual respect</p> <p>PA-CR3 Grievance Procedures</p>

<p>(A) A process likely to result in a fair and expeditious resolution of a grievance. (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. (D) The name, address, and phone number of: (i) A Department licensing coordinator; and (ii) Any other governmental entities with oversight responsibilities. (b) Grievances and complaints filed with the child-caring agency and all information obtained in their resolution must be maintained for a minimum of two years and provided to the Department upon request. (3) A child-caring agency serving children in care who are also in the care or custody of the Department must: (a) Post and adhere to the Oregon Foster Children’s Bill of Rights in accordance with the requirements of OAR 413-010-0180 and comply with ORS 418.200 to 418.202; and (b) Have and adhere to a process for children in care in Department care or custody to make complaints consistent with ORS 418.201(1). (c) Comply with the Oregon Foster Children's Sibling Bill of Rights in accordance with the requirements of OAR 413-010-0180 and comply with ORS 418.607.</p>			
Personnel	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0061		COA exceeds Oregon Standard	
<p>(1) <u>Staff requirements and hiring.</u> To ensure that the child-caring agency uses only staff and volunteers who do not jeopardize the health, safety, or welfare of children, a child-caring agency and its contractors must meet all of the following requirements: (a) Comply with the Department's background check rules at OAR 407-007-0200 to 407-007-0370. (b) Obtain reference checks. (c) Employ individuals who meet the staff minimum qualifications as stated in the current job description. (2) <u>Personnel policies</u> of the child-caring agency and its contractors must include all of the following: (a) For each staff position, a job title and a written job description that defines the qualifications, duties, and lines of authority for the position. (b) A staff development plan providing for opportunities for professional growth through supervision, training, and experience. (c) Procedures for a written annual evaluation of the work and performance of each staff member that include provision for employee participation in the evaluation process. (d) A description of the termination procedures established for resignation, retirement, and dismissal. (e) A written grievance procedure for staff. (3) <u>Personnel Files.</u> The child-caring agency and its contractors must have a personnel file for each employee that is maintained for a minimum of two years after the termination date of each employee and includes all of the following: (a) A record of education, training, and previous employment. (b) Documentation of reference checks. (c) Documentation that a background check was completed as required in OAR 407- 007-0200 to 407-007-0370. (d) Annual performance evaluations. (e) Ongoing record of training received. (f) Records of personnel actions. (g) Starting and termination dates, and reason for termination. (h) A current job description.</p>		<p>PA-HR3: Recruitment and Selection Recruitment and selection practices promote personnel retention by identifying appropriately qualified people to achieve the agency’s mission and strategic goals</p> <p>PA-RTX22 Personnel Personnel have the education, training, experience, skills, and supervision that are needed to meet the needs of residents and their families.</p> <p>PA-PDS Personnel Development and Supervision PDS 1-6 COA’s Personnel Development and Supervision (PA-PDS) standards focus on ensuring personnel have the competencies, support, and continuous learning opportunities they need to fulfill their roles at the agency and effectively meet the needs of the individuals and families they serve.</p> <p>Personnel competence is the product of a dynamic combination of factors including experience, formal education, training, coaching, peer support, mentoring, and supportive supervision. As such, COA’s PA-PDS standards reflect a multi-faceted approach to personnel development and supervision that enhances supervisors’</p>	

- (4) **Staff orientation.** A child-caring agency must provide training to each newly hired employee within 30 days of employment on all of the following subjects:
- (a) Child-caring agency policies and procedures.
 - (b) Ethical and professional guidelines.
 - (c) Suicide prevention and intervention.
 - (d) Attributes of population served.
 - (e) Child-abuse reporting laws and requirements including the definitions of abuse that apply specifically to a child in care.
 - (f) Privacy laws.
 - (g) Emergency procedures.
- (5) **Child abuse reporting training:** A child-caring agency must provide training and written materials on mandatory child abuse reporting responsibilities to all employees and, if applicable, proctor foster parents as part of initial orientation and annually thereafter. The training must include written instruction on the following:
- (a) The definitions of child abuse in ORS 418.257 and 419B.005 that apply in childcaring agencies;
 - (b) The legal responsibility to immediately report suspected child abuse or neglect by calling the appropriate child abuse reporting hotline; and
 - (c) The legal responsibility to report child abuse is personal to the employee and, if applicable, the approved proctor foster parent and is not fulfilled by reporting the child abuse or neglect to the owner, operator, or any other employee of the childcaring agency even if the owner, operator, or other employee reports the child abuse to the Department.
- (6) Contractor-related requirements.
- (a) If a child-caring agency contracts with other private providers or individuals in lieu of or in addition to hiring permanent employees, the child-caring agency must ensure that the contractor meets the applicable requirements of this rule and the LICENSING UMBRELLA RULES 413-215-0001 to 413-215-0136 24 rules in OAR chapter 413, division 215 specific to the type of service the contractor provides.
 - (b) If the child-caring agency contracts to provide any of its services:
 - (A) The child-caring agency must ensure the contractor has a process to screen its employees for professional conduct and sufficient methods for holding its employees accountable.
 - (B) The contract between the child-caring agency and contractor must specify all of the following:
 - (i) The services the contractor provides.
 - (ii) The contractor's fees.
 - (iii) Disclosure of information from the contractor to the agency.
 - (iv) Lines of authority between the contractor and the child-caring agency and among employees of the contractor in connection with the provision of services.
 - (v) Adherence to applicable Department rules and requirements, including, but not limited to the background check rules in OAR 407-007-0200 to 407-007-0370.
 - (vi) Any liability of the child-caring agency for acts of the contractor, any rights of indemnity, and any limitations on liability of the child-caring agency or contractor.

abilities to respond to the individual needs of their workers while simultaneously promoting personnel competence, satisfaction, and retention across the agency

**PA-RTX 4
4.07**

Residents and their families participate in a comprehensive, individualized, trauma-informed, strengths-based, and culturally and linguistically competent assessment process that informs and guides service delivery, discharge planning, and aftercare services.

**PA-PDS2 Personnel Development
2.02**

The agency promotes personnel competence through an array of initial and ongoing personnel development opportunities that prepare personnel to fulfill their job responsibilities.

**PA-PQI 8 Contracting Practices
PA-PQI 9 Contract Monitoring**

The Performance and Quality Improvement (PA-PQI) Standards for public agencies provide the framework for an agency-wide PQI system that increases agency capacity to make data-informed decisions and effectively identify and implement interventions that support the achievement of performance targets, program goals, individual and family outcomes, and staff and consumer satisfaction. Building and sustaining a comprehensive, mission-driven PQI system is dependent upon the active engagement of staff, persons served, and other stakeholders throughout the improvement cycle.

Discipline, Behavior Mgmt and Suicide Prev.	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0076		COA standard is consistent with Oregon Standard	
	<p>(1) A child-caring agency, except a child-caring agency licensed only to provide adoption services under OAR 413-215-0401 to 413-215-0481, must adopt and adhere to written policies and procedures on discipline, behavior management, and suicide prevention that meet all of the requirements of this rule.</p> <p>(a) Copies of the policies and procedures must be provided to the Department as provided in OAR 413-215-0081 and any time policies are adopted or amended.</p> <p>(b) The discipline and behavior management policies and procedures must prohibit the following:</p> <p>(A) Spanking, hitting, or striking with an instrument.</p> <p>(B) Committing an act designed to humiliate, ridicule, or degrade a child in care or undermine the self-respect of a child in care.</p> <p>(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.</p> <p>(D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact.</p> <p>(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.</p> <p>(F) Using physical restraint (see paragraph (3)(d)(A) of this rule) or seclusion as discipline.</p> <p>(G) Permitting or directing a child in care to punish another child in care.</p> <p>(H) Using any other kind of harsh punishment.</p> <p>(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.</p> <p>(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.</p> <p>(2) Discipline Policy. A child-caring agency must incorporate into the program’s care-giving practices positive nonpunitive discipline and ways of helping a child in care build positive personal relationships, self-control, and self-esteem.</p> <p>(3) Behavior Management.</p> <p>(a) The behavior management policy of the child-caring agency must identify appropriate and positive methods of behavior management based on a child's needs, developmental level, and behavior.</p> <p>(b) The policies must include a description of the model, program, or techniques used and its use of each of the following:</p> <p>(A) Nonviolent crisis intervention. For purposes of this rule, "nonviolent crisis intervention" means a nationally recognized, holistic system for defusing escalating behavior and safely managing physically aggressive behavior. The agency's choice of a "nonviolent crisis-intervention system" must be conveyed to and approved by the Department.</p> <p>(B) Use of time out, if applicable.</p> <p>(C) Use of restraints, if applicable.</p> <p>(i) Chemical restraint, meaning the administration of medication for the management of uncontrolled behavior, is prohibited. Chemical restraint is different from the use of medication for treatment of symptoms of severe emotional disturbances or disorders.</p> <p>(ii) Mechanical restraint, meaning the use of any physical device to involuntarily restrain the movement of a child in care as a means of controlling his or her physical activities, is prohibited.</p> <p>(D) Use of seclusion, if applicable.</p> <p>(c) Time out.</p>		<p>PA-RTX Residential Services Residential facilities contribute to a physically and psychologically safe, healthy, homelike, non-institutional, therapeutic environment.</p> <p>PA-ASE The Administrative and Service Environment (PA-ASE) standards reflect the significant impact that health; physical, psychological and emotional safety; and personal dignity have on an agency’s effectiveness. Specifically, PA-ASE provides a model for managing risk through practices such as offering accessible facilities, complying with applicable health regulations and codes, maintaining agency facilities, implementing safety procedures both on- and off-site, providing a trauma-informed environment for people to work and receive services, and preparing for emergencies.</p> <p>PA-BSM—Behavior Support and Management BSM1.01 Philosophy BSM2 Behavior Support and Management Practices BSM4 Restrictive Behavior Management and Intervention Training BSM5 Restrictive Behavior Interventions BSM 6 Documentation and Debriefing Effective behavior support and management practices begin with support from leadership that encourages an environment in which the need for restrictive interventions is minimized to the greatest extent possible. A culture that promotes respect, healing, and positive behavior, and provides individuals with the support they need to manage their own behaviors, can help prevent emergency situations. Training for personnel and foster parents is an essential component of maintaining a safe work and service environment. Training also prevents injuries and deaths in crisis situations that warrant the use of restrictive interventions as a last resort. Agencies that maintain a process for reviewing incidents when they do occur have the</p>

(A) For the purpose of this rule, "time out" means restricting a child in care to a designated area for a period of time to give the child in care an opportunity to regain self-control.

(B) "Time out" must include frequent contact with staff.

(C) Rooms used for "time out" must have adequate space, temperature, light, and ventilation, and must not be capable of locking.

(D) "Time out" episodes must be documented in the child in care's record.

(d) Physical restraint.

(A) For the purposes of this rule, "physical restraint" means the act of restricting a child in care's voluntary movement to manage and protect the child in care or others from injury when no alternate actions are sufficient to manage the child in care's behavior. "Physical restraint" does not include temporarily holding a child in care in an emergency to assist him or her or assure his or her safety, such as preventing a child in care from running onto a busy street.

(B) Only child-caring agency staff and proctor foster parents who have been trained in a nationally recognized nonviolent crisis-intervention system may use physical restraint and only when physical restraint is necessary as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained.

(C) The child-caring agency must report each use of physical restraint on a child in care to the child in care's parent or legal guardian, caseworker, or probation officer within five working days, and must document the notification in the child in care's case file.

(D) Any use of physical restraint by a staff member or proctor foster parent of the child-caring agency, if the member is not trained in a nationally recognized nonviolent crisis intervention system, must also be reported to a Department licensing coordinator within one working day of occurrence.

(E) Limitations. The child-caring agency must have a policy that prohibits the application of a nonviolent physical restraint to a child in care who has a documented physical condition that would contraindicate the use of that particular restraint, unless a qualified medical professional has previously and specifically authorized its use in writing for that child in care.

Documentation of the authorization must be maintained in the child in care's record. (F) Physical Restraint Documentation.

The policies of the child-caring agency must require a report on an incident report form of behavior that required the use of physical restraint. The report must include the specific attempts to de-escalate the situation before using physical restraint and the length of time the physical restraint was applied. The report must include the time the restraint started and the time it was terminated, the debriefing completed with the staff and child in care involved in the physical restraint, and documentation of a review by the executive director, program director, or designee.

(G) Review. The policies of the child-caring agency must require that whenever a physical restraint is used on a child in care more than two times in seven days, there is a review by the executive director, the director's designee, or a management team to determine the suitability of the program for the child in care, whether modifications to the child in care's plan are warranted, and whether staff need additional training in alternative therapeutic behavior management techniques. The child-caring agency must take appropriate action indicated by the review.

(e) Seclusion.

(A) For the purposes of this rule, "seclusion" means that a child in care is involuntarily confined to an area or room and is physically prevented from leaving.

(B) Rooms used for seclusion must have adequate space, temperature, light, and ventilation.

(C) Seclusion may only be used to ensure the safety of the resident or others during an emergency safety situation. (D) Episodes of seclusion are limited to two hours for children in care age nine and older and one hour for children in care under the age of nine.

(E) Visual monitoring of a child in care in seclusion must occur and be documented at least every 15 minutes.

(F) Each incident of seclusion must be documented in the child in care's clinical record and must include the clinical justification for its use.

opportunity to make changes in their practices to support the safest environment possible and further reduce the use of restrictive interventions.

Reviewers Note: Throughout the COA standards there is a deep philosophy about providing "trauma informed" care; this includes suicide prevention strategies, recognition and interventions.

<p>(G) If incidents of seclusion used with an individual child in care cumulatively exceed five hours in five days, or a single episode of more than two hours for children in care age nine and older or more than one hour for children in care under age nine, the executive director or designee must review the case with those with clinical leadership responsibilities to evaluate the child in care's plan of care and make necessary adjustments.</p> <p>(f) If the child-caring agency utilizes seclusion and restraint as part of its behavior management practices, its use of seclusion and restraint must be in compliance with all applicable federal and state regulations and rules.</p> <p>(4) Suicide Prevention. The policy must include the following:</p> <p>(a) How the child-caring agency will respond in the event a child in care exhibits self-injurious, self-harm, or suicidal behavior;</p> <p>(b) Warning signs of suicide;</p> <p>(c) Emergency protocol and contacts;</p> <p>(d) Training requirements for staff, including suicide prevention training and suicide risk assessment tool training; (e) Procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions;</p> <p>(f) Suicide risk assessment procedures on the day of intake;</p> <p>(g) Documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff;</p> <p>(h) A process for tracking suicide behavioral patterns; and (i) A "post-intervention" plan with identified resources.</p>			
Safety	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0079		Standards are consistent	
<p>To ensure the safety of children in care and employees, a child-caring agency must have and adhere to written policies and procedures that comply with the safety requirements in this rule.</p> <p>(1) Transportation. If a child-caring agency transports children in care in a vehicle, the agency must have policies and procedures that address all of the following:</p> <p>(a) Driver requirements.</p> <p>(A) Each employee transporting a child in care in a motor vehicle must have a current driver license on record with the child-caring agency and must comply with applicable traffic laws when transporting children in care.</p> <p>(B) The child-caring agency may use an employee to provide transportation for children in care only if the employee is covered by an insurance policy in full force and effect, and in compliance with the standards set by the child-caring agency.</p> <p>(C) The child-caring agency must ensure that employees providing transportation are trained in emergency procedures, including behavior management if applicable, while in a vehicle.</p> <p>(D) The child-caring agency must ensure that each person who transports a child in care in a van for 15 or more passengers receives training in the safe operation of that type of vehicle prior to transporting children.</p> <p>(E) The child-caring agency must take reasonable steps to ensure safety when using off-road vehicles.</p> <p>(b) Vehicle requirements.</p> <p>(A) Each vehicle used to transport a child in care must be:</p> <p>(i) Properly registered;</p> <p>(ii) Covered by an insurance policy in full force and effect;</p> <p>(iii) Maintained in safe operating condition; and</p> <p>(iv) Smoke-free.</p> <p>(B) Each vehicle owned by a child-caring agency and used to transport a child in care must have aboard a first aid kit and a fully charged, properly secured, and working fire extinguisher with a rating of at least 2-A:10-BC.</p>		<p>PA-ASE Administrative and Service Environment ASE 3Regulatory Compliance ASE 6 Safety and Security The Administrative and Service Environment (PA-ASE) standards reflect the significant impact that health; physical, psychological and emotional safety; and personal dignity have on an agency’s effectiveness. Specifically, PA-ASE provides a model for managing risk through practices such as offering accessible facilities, complying with applicable health regulations and codes, maintaining agency facilities, implementing safety procedures both on- and off-site, providing a trauma-informed environment for people to work and receive services, and preparing for emergencies.</p>	

- (c) Children in care and adults must ride in a vehicle manufactured seat, properly using the passenger restraint device in accordance with Oregon law when traveling on public roads.
- (2) **Searches.** If a child-caring agency carries out searches on children in care or visitors, the child-caring agency must have written policies and procedures that, at a minimum, comply with all of the following:
- (a) A prohibition on strip searches.
 - (b) A prohibition on body cavity searches.
 - (c) Requirement that searches will be conducted in the least intrusive manner possible for the type of search being conducted.
 - (d) Requirement that pat down searches of children in care will only be conducted when necessary to discourage the introduction of contraband, or to promote the safety of staff and other children in care and will only be conducted as follows:
 - (A) By staff trained in proper search techniques;
 - (B) By a staff member of the same sex as the child in care being searched, and in the presence of another staff member;
 - (C) The child in care must be told the child is about to be searched;
 - (D) The child in care must be asked to remove all outer clothing (gloves, coat, hat, and shoes) and empty all pockets;
 - (E) The staff member must then pat the clothing of the child in care using only enough contact to conduct an appropriate search;
 - (F) If the staff detects anything unusual, the child in care must be asked to identify the item, and appropriate steps must be taken to remove the item for inspection;
 - (G) If the child in care refuses to comply, the executive director or designee must be notified immediately and be responsible to resolve the matter; and
 - (H) All searches must be documented in writing.
 - (e) Policy regarding obtaining appropriate consents for searches.
 - (f) If the child in care refuses to comply with a requirement of the search, the program must follow established policies to determine if the child in care can be refused admission to or discharged from the program.
 - (g) Information regarding any personal or room searches and protocols for confiscation of contraband items, including the notification of law enforcement if illegal contraband is discovered. This information will include the procedures and rationales of the child-caring agency for any program-initiated room or body search.
- (3) **Water safety.** 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.
- (4) **Hazards.**
- (a) A child-caring agency must protect children in care it serves from guns, drugs, sharps, paint, hazardous materials, bio-hazardous materials, and other potentially harmful items. A child-caring agency must have a written policy that addresses potentially harmful materials that are in areas accessible to the children in care in the program or on the grounds of the program.
 - (b) Direct supervision by staff must be provided for any child in care who does not have the ability to adjust and control water temperature.
 - (c) Each light fixture must have a protective cover unless it is designed to be used without one.

**PA-RTX 17 Privacy Provisions
RTX 17.02 and 17.03**

The agency provides for resident comfort, dignity, privacy, and safety

*Reviewers Note: While there are not specific references to Water safety in the COA standards, there are requirements to be in compliance with all local and state regulatory provisions. So, it appears that when something is required by state regulations, COA would fully expect the provider to remain in compliance with those provisions for ongoing accreditation.

Physical Plant Requirement	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0511		Standards are consistent	
	<p>(1) A residential care agency may not allow children in care to have access to, or provide services regulated by these rules (OAR 413-215-0501 to 413-215-0586) in, a building unless the building has been certified as meeting all applicable state and local construction-related requirements for a building used by the residential care agency.</p> <p>(2) A residential care agency must meet all of the following requirements:</p> <p>(a) All buildings where children in care are present must be smoke-free.</p> <p>(b) All buildings owned, maintained, or operated by the residential care agency to provide services to children in care must meet all applicable state and local building, electrical, plumbing, and zoning codes.</p> <p>(c) All areas of buildings where children in care are present must be kept clean and in good repair. Major appliances and heating, ventilation, plumbing, and electrical systems must be functional and in good repair.</p> <p>(d) Each room used by children in care must have floors, walls, and ceilings that meet the interior finish requirements of the applicable Oregon Structural Specialty Code (see the current version of OAR 837-040-0140) and the Oregon Fire Code (see the current version of OAR 837-040-0010 and 837-040-0020) and be free of harmful drafts, odors, and excessive noise.</p> <p>(e) Each room used by children in care must be adequate in size and arrangement for the purpose in which it is used. (f) A system providing a continuous supply of hot and cold water must be distributed to taps conveniently located throughout each facility.</p> <p>(g) Water systems serving the property must be installed and maintained in compliance with applicable drinking water regulations (see OAR chapter 333) from the Public Health Division of the Oregon Health Authority.</p> <p>(h) Heat and ventilation.</p> <p>(A) Buildings must be ventilated by natural or mechanical means and must be free of excessive heat, condensation, and obnoxious odors.</p> <p>(B) Room temperature must be maintained within a normal comfort range.</p> <p>(i) Water temperature and access to water:</p> <p>(A) A continuous supply of hot and cold water, installed and maintained in compliance with this rule and OAR 413-215-0516, must be distributed to taps conveniently located throughout each building used to provide services or housing for children in care.</p> <p>(B) The temperature of hot water used for hand washing, bathing, or showering must be controlled so that it does not exceed 120 degrees Fahrenheit in each building used to provide services or housing for children in care.</p> <p>(C) Each child in care who lacks the ability to adjust and control water temperature safely must be directly supervised by a staff member of the residential care agency.</p>		<p>PA-ASE Administrative and Service Environment ASE 3 Regulatory Compliance ASE 4: Facility Maintenance</p> <p>The Administrative and Service Environment (PA-ASE) standards reflect the significant impact that health; physical, psychological and emotional safety; and personal dignity have on an agency’s effectiveness. Specifically, PA-ASE provides a model for managing risk through practices such as offering accessible facilities, complying with applicable health regulations and codes, maintaining agency facilities, implementing safety procedures both on- and off-site, providing a trauma-informed environment for people to work and receive services, and preparing for emergencies</p>

Environmental Health	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0531		Standards are consistent	
<p>A residential care agency must meet all of the following requirements:</p> <p>(1) The program of the residential care agency must maintain an environment that ensures safety for program staff and children in care.</p> <p>(2) Environmental Health Specialist approval. Prior to licensure and every two years upon license renewal, the program must be assessed and provide documentation of approval by a registered environmental health specialist (see OAR 338-010-0025 to 338-010-0038) for the following safety areas:</p> <p>(a) Food service risk assessment.</p> <p>(b) Drinking water or waste water assessment.</p> <p>(c) Vector and pest control, including the use of pesticides and other chemical agents.</p> <p>(d) Hazardous material management, including handling and storage.</p> <p>(e) Recreation assessments (such as playgrounds, swimming pools, and hot tubs) for injury prevention and hazard mitigation</p>			<p>PA-ASE Administrative and Service Environment ASE 3 Regulatory Compliance ASE 6 Safety and Security</p> <p>The Administrative and Service Environment (PA-ASE) standards reflect the significant impact that health; physical, psychological and emotional safety; and personal dignity have on an agency’s effectiveness. Specifically, PA-ASE provides a model for managing risk through practices such as offering accessible facilities, complying with applicable health regulations and codes, maintaining agency facilities, implementing safety procedures both on- and off-site, providing a trauma-informed environment for people to work and receive services, and preparing for emergencies</p>
Food Services	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0536		Oregon standard is stronger	
<p>A residential care agency must meet all of the following requirements with regard to food services:</p> <p>(1) Nutrition and dietary requirements.</p> <p>(a) A residential care agency must arrange meals daily, consistent with normal mealtimes that occur during hours of operation.</p> <p>(b) Menus must be prepared in advance in accordance with USDA guidelines and must provide a sufficient variety of foods served in adequate amounts for each child in care at each meal, adjusted for seasonal changes. Records of menus as served must be maintained in the record of the residential care agency for at least six months.</p> <p>(c) Drinking water must be freely available to the children in care served by the residential care agency.</p> <p>(2) Food selection, storage, and preparation.</p> <p>(a) All food and drink provided by the residential care agency must be stored, prepared, and served in a sanitary manner.</p> <p>(b) All employees who handle food served to children in care must have a valid food handlers card pursuant to ORS 624.570.</p> <p>(c) Selection of food. All food products served by a residential care agency must be obtained from commercial suppliers, except:</p> <p>(A) Fresh fruits and vegetables and fruits or vegetables frozen by the residential care agency may be served.</p> <p>(B) The serving of un-pasteurized juice is prohibited.</p> <p>(d) Requirements related to milk.</p> <p>(A) Only Grade A pasteurized and fortified milk may be served to children in care.</p> <p>(B) Milk and fluid milk products must be dispensed from a commercially filled plastic container of not more than one-gallon capacity or from a refrigerated bulk container equipped with a dispensing device approved by the Food and Drug Administration or Oregon Department of Agriculture.</p>			<p>PA ASE Administrative and Service Environment ASE 3 Regulatory Compliance ASE 3.02</p> <p>The Administrative and Service Environment (PA-ASE) standards reflect the significant impact that health; physical, psychological and emotional safety; and personal dignity have on an agency’s effectiveness. Specifically, PA-ASE provides a model for managing risk through practices such as offering accessible facilities, complying with applicable health regulations and codes, maintaining agency facilities, implementing safety procedures both on- and off-site, providing a trauma-informed environment for people to work and receive services, and preparing for emergencies</p> <p><u>Reviewer Note: Interpretation of this standard indicates:</u></p> <p>The agency’s ventilation, heating, cooling, electrical work, water supply, plumbing, food service, elevators, and other fixtures must all conform to relevant health, sanitation, and safety codes and regulations. When codes</p>

(e) Children in care may participate in activities in a food-preparation area, other than routine clean up, only while under the supervision of the employees of the residential care agency.		differ, for example state and local codes, the stricter code applies.	
RCA: Safety	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0541		Standards are consistent	
<p>A residential care agency must meet all of the following requirements related to safety:</p> <p>(1) Fire safety. Prior to licensure and every two years upon license renewal, the program must be assessed and approved by the State Fire Marshall or designee for the following fire safety areas:</p> <p>(a) The residential care agency must provide fire safety equipment that meets the requirements of applicable building codes and the Oregon Fire Code (see the current version of OAR 837-040-0010 and 837-040-0020).</p> <p>(b) The residential care agency must comply with existing state and local fire safety codes.</p> <p>(2) Emergency plan.</p> <p>(a) The residential care agency must have, for each facility it operates, a written emergency plan that includes:</p> <p>(A) Instructions for evacuation of children in care and employees in the event of fire, explosion, accident, or other emergency.</p> <p>(B) Instructions for response in the event of a natural disaster, external safety threat, or other emergency.</p> <p>(b) Telephone numbers for local police and fire departments and other appropriate emergency numbers must be posted near all telephones.</p> <p>(c) Operative flashlights sufficient in number must be readily available to the staff in case of emergency.</p> <p>(3) Evacuation drills. (a) An unannounced evacuation drill must be held monthly under varying conditions to simulate the unusual conditions that occur in the event of fire. For each drill, the residential care agency must document the following information and retain it for a minimum of two years:</p> <p>(A) Identity of the person conducting the drill.</p> <p>(B) Date and time of the drill.</p> <p>(C) Notification method used.</p> <p>(D) Staff members on duty and participating.</p> <p>(E) Number of children in care and staff evacuated.</p> <p>(F) Special conditions simulated.</p> <p>(G) Problems encountered.</p> <p>(H) Time required to accomplish complete evacuation.</p> <p>(b) The residential care agency must ensure that all employees and children in care are aware of the procedures to follow in case of emergencies.</p>		<p>PA ASE Administrative and Service Environment ASE 3 Regulatory Compliance ASE 7 Emergency Response ASE 7.05 The Administrative and Service Environment (PA-ASE) standards reflect the significant impact that health; physical, psychological and emotional safety; and personal dignity have on an agency’s effectiveness. Specifically, PA-ASE provides a model for managing risk through practices such as offering accessible facilities, complying with applicable health regulations and codes, maintaining agency facilities, implementing safety procedures both on- and off-site, providing a trauma-informed environment for people to work and receive services, and preparing for emergencies</p> <hr/>	

Health Services	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0546		Standards are consistent	
	<p>(1) A residential care agency must obtain all private health record information referred to in this rule in a manner that complies with federal and state law.</p> <p>(2) Medical history. Within 30 days of a child in care being placed with a residential care agency, the residential care agency must obtain available medical history and other health-related information on the child in care, including:</p> <ul style="list-style-type: none"> (a) Significant findings of the most current physical examination; (b) The child in care's current immunizations, history of surgical procedures and significant health issues or injuries, and past or present communicable diseases; (c) Any known allergies; (d) Dental, vision, hearing, and behavioral health; (e) Documentation that the child in care has received age-appropriate instruction regarding pregnancy prevention, nutrition, prevention of HIV and AIDS, and general information about the prevention and treatment of sexually transmitted disease; and (f) Physician or qualified medical professional's orders, including those related to medications, if any. <p>(3) Health Services. The residential care agency must provide or arrange for the following health services, as applicable:</p> <ul style="list-style-type: none"> (a) Information on maintaining reproductive health and birth control. (b) Prenatal care. (c) Well-baby care. (d) Fetal alcohol syndrome. (e) Accessing child and infant health insurance programs. (f) Screening for breast and other common cancers. (g) Provide all necessary feminine hygiene products. (h) Access to birth control, vaccinations, and information about preventing sexually transmitted diseases. <p>(4) Medical examinations. A residential care agency must safeguard the health of each child in care it serves by providing for a medical examination by a physician or qualified medical professional at the following intervals:</p> <ul style="list-style-type: none"> (a) Three examinations during the first year of the child's life. (b) One examination at the age of two. (c) One examination at the age of four. (d) One examination at the age of six. (e) One examination at the age of nine. (f) One examination at the age of 14. <p>(5) A residential care agency must have written procedures for accessing routine and urgent medical care for children in care, including obtaining necessary consents</p>		<p>PA-RTX 9: Health Care Services RTX 9.02 & 9.03 Residents receive comprehensive healthcare services to promote optimal physical, emotional, and developmental health.</p> <p>PA-ASE 8 Special Health Precautions he agency takes appropriate precautions to limit the spread of contagious and infectious disease</p>

Medication	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0551		COA standard exceeds Ore regulation	
	<p>(1) Policy and procedures. The residential care agency must have policies and procedures that cover all prescription and non-prescription medications that address all of the following:</p> <ul style="list-style-type: none"> (a) How the medication will be administered. (b) By whom the medication will be administered. (c) How the staff of the residential care agency who administer medication will be trained. (d) How the administration of medication will be documented. (e) How the administration of medication will be monitored. (f) How unused medication will be disposed of. (g) The process that ensures that each child in care's prescription and non-prescription medications are reviewed, unless the medications are all provided through a single pharmacy. As used in this rule, "non-prescription medication" means any medication that does not require a written prescription for purchase or dispensing and includes the use of any herbal remedies or supplements. (h) How the foster care agency and the proctor foster home will ensure compliance with OAR 413-070-0470 if it serves children in Department custody. <p>(2) Program staff may not dispense medication to a child in care in any of the following situations:</p> <ul style="list-style-type: none"> (a) In excess of the prescribed or authorized amount. (b) For disciplinary purposes. (c) For the convenience of staff. (d) As a substitute for appropriate treatment services. <p>(3) A prescription, signed by a physician or qualified medical professional, is required before any prescription medication is administered to, or self-administered by a child in care. Medications prescribed for one child in care may not be administered to, or self-administered by another child in care or staff. As used in this rule, "self-administration of medication" refers to the act of a child in care placing a medication internally in, or externally on, his or her own body.</p> <p>(4) A written approval, signed by a physician or qualified medical professional, is required for any use of herbal supplements or remedies.</p> <p>(5) A written order, signed by a physician or qualified medical professional, is required for any medical treatment, special diet, physical therapy, aid to physical functioning, or limitation of activity.</p> <p>(6) Before a residential care agency permits a child in care to self-administer prescription medication, self-administration must be recommended by the qualified medical professional, approved in writing by a physician or qualified medical professional, and closely monitored by the staff of the residential care agency.</p> <p>(7) Medication storage.</p> <ul style="list-style-type: none"> (a) Prescription medications that are unused and medications that are outdated or recalled may not be maintained in the facility. "Outdated" means any medication whose designated period of potency, as indicated on the label, has expired. (b) The facility may maintain a stock supply of non-prescription medications. (c) All prescription and non-prescription medications stored in the facility must be kept in a manner that they are inaccessible to children in care. (d) Medications requiring refrigeration must be refrigerated and secured. (e) Medications must be maintained and stored in its original container, including the prescription label. <p>(8) Medication disposal. Medications must be disposed of in a manner that ensures that they cannot be retrieved, in accordance with all applicable state and federal law.</p>		<p>PA-RDM Risk Prevention and Management RDM 4 Medication</p> <p>Risk Prevention and Management standards require that agencies take a proactive approach to risk by continually improving systems and practices for identifying and mitigating potential risks, and learning from adverse events and challenges when they occur. Proactive, systemic risk prevention and management requires a holistic approach that involves staff throughout the agency and considers all areas of potential risk including, but not limited to: legal compliance, liability exposure, health and safety, human resources, contracting, technology, security of information, client rights and confidentiality, and finances.</p> <p>The agency promotes the safe and appropriate use of medication by persons served.</p>

<p>(9) A written record of all medication disposals must be maintained and must include all of the following:</p> <ul style="list-style-type: none"> (a) A description of the prescribed medication and the amount disposed. (b) The child in care for whom the medication was prescribed. (c) The reason for disposal. (d) The method of disposal. (e) The name of the person disposing the medication, and the initials of an adult witness. <p>(10) Medication records. A written record must be kept for each child in care listing all medications, both prescription and over-the-counter, that are administered. The record must include all of the following:</p> <ul style="list-style-type: none"> (a) The name of the child in care. (b) A description of the medication, instructions for use, and the recommended dosage. (c) Dates and times medication is administered. (d) A record of missed dosages. (e) Medication dropped or disposed of. (f) Method of administration for each medication. (g) Identification of the person administering the medication. (h) Any possible adverse reactions to the medication. (i) Documentation of any medication taken outside the facility to be administered during a home visit or other activity. <p>(11) Where applicable, the residential care agency must maintain documentation of the continuing evaluation of the ability of the child in care to self-administer a medication.</p>			
Staff Training	Oregon Requirement	Meet or exceed	COA Comparable Standard(with standard explanation)
413-215-0556		Standards are consistent	
<p>In addition to the requirements in OAR 413-215-0061(4) and (5), a residential care agency must meet all of the following training requirements with respect to its staff:</p> <p>(1) Staff of the residential care agency must be provided with orientation training prior to or within 30 days of hire. The orientation must include training on all of the following:</p> <ul style="list-style-type: none"> (a) Discipline and behavior management protocols including de-escalation skills training, crisis prevention skills, positive behavior management, and disciplinary techniques that are non-punitive in nature and are focused on helping children in care build positive personal relationships and self-control. (b) If restraint and seclusion are utilized by the residential care agency, which techniques are approved by the residential care agency and how use of these procedures is monitored. The policy of the residential care agency must be clear in training that restraint or seclusion is used as an intervention of last resort. <p>(2) Staff of the residential care agency must receive ongoing training at least annually on all of the following:</p> <ul style="list-style-type: none"> (a) Procedures for handling environmental emergencies. (b) Universal precautions (infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids) and hygiene. (c) Discipline and behavior management. <p>(3) Staff providing direct care of children in care of the residential care agency must receive training in cardiopulmonary resuscitation and first aid sufficient to retain a current certification.</p> <p>(4) Designated staff authorized to apply the reasonable and prudent parent standard must receive training related to the application of the reasonable and prudent parent standard and age-appropriate or developmentally appropriate activities for a child in care.</p>		<p>PA-BSM Behavior Support and Management BSM 3: Safety Training BSM 4: Restrictive Behavior Management Intervention Training</p> <p>Effective behavior support and management practices begin with support from leadership that encourages an environment in which the need for restrictive interventions is minimized to the greatest extent possible. A culture that promotes respect, healing, and positive behavior, and provides individuals with the support they need to manage their own behaviors, can help prevent emergency situations. Training for personnel and foster parents is an essential component of maintaining a safe work and service environment. Training also prevents injuries and deaths in crisis situations that warrant the use of restrictive interventions as a last resort. Agencies that maintain a process for reviewing incidents when they do occur have the opportunity to make changes in their practices to support the safest environment possible and further reduce the use of restrictive interventions.</p>	

The Joint Commission (TJC)

www.jointcommission.org

Governance	Oregon Requirement	Meet or Exceed	TJC Comparable Standard(with standard explanation)
413-215-0021 Section 2 & 4		Standards are consistent	
<p>(2) <u>Responsibilities of the governing board.</u> The governing board of a child-caring agency must have all of the following responsibilities:</p> <p>(a) To provide leadership for the child-caring agency.</p> <p>(b) To be responsible for establishing the child-caring agency's by-laws and policies, to monitor the agency's programs consistent with its policies and mission, and to guide program development.</p> <p>(c) To adopt by-laws that provide a basic structure for the operation of the programs of the child-caring agency.</p> <p>(d) To develop by-laws for selection and rotation of its members.</p> <p>(e) To ensure the employment of a qualified executive director and to delegate appropriate responsibility to that individual for the administration, management, and operation of the child-caring agency, including the employment of all childcaring agency staff and the authority to dismiss any staff member.</p> <p>(f) To formally evaluate the executive director's performance annually and keep a copy of the evaluation signed by the board chair in the executive director's personnel file.</p> <p>(g) To approve the annual budget of anticipated income and expenditures necessary to provide the services described in its program description.</p> <p>(h) To review an annual report of actual income and expenditures.</p> <p>(i) To obtain and review an annual independent financial review or audit of financial records when required by these rules or requested by the Department.</p> <p>(j) To establish and ensure compliance with personnel practices for the selection and retention of staff sufficient to operate the child-caring agency.</p> <p>(k) To ensure a written quality improvement program that identifies systematic efforts to improve its services.</p> <p>(L) To keep permanent records of meetings and deliberations on major decisions affecting the delivery of services.</p> <p>(4) The executive or program director must be responsible for all of the following:</p> <p>(a) The daily operation and maintenance of the child-caring agency and its facilities in compliance with the rules in OAR chapter 413, division 215 and the established program budget.</p> <p>(b) Administration of policies and procedures to ensure clear definition of staff roles and responsibilities, lines of authority, and equitable workloads that ensure safe and protective care, supervision, and treatment of the children served by the childcaring agency.</p> <p>(c) Ensuring that only individuals whose presence does not jeopardize the health, safety, or welfare of the children in care served by the child-caring agency are employed or used as volunteers.</p> <p>(d) Recruiting, employing, supervising, training, or arranging for these activities. (e) Reporting to the governing board on the operation of the child-caring agency.</p>			<p>Leadership (LD) LD01.01.01 Leadership Structure LD 01.03.01 Governance Accountability LD01.04.01 CEO Responsibilities LD 01.07.01 Leaders Knowledge LD 02.01.01 Vision, Mission and Goals LD 03.0301 Organizational Planning LD 03.04.01 Staffing <u>Overview of Section:</u> The safety and quality of care, treatment or services depend on many factors; management of these factors/functions is the direct responsibility of leaders. They are in effect, responsible for the care, treatment or services that the organization provides. Leaders shape the organizations culture, and that culture in turn affects how the organization accomplishes it's work. A healthy, thriving culture is built around the organizations mission and vision, which reflect the core values and principles that the organization finds important. Leaders oversee operations and guide the organization on a day to day basis; they keep operations running smoothly so that the important work of serving individuals can continue.</p>

<p>(f) Providing for appropriate staff to assume the executive or program director's responsibility for the operation and maintenance of the child-caring agency whenever the executive or program director is absent from the child-caring agency.</p> <p>(g) Terminating from employment any staff member who is unsuitable or who performs in an unsatisfactory manner.</p> <p>(h) Complying with all laws, and ensuring that all child-caring agency employees, contractors, and agents comply with all laws, including mandatory child abuse reporting laws.</p> <p>(i) Ensuring that the child-caring agency, including its employees, contractors, and agents, complies with all licensing rules and regulations and internal policies and procedures of the child-caring agency.</p>		<p>Performance Improvement (PI) All organizations want better outcomes for individuals they serve and therefore are concerned about improving the safety and quality of the care, treatment and services they provide. The best way to achieve this is by first measuring the performance of processes that support care and then by using that data to make improvements. The standards in this section stress the importance of using that data to influence positive change.</p>	
Financial Mgmt	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
431-215-0026			
<p>(1) Budget. A child-caring agency must operate under an annual line-item budget, showing planned expenditures and sources of income, which has been approved by the governing board as the plan for management of its funds, and provide a copy to the Department as required by OAR 413-215-0081 and upon request.</p> <p>(2) Funding. The annual budget of a licensee must document that the licensee has sufficient funds to meet the requirements of licensure, to operate the programs the licensee is licensed to operate, and to provide the services the licensee has stated the child-caring agency will provide.</p> <p>(3) Fiscal accountability.</p> <p>(a) A child-caring agency must maintain complete and accurate accounts, books, and records following generally accepted principles of accounting. A child-caring agency must provide to the Department current internal financial statements, general ledgers, bank statements, and any other financial records as required in OAR 413-215-0081 and upon request.</p> <p>(b) The Department may conduct an audit, including a forensic audit, of any childcaring agency to determine compliance with applicable laws and administrative rules. An audit under this subsection shall be at the expense of the Department.</p> <p>(4) A child-caring agency that is a nonprofit corporation must comply with the requirements of ORS 128.610 to 128.769.</p> <p>(5) Insurance. A child-caring agency must at all times maintain each of the following: (a) General liability insurance in an amount that is reasonably related to the exposure to risk, but in no case in an amount less than \$1,000,000 for each occurrence and \$3,000,000 aggregate.</p> <p>(b) Adequate fire insurance.</p> <p>(c) Adequate auto insurance if the child-caring agency owns or operates a vehicle.</p>		<p>Leadership (LD) LD 04.01.03 organization develops an annual operating budget and when needed, a long term capital expenditure plan.</p> <p>LD 04.01.01 The organization complies with the law and regulations.</p> <hr/> <p>Reviewers note: while the TJC standards do not address insurance specifically, LD 04.01.01 does indicate that all accredited agencies will follow the respective law and regulations concerning such.</p>	

Respect of Chldrn in Care	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0031		Standards are consistent	
<p>A child-caring agency must respect the race, spiritual beliefs, sexual orientation, gender identity and gender expression, disabilities, national origin, and cultural identities of a child in care, and provide opportunities to enhance the positive self-concept and understanding of the child in care. The child-caring agency must ensure that written materials are made available in other languages as necessary, or as indicated by the demographic environment or the population served by the program</p>			<p>Human Resources Management (HRM) HR 01.03.01 Orientation to Staff Sensitivity to cultural diversity means being aware of and respecting cultural differences. Rights and Responsibilities of the Individual (RI) RI 01.01.01 Developing and Communicating Individual rights RI 01.02.01 Participation in Care, Treatment and Service Decisions RI01.03.01-01.03.05 Informed Consent RI 01.04.01-01.04.03 Right to Know RI 01.06.03-01.06.07 Personal Rights RI 01.07.014-01.07.09 Services Provided by Organizations to Respect Individual’s Rights RI 02.01.01 Individual’s Responsibilities This chapter presents a series of requirements to help organizations recognize and respect the rights of individuals served.</p>
Children and Family Rights Policy and Griev. Procedures	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0046		Standards are consistent	
<p>(1) Rights of children in care and families served by the child-caring agency. A child-caring agency must guarantee the rights of children in care and the families the child-caring agency serves. A child-caring agency must enact and adhere to a policy ensuring those rights. A written copy must be distributed to all children in care and families served by the child-caring agency, and afford the following rights:</p> <p>(a) Except as provided in paragraph (B) of this subsection, the child in care's right to uncensored communication with legal guardians, caseworkers, legal representatives, and other persons approved for communication by the legal guardian or as provided in a court order.</p> <p>(A) This right cannot be waived, including voluntarily. Restriction on communication between a child in care and his or her legal guardian may not be a condition of participation in the program.</p> <p>(B) A child-caring agency may place reasonable limits on communication, but only as provided in the child-caring agency's policy. Reasonable limits include, but are not limited to, having set time periods during the day for visitation and phone calls and imposing moderate limits on the duration of calls or visits. However, a limitation is not considered reasonable if it prevents the ability to meaningfully communicate, such as not allowing contact with a child in care's attorney during regular business hours.</p> <p>(b) The child in care's right to privacy.</p> <p>(c) The child in care's right to participate in service planning or educational program planning.</p>			<p>Rights and Responsibilities of the Individual (RI) RI 01.01.01 Developing and Communicating Individual rights RI 01.02.01 Participation in Care, Treatment and Service Decisions RI01.03.01-01.03.05 Informed Consent RI 01.04.01-01.04.03 Right to Know RI 01.06.03-01.06.07 Personal Rights RI 01.07.014-01.07.09 Services Provided by Organizations to Respect Individual’s Rights RI 02.01.01 Individual’s Responsibilities This chapter presents a series of requirements to help organizations recognize and respect the rights of individuals served</p>

<p>(d) The child in care's right to fair and equitable treatment.</p> <p>(e) The child in care's right to file a grievance (as provided in section (2) of this rule) if the child in care or family feels that they are treated unfairly or if they are not in agreement with the services provided.</p> <p>(f) The child in care's right to have adequate and personally exclusive clothing.</p> <p>(g) The child in care's right to personal belongings.</p> <p>(h) The child in care's right to an appropriate education.</p> <p>(i) The child in care's right to participate in recreation and leisure activities.</p> <p>(j) The child in care's right to have timely access to physical and behavioral health care services.</p> <p>(2) Grievance Procedures. (a) A child-caring agency must enact and adhere to written procedures for the children in care and families the child-caring agency serves to submit a grievance. For an academic boarding school, this subsection only applies to grievances about health or safety issues. The child-caring agency must provide the procedures to each child in care and family. The procedures must include all of the following:</p> <p>(A) A process likely to result in a fair and expeditious resolution of a grievance.</p> <p>(B) A prohibition of reprisal or retaliation against any individual who files a grievance.</p> <p>(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.</p> <p>(D) The name, address, and phone number of:</p> <p>(i) A Department licensing coordinator; and</p> <p>(ii) Any other governmental entities with oversight responsibilities.</p> <p>(b) Grievances and complaints filed with the child-caring agency and all information obtained in their resolution must be maintained for a minimum of two years and provided to the Department upon request.</p> <p>(3) A child-caring agency serving children in care who are also in the care or custody of the Department must:</p> <p>(a) Post and adhere to the Oregon Foster Children's Bill of Rights in accordance with the requirements of OAR 413-010-0180 and comply with ORS 418.200 to 418.202; and</p> <p>(b) Have and adhere to a process for children in care in Department care or custody to make complaints consistent with ORS 418.201(1). (c) Comply with the Oregon Foster Children's Sibling Bill of Rights in accordance with the requirements of OAR 413-010-0180 and comply with ORS 418.607.</p>			<p>Reviewers note: with respect to (1)(B), the TJC standards allow for restrictions on communication only when there can be a therapeutic justification.</p> <hr/> <p>Care, Treatment and Services (CTS) CTS 02.01.13 Organization Screens for educational status This chapter provides contemporary and relevant standards that reflect the flow of care, treatment and services. RI 01.07.01</p> <hr/> <p>Reviewer's Note: while the TJC standards do not specifically address a comparable standard, this section includes many additional criteria that are not addressed in the Ore. Standard.</p>
Personnel	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0061		Standards are consistent	
<p>(1) Staff requirements and hiring. To ensure that the child-caring agency uses only staff and volunteers who do not jeopardize the health, safety, or welfare of children, a child-caring agency and its contractors must meet all of the following requirements:</p> <p>(a) Comply with the Department's background check rules at OAR 407-007-0200 to 407-007-0370.</p> <p>(b) Obtain reference checks.</p> <p>(c) Employ individuals who meet the staff minimum qualifications as stated in the current job description.</p> <p>(2) Personnel policies of the child-caring agency and its contractors must include all of the following:</p> <p>(a) For each staff position, a job title and a written job description that defines the qualifications, duties, and lines of authority for the position.</p> <p>(b) A staff development plan providing for opportunities for professional growth through supervision, training, and experience.</p>			<p>Human Resources Management (HRM) HRM 01.01.01-.03 Staffing HRM 01.02.01 Qualifications HRM 01.03.01 Orientation HRM 01.04.01 Supervision HRM 01.05.01 Education and Training HRM 01.06.01-09 Competence The standards and elements in this chapter address the organizations responsibility to establish and verify staff qualification, orient staff, and provide staff with the training they need to support the care, treatment and services the organization provides</p>

- (c) Procedures for a written annual evaluation of the work and performance of each staff member that include provision for employee participation in the evaluation process.
- (d) A description of the termination procedures established for resignation, retirement, and dismissal.
- (e) A written grievance procedure for staff.
- (3) Personnel Files. The child-caring agency and its contractors must have a personnel file for each employee that is maintained for a minimum of two years after the termination date of each employee and includes all of the following:
 - (a) A record of education, training, and previous employment.
 - (b) Documentation of reference checks.
 - (c) Documentation that a background check was completed as required in OAR 407- 007-0200 to 407-007-0370.
 - (d) Annual performance evaluations.
 - (e) Ongoing record of training received.
 - (f) Records of personnel actions.
 - (g) Starting and termination dates, and reason for termination.
 - (h) A current job description.
- (4) Staff orientation. A child-caring agency must provide training to each newly hired employee within 30 days of employment on all of the following subjects:
 - (a) Child-caring agency policies and procedures.
 - (b) Ethical and professional guidelines.
 - (c) Suicide prevention and intervention.
 - (d) Attributes of population served.
 - (e) Child-abuse reporting laws and requirements including the definitions of abuse that apply specifically to a child in care.
 - (f) Privacy laws.
 - (g) Emergency procedures.
- (5) Child abuse reporting training: A child-caring agency must provide training and written materials on mandatory child abuse reporting responsibilities to all employees and, if applicable, proctor foster parents as part of initial orientation and annually thereafter. The training must include written instruction on the following:
 - (a) The definitions of child abuse in ORS 418.257 and 419B.005 that apply in childcaring agencies;
 - (b) The legal responsibility to immediately report suspected child abuse or neglect by calling the appropriate child abuse reporting hotline; and
 - (c) The legal responsibility to report child abuse is personal to the employee and, if applicable, the approved proctor foster parent and is not fulfilled by reporting the child abuse or neglect to the owner, operator, or any other employee of the childcaring agency even if the owner, operator, or other employee reports the child abuse to the Department.
- (6) Contractor-related requirements.
 - (a) If a child-caring agency contracts with other private providers or individuals in lieu of or in addition to hiring permanent employees, the child-caring agency must ensure that the contractor meets the applicable requirements of this rule and the LICENSING UMBRELLA RULES 413-215-0001 to 413-215-0136 24 rules in OAR chapter 413, division 215 specific to the type of service the contractor provides.
 - (b) If the child-caring agency contracts to provide any of its services:
 - (A) The child-caring agency must ensure the contractor has a process to screen its employees for professional conduct and sufficient methods for holding its employees accountable.
 - (B) The contract between the child-caring agency and contractor must specify all of the following:
 - (i) The services the contractor provides.

LD 04.01.01 The organization complies with the law and regulations.

**LD 04.03.09 Approval
LD 04.03.09 Communication of Expectation
LD04.03.09 Continuity of Care
LD 04.03.09 Monitoring
LD 04.03.09 Safe and Effective Use of**

<p>(ii) The contractor's fees.</p> <p>(iii) Disclosure of information from the contractor to the agency.</p> <p>(iv) Lines of authority between the contractor and the child-caring agency and among employees of the contractor in connection with the provision of services.</p> <p>(v) Adherence to applicable Department rules and requirements, including, but not limited to the background check rules in OAR 407-007-0200 to 407-007-0370.</p> <p>(vi) Any liability of the child-caring agency for acts of the contractor, any rights of indemnity, and any limitations on liability of the child-caring agency or contractor.</p>			
<p>Discipline, Behavior Mgmt and Suicide Prev.</p>	<p>Oregon Requirement</p>	<p>Meet or exceed</p>	<p>TJC Comparable Standard(with standard explanation)</p>
<p>413-215-0076</p>		<p>Standards are consistent</p>	
<p>(1) A child-caring agency, except a child-caring agency licensed only to provide adoption services under OAR 413-215-0401 to 413-215-0481, must adopt and adhere to written policies and procedures on discipline, behavior management, and suicide prevention that meet all of the requirements of this rule.</p> <p>(a) Copies of the policies and procedures must be provided to the Department as provided in OAR 413-215-0081 and any time policies are adopted or amended.</p> <p>(b) The discipline and behavior management policies and procedures must prohibit the following:</p> <p>(A) Spanking, hitting, or striking with an instrument.</p> <p>(B) Committing an act designed to humiliate, ridicule, or degrade a child in care or undermine the self-respect of a child in care.</p> <p>(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.</p> <p>(D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact.</p> <p>(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.</p> <p>(F) Using physical restraint (see paragraph (3)(d)(A) of this rule) or seclusion as discipline.</p> <p>(G) Permitting or directing a child in care to punish another child in care.</p> <p>(H) Using any other kind of harsh punishment.</p> <p>(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.</p> <p>(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.</p> <p>(2) Discipline Policy. A child-caring agency must incorporate into the program's care-giving practices positive nonpunitive discipline and ways of helping a child in care build positive personal relationships, self-control, and self-esteem.</p> <p>(3) Behavior Management.</p> <p>(a) The behavior management policy of the child-caring agency must identify appropriate and positive methods of behavior management based on a child's needs, developmental level, and behavior.</p> <p>(b) The policies must include a description of the model, program, or techniques used and its use of each of the following:</p>		<p>Care, Treatment and Services (CTS) CTS 05.01.01 through 05.06.35 Special Behavioral Procedures Special procedures may be emergency procedures or planned interventions, but both have the potential for leading to abuse or causing harm. For that reason TJC requires well developed policies through training of all staff and careful monitoring and evaluation to ensure that risk of abuse is prevented and risk of harm is minimized or eliminated. Special procedures include exclusionary time-outs, level systems, individualized behavioral contingency programs, physical holding of children/youth and restraint and seclusion. CTS 05.04.01-05.04.17 Individualized Behavioral Contingencies The purpose of the standards addressing individual behavior contingencies is to ensure the safety and rights of the individual served. These standards evaluate whether the applied behavioral technique is safe and whether it infringes upon the rights of the individual served. CTS 05.06.01-35 Restraint and Seclusion The use of restraint and seclusion poses an inherent risk to the physical safety and psychological well-being of the individual served as well as staff. Therefore, restraint and seclusion are used only in an emergency when there is an imminent risk of the individual served physically harming himself or herself or others including staff. Nonphysical interventions are the first choice unless safety demand an immediate physical response.</p>	

(A) Nonviolent crisis intervention. For purposes of this rule, "nonviolent crisis intervention" means a nationally recognized, holistic system for defusing escalating behavior and safely managing physically aggressive behavior. The agency's choice of a "nonviolent crisis-intervention system" must be conveyed to and approved by the Department.

(B) Use of time out, if applicable.

(C) Use of restraints, if applicable.

(i) Chemical restraint, meaning the administration of medication for the management of uncontrolled behavior, is prohibited. Chemical restraint is different from the use of medication for treatment of symptoms of severe emotional disturbances or disorders.

(ii) Mechanical restraint, meaning the use of any physical device to involuntarily restrain the movement of a child in care as a means of controlling his or her physical activities, is prohibited.

(D) Use of seclusion, if applicable.

(c) Time out.

(A) For the purpose of this rule, "time out" means restricting a child in care to a designated area for a period of time to give the child in care an opportunity to regain self-control.

(B) "Time out" must include frequent contact with staff.

(C) Rooms used for "time out" must have adequate space, temperature, light, and ventilation, and must not be capable of locking.

(D) "Time out" episodes must be documented in the child in care's record.

(d) Physical restraint.

(A) For the purposes of this rule, "physical restraint" means the act of restricting a child in care's voluntary movement to manage and protect the child in care or others from injury when no alternate actions are sufficient to manage the child in care's behavior. "Physical restraint" does not include temporarily holding a child in care in an emergency to assist him or her or assure his or her safety, such as preventing a child in care from running onto a busy street.

(B) Only child-caring agency staff and proctor foster parents who have been trained in a nationally recognized nonviolent crisis-intervention system may use physical restraint and only when physical restraint is necessary as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained.

(C) The child-caring agency must report each use of physical restraint on a child in care to the child in care's parent or legal guardian, caseworker, or probation officer within five working days, and must document the notification in the child in care's case file.

(D) Any use of physical restraint by a staff member or proctor foster parent of the child-caring agency, if the member is not trained in a nationally recognized nonviolent crisis intervention system, must also be reported to a Department licensing coordinator within one working day of occurrence.

(E) Limitations. The child-caring agency must have a policy that prohibits the application of a nonviolent physical restraint to a child in care who has a documented physical condition that would contraindicate the use of that particular restraint, unless a qualified medical professional has previously and specifically authorized its use in writing for that child in care. Documentation of the authorization must be maintained in the child in care's record.

(F) Physical Restraint Documentation. The policies of the child-caring agency must require a report on an incident report form of behavior that required the use of physical restraint. The report must include the specific attempts to de-escalate the situation before using physical restraint and the length of time the physical restraint was applied. The report must include the time the restraint started and the time it was terminated, the debriefing completed with the staff and child in care involved in the physical restraint, and documentation of a review by the executive director, program director, or designee.

This section also addresses the need to review the information resulting from the use of restraint and seclusion for planning purposes to reduce the use of restraint and seclusion.

(G) Review. The policies of the child-caring agency must require that whenever a physical restraint is used on a child in care more than two times in seven days, there is a review by the executive director, the director's designee, or a management team to determine the suitability of the program for the child in care, whether modifications to the child in care's plan are warranted, and whether staff need additional training in alternative therapeutic behavior management techniques. The child-caring agency must take appropriate action indicated by the review.

(e) Seclusion.

(A) For the purposes of this rule, "seclusion" means that a child in care is involuntarily confined to an area or room and is physically prevented from leaving.

(B) Rooms used for seclusion must have adequate space, temperature, light, and ventilation.

(C) Seclusion may only be used to ensure the safety of the resident or others during an emergency safety situation.

(D) Episodes of seclusion are limited to two hours for children in care age nine and older and one hour for children in care under the age of nine.

(E) Visual monitoring of a child in care in seclusion must occur and be documented at least every 15 minutes.

(F) Each incident of seclusion must be documented in the child in care's clinical record and must include the clinical justification for its use.

(G) If incidents of seclusion used with an individual child in care cumulatively exceed five hours in five days, or a single episode of more than two hours for children in care age nine and older or more than one hour for children in care under age nine, the executive director or designee must review the case with those with clinical leadership responsibilities to evaluate the child in care's plan of care and make necessary adjustments.

(f) If the child-caring agency utilizes seclusion and restraint as part of its behavior management practices, its use of seclusion and restraint must be in compliance with all applicable federal and state regulations and rules.

(4) Suicide Prevention. The policy must include the following:

(a) How the child-caring agency will respond in the event a child in care exhibits self-injurious, self-harm, or suicidal behavior;

(b) Warning signs of suicide;

(c) Emergency protocol and contacts;

(d) Training requirements for staff, including suicide prevention training and suicide risk assessment tool training;

(e) Procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions;

(f) Suicide risk assessment procedures on the day of intake;

(g) Documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff;

(h) A process for tracking suicide behavioral patterns; and (i) A "post-intervention" plan with identified resources.

CTS 02.01.01 -02.04.01 Screening and Assessment

Proper screening contributes to early detection of risk of imminent harm to self or others.

CTS 07.01.01-03

Changes in the behavioral health care environment have led to renewed interest in community based prevention and wellness promotion of services. Because of the value of such services it is important that they are provided in a safe manner and reflect contemporary thinking. Examples include: Suicide Prevention....

National Patient Safety Goals (NPSG)

NPSG 15.01.01 The Organization identifies safety risks inherent in the population it serves:

Identifying individuals at risk of Suicide

Suicide of an individual served while in a staffed, round the clock setting is a frequently reported sentinel event. Identification of individuals at risk for suicide while under the care of or following discharge from program is an important step in protecting these at-risk individuals.

Safety	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0079		Ore exceeds TJC *due to exclusion of any reference to body searches	
<p>To ensure the safety of children in care and employees, a child-caring agency must have and adhere to written policies and procedures that comply with the safety requirements in this rule.</p> <p>(1) Transportation. If a child-caring agency transports children in care in a vehicle, the agency must have policies and procedures that address all of the following:</p> <p>(a) Driver requirements.</p> <p>(A) Each employee transporting a child in care in a motor vehicle must have a current driver license on record with the child-caring agency and must comply with applicable traffic laws when transporting children in care.</p> <p>(B) The child-caring agency may use an employee to provide transportation for children in care only if the employee is covered by an insurance policy in full force and effect, and in compliance with the standards set by the child-caring agency.</p> <p>(C) The child-caring agency must ensure that employees providing transportation are trained in emergency procedures, including behavior management if applicable, while in a vehicle.</p> <p>(D) The child-caring agency must ensure that each person who transports a child in care in a van for 15 or more passengers receives training in the safe operation of that type of vehicle prior to transporting children.</p> <p>(E) The child-caring agency must take reasonable steps to ensure safety when using off-road vehicles.</p> <p>(b) Vehicle requirements.</p> <p>(A) Each vehicle used to transport a child in care must be:</p> <p>(i) Properly registered;</p> <p>(ii) Covered by an insurance policy in full force and effect;</p> <p>(iii) Maintained in safe operating condition; and</p> <p>(iv) Smoke-free.</p> <p>(B) Each vehicle owned by a child-caring agency and used to transport a child in care must have aboard a first aid kit and a fully charged, properly secured, and working fire extinguisher with a rating of at least 2-A:10-BC.</p> <p>(c) Children in care and adults must ride in a vehicle manufactured seat, properly using the passenger restraint device in accordance with Oregon law when traveling on public roads.</p> <p>(2) <u>Searches</u>. If a child-caring agency carries out searches on children in care or visitors, the child-caring agency must have written policies and procedures that, at a minimum, comply with all of the following:</p> <p>(a) A prohibition on strip searches.</p> <p>(b) A prohibition on body cavity searches.</p> <p>(c) Requirement that searches will be conducted in the least intrusive manner possible for the type of search being conducted.</p> <p>(d) Requirement that pat down searches of children in care will only be conducted when necessary to discourage the introduction of contraband, or to promote the safety of staff and other children in care and will only be conducted as follows:</p> <p>(A) By staff trained in proper search techniques;</p> <p>(B) By a staff member of the same sex as the child in care being searched, and in the presence of another staff member;</p> <p>(C) The child in care must be told the child is about to be searched;</p>		<p>Leadership (LD) LD 03.01.01 Culture of Safety In a culture of safety and quality, everyone is focused on maintaining excellence in performance. They accept the safety an quality of care, treatment or services as personal responsibilities and work together to minimize any harm that might result from unsafe or poor quality of care. Leaders create this culture by demonstrating their commitment to safety and quality and by taking actions to achieve the desired state.</p> <p>LD 04.01.01 Organization complies with law and regulation The organization provides care, treatment or services in accordance with licensure requirements, laws, rules and regulations.</p> <p>Environment of Care (EC) EC02.01.03 Smoking Prohibition</p> <p>There is no specific standard which relates to this, but LD 04.01.01 would likely apply along with the various standards surrounding appropriately written policies and procedures</p>	

<p>(D) The child in care must be asked to remove all outer clothing (gloves, coat, hat, and shoes) and empty all pockets;</p> <p>(E) The staff member must then pat the clothing of the child in care using only enough contact to conduct an appropriate search;</p> <p>(F) If the staff detects anything unusual, the child in care must be asked to identify the item, and appropriate steps must be taken to remove the item for inspection;</p> <p>(G) If the child in care refuses to comply, the executive director or designee must be notified immediately and be responsible to resolve the matter; and</p> <p>(H) All searches must be documented in writing.</p> <p>(e) Policy regarding obtaining appropriate consents for searches.</p> <p>(f) If the child in care refuses to comply with a requirement of the search, the program must follow established policies to determine if the child in care can be refused admission to or discharged from the program.</p> <p>(g) Information regarding any personal or room searches and protocols for confiscation of contraband items, including the notification of law enforcement if illegal contraband is discovered. This information will include the procedures and rationales of the child-caring agency for any program-initiated room or body search.</p> <p>(3) Water safety. 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.</p> <p>(4) Hazards.</p> <p>(a) A child-caring agency must protect children in care it serves from guns, drugs, sharps, paint, hazardous materials, bio-hazardous materials, and other potentially harmful items. A child-caring agency must have a written policy that addresses potentially harmful materials that are in areas accessible to the children in care in the program or on the grounds of the program.</p> <p>(b) Direct supervision by staff must be provided for any child in care who does not have the ability to adjust and control water temperature.</p> <p>(c) Each light fixture must have a protective cover unless it is designed to be used without one.</p>			<p>Environment of Care (EC) EC 01.01.01 EC 02.01.01-03 Hazards</p> <p>LD 04.01.01 Organization complies with law and regulation The organization provides care, treatment or services in accordance with licensure requirements, laws, rules and regulations Life Safety (LS)</p>	
Physical Plant Requirement	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)	
413-215-0511		TJC standard exceeds		
<p>(1) A residential care agency may not allow children in care to have access to, or provide services regulated by these rules (OAR 413-215-0501 to 413-215-0586) in, a building unless the building has been certified as meeting all applicable state and local construction-related requirements for a building used by the residential care agency.</p> <p>(2) A residential care agency must meet all of the following requirements:</p> <p>(a) All buildings where children in care are present must be smoke-free.</p> <p>(b) All buildings owned, maintained, or operated by the residential care agency to provide services to children in care must meet all applicable state and local building, electrical, plumbing, and zoning codes.</p> <p>(c) All areas of buildings where children in care are present must be kept clean and in good repair. Major appliances and heating, ventilation, plumbing, and electrical systems must be functional and in good repair.</p> <p>(d) Each room used by children in care must have floors, walls, and ceilings that meet the interior finish requirements of the applicable Oregon Structural Specialty Code (see the current version of OAR 837-040-0140) and the Oregon Fire Code (see the current version of OAR 837-040-0010 and 837-040-0020) and be free of harmful drafts, odors, and excessive noise.</p>			<p>Life Safety (LS)—chapter in its entirety LS requires full compliance with the Life Safety Code and the NFPA.</p> <p>Environment of Care (EC) EC02.03.01-05 Fire Risks EC 02.05.03-07 Electricity and Utility Systems EC02.06.01 Space This chapter stresses the importance of managing risks in the environment of care which is different from risks associated with the provision of care and treatment. Any organization, regardless of its size or location faces risks in the environment, including those</p>	

<p>(e) Each room used by children in care must be adequate in size and arrangement for the purpose in which it is used.</p> <p>(f) A system providing a continuous supply of hot and cold water must be distributed to taps conveniently located throughout each facility.</p> <p>(g) Water systems serving the property must be installed and maintained in compliance with applicable drinking water regulations (see OAR chapter 333) from the Public Health Division of the Oregon Health Authority.</p> <p>(h) Heat and ventilation.</p> <p>(A) Buildings must be ventilated by natural or mechanical means and must be free of excessive heat, condensation, and obnoxious odors.</p> <p>(B) Room temperature must be maintained within a normal comfort range.</p> <p>(i) Water temperature and access to water:</p> <p>(A) A continuous supply of hot and cold water, installed and maintained in compliance with this rule and OAR 413-215-0516, must be distributed to taps conveniently located throughout each building used to provide services or housing for children in care.</p> <p>(B) The temperature of hot water used for hand washing, bathing, or showering must be controlled so that it does not exceed 120 degrees Fahrenheit in each building used to provide services or housing for children in care.</p> <p>(C) Each child in care who lacks the ability to adjust and control water temperature safely must be directly supervised by a staff member of the residential care agency.</p>		<p>associated with safety and security, fire, hazardous materials and waste, and utility systems.</p>	
Environmental Health	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0531		TJC exceeds	
<p>A residential care agency must meet all of the following requirements:</p> <p>(1) The program of the residential care agency must maintain an environment that ensures safety for program staff and children in care.</p> <p>(2) Environmental Health Specialist approval. Prior to licensure and every two years upon license renewal, the program must be assessed and provide documentation of approval by a registered environmental health specialist (see OAR 338-010-0025 to 338-010-0038) for the following safety areas:</p> <p>(a) Food service risk assessment.</p> <p>(b) Drinking water or waste water assessment.</p> <p>(c) Vector and pest control, including the use of pesticides and other chemical agents.</p> <p>(d) Hazardous material management, including handling and storage.</p> <p>(e) Recreation assessments (such as playgrounds, swimming pools, and hot tubs) for injury prevention and hazard mitigation</p>		<p>LD 03.01.01 Culture of Safety In a culture of safety and quality, everyone is focused on maintaining excellence in performance. They accept the safety an quality of care, treatment or services as personal responsibilities and work together to minimize any harm that might result from unsafe or poor quality of care. Leaders create this culture by demonstrating their commitment to safety and quality and by taking actions to achieve the desired state</p> <p>LD 04.01.01 Organization complies with law and regulation The organization provides care, treatment or services in accordance with licensure requirements, laws, rules and regulations</p> <p>Environment of Care (EC) EC 02.01.01-03 Hazards</p>	

Food Services	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0536		Standards are consistent	
<p>A residential care agency must meet all of the following requirements with regard to food services:</p> <p>(1) Nutrition and dietary requirements.</p> <p>(a) A residential care agency must arrange meals daily, consistent with normal mealtimes that occur during hours of operation.</p> <p>(b) Menus must be prepared in advance in accordance with USDA guidelines and must provide a sufficient variety of foods served in adequate amounts for each child in care at each meal, adjusted for seasonal changes. Records of menus as served must be maintained in the record of the residential care agency for at least six months.</p> <p>(c) Drinking water must be freely available to the children in care served by the residential care agency.</p> <p>(2) Food selection, storage, and preparation.</p> <p>(a) All food and drink provided by the residential care agency must be stored, prepared, and served in a sanitary manner.</p> <p>(b) All employees who handle food served to children in care must have a valid food handlers card pursuant to ORS 624.570.</p> <p>(c) Selection of food. All food products served by a residential care agency must be obtained from commercial suppliers, except:</p> <p>(A) Fresh fruits and vegetables and fruits or vegetables frozen by the residential care agency may be served.</p> <p>(B) The serving of un-pasteurized juice is prohibited.</p> <p>(d) Requirements related to milk.</p> <p>(A) Only Grade A pasteurized and fortified milk may be served to children in care.</p> <p>(B) Milk and fluid milk products must be dispensed from a commercially filled plastic container of not more than one-gallon capacity or from a refrigerated bulk container equipped with a dispensing device approved by the Food and Drug Administration or Oregon Department of Agriculture.</p> <p>(e) Children in care may participate in activities in a food-preparation area, other than routine clean up, only while under the supervision of the employees of the residential care agency.</p>			<p>Care, Treatment and Services (CTS) CTS 02.01.11 Screening for Nutritional Status CTS 02.03.03 Assessment Information CTS 04.03.33 Nutritional Care</p>
RCA: Safety	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0541		TJC exceeds	
<p>A residential care agency must meet all of the following requirements related to safety:</p> <p>(1) Fire safety. Prior to licensure and every two years upon license renewal, the program must be assessed and approved by the State Fire Marshall or designee for the following fire safety areas:</p> <p>(a) The residential care agency must provide fire safety equipment that meets the requirements of applicable building codes and the Oregon Fire Code (see the current version of OAR 837-040-0010 and 837-040-0020).</p> <p>(b) The residential care agency must comply with existing state and local fire safety codes.</p> <p>(2) Emergency plan.</p> <p>(a) The residential care agency must have, for each facility it operates, a written emergency plan that includes:</p> <p>(A) Instructions for evacuation of children in care and employees in the event of fire, explosion, accident, or other emergency.</p> <p>(B) Instructions for response in the event of a natural disaster, external safety threat, or other emergency.</p>			<p>Life Safety (LS)—chapter in its entirety LS requires full compliance with the Life Safety Code and the NFPA.</p> <p>Environment of Care (EC) EC02.03.01-05 Fire Risks</p> <p>Emergency Management (EM) EM 02.01.01 General Requirements EM02.02.01 Communications EM 02.02.01 Resources and Assets</p>

<p>(b) Telephone numbers for local police and fire departments and other appropriate emergency numbers must be posted near all telephones.</p> <p>(c) Operative flashlights sufficient in number must be readily available to the staff in case of emergency.</p> <p>(3) Evacuation drills. (a) An unannounced evacuation drill must be held monthly under varying conditions to simulate the unusual conditions that occur in the event of fire. For each drill, the residential care agency must document the following information and retain it for a minimum of two years:</p> <p>(A) Identity of the person conducting the drill.</p> <p>(B) Date and time of the drill.</p> <p>(C) Notification method used.</p> <p>(D) Staff members on duty and participating.</p> <p>(E) Number of children in care and staff evacuated.</p> <p>(F) Special conditions simulated.</p> <p>(G) Problems encountered.</p> <p>(H) Time required to accomplish complete evacuation.</p> <p>(b) The residential care agency must ensure that all employees and children in care are aware of the procedures to follow in case of emergencies.</p>		<p>EM 02.02.05 Safety and Security</p> <p>EM 02.02.07 Staff</p> <p>EM 02.02.11 Individuals Served</p> <p>This chapter guides organizations through the planning activities that occur prior to developing the Emergency Management Plan (EMP). The chapter also describes the essential components that comprise the EMP such as preparedness activities, response procedures, and identification of staff responsible for the activities. It also discusses evaluation of the effectiveness of the EMP.</p>	
Health Services	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0546		Standards are consistent	
<p>(1) A residential care agency must obtain all private health record information referred to in this rule in a manner that complies with federal and state law.</p> <p>(2) Medical history. Within 30 days of a child in care being placed with a residential care agency, the residential care agency must obtain available medical history and other health-related information on the child in care, including:</p> <p>(a) Significant findings of the most current physical examination;</p> <p>(b) The child in care's current immunizations, history of surgical procedures and significant health issues or injuries, and past or present communicable diseases;</p> <p>(c) Any known allergies;</p> <p>(d) Dental, vision, hearing, and behavioral health;</p> <p>(e) Documentation that the child in care has received age-appropriate instruction regarding pregnancy prevention, nutrition, prevention of HIV and AIDS, and general information about the prevention and treatment of sexually transmitted disease; and</p> <p>(f) Physician or qualified medical professional's orders, including those related to medications, if any.</p> <p>(3) Health Services. The residential care agency must provide or arrange for the following health services, as applicable:</p> <p>(a) Information on maintaining reproductive health and birth control.</p> <p>(b) Prenatal care.</p> <p>(c) Well-baby care.</p> <p>(d) Fetal alcohol syndrome.</p> <p>(e) Accessing child and infant health insurance programs.</p> <p>(f) Screening for breast and other common cancers.</p> <p>(g) Provide all necessary feminine hygiene products.</p>		<p>Care, Treatment and Service (CTS)</p> <p>CTS 02.01.01 -02.04.01 Screening and Assessment</p> <p>Proper screening contributes to early detection of risk of imminent harm to self or others.</p> <p>CTS 04.02.19 – 21</p> <p>Receiving primary physical health care in conjunction with behavioral health care provides the individual with an integrated approach to care that supports improved outcomes.</p> <p>Primary physical care is a basic level of physical health care that includes programs and services addressing the promotion of physical health, prevention of disease, early diagnosis of disease and treatment of acute and chronic illnesses.</p> <p>LD 04.01.01 Organization complies with law and regulation</p> <p>The organization provides care, treatment or services in accordance with licensure requirements, laws, rules and regulations</p> <p>Rights and Responsibility of Individual (RI)</p> <p>RI 01.01.03-Right to receive information in a manner that is understood</p>	

<p>(h) Access to birth control, vaccinations, and information about preventing sexually transmitted diseases.</p> <p>(4) Medical examinations. A residential care agency must safeguard the health of each child in care it serves by providing for a medical examination by a physician or qualified medical professional at the following intervals:</p> <p>(a) Three examinations during the first year of the child's life.</p> <p>(b) One examination at the age of two.</p> <p>(c) One examination at the age of four.</p> <p>(d) One examination at the age of six.</p> <p>(e) One examination at the age of nine.</p> <p>(f) One examination at the age of 14.</p> <p>(5) A residential care agency must have written procedures for accessing routine and urgent medical care for children in care, including obtaining necessary consents</p>			
Medication	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0551		Standards are consistent	
<p>(1) Policy and procedures. The residential care agency must have policies and procedures that cover all prescription and non-prescription medications that address all of the following:</p> <p>(a) How the medication will be administered.</p> <p>(b) By whom the medication will be administered.</p> <p>(c) How the staff of the residential care agency who administer medication will be trained.</p> <p>(d) How the administration of medication will be documented.</p> <p>(e) How the administration of medication will be monitored.</p> <p>(f) How unused medication will be disposed of.</p> <p>(g) The process that ensures that each child in care's prescription and non-prescription medications are reviewed, unless the medications are all provided through a single pharmacy. As used in this rule, "non-prescription medication" means any medication that does not require a written prescription for purchase or dispensing and includes the use of any herbal remedies or supplements.</p> <p>(h) How the foster care agency and the proctor foster home will ensure compliance with OAR 413-070-0470 if it serves children in Department custody.</p> <p>(2) Program staff may not dispense medication to a child in care in any of the following situations:</p> <p>(a) In excess of the prescribed or authorized amount.</p> <p>(b) For disciplinary purposes.</p> <p>(c) For the convenience of staff.</p> <p>(d) As a substitute for appropriate treatment services.</p> <p>(3) A prescription, signed by a physician or qualified medical professional, is required before any prescription medication is administered to, or self-administered by a child in care. Medications prescribed for one child in care</p>		<p>Medication Management (MM) MM 01.01.01 through MM 08.01.01</p> <p>The goal of this chapter is to provide a framework for an effective and safe medication management system. Effective and safe medication management is dependent on carefully implementing medication management processes based on the care, treatment or services provided by the organization. A safe medication management system addresses an organizations medication processes and addresses at least the following:</p> <ul style="list-style-type: none"> ● Planning ● Selection and procurement ● Storage ● Ordering ● Preparing and dispensing ● Administering ● Monitoring ● Evaluation 	

may not be administered to, or self-administered by another child in care or staff. As used in this rule, "self-administration of medication" refers to the act of a child in care placing a medication internally in, or externally on, his or her own body.

- (4) A written approval, signed by a physician or qualified medical professional, is required for any use of herbal supplements or remedies.
- (5) A written order, signed by a physician or qualified medical professional, is required for any medical treatment, special diet, physical therapy, aid to physical functioning, or limitation of activity.
- (6) Before a residential care agency permits a child in care to self-administer prescription medication, self-administration must be recommended by the qualified medical professional, approved in writing by a physician or qualified medical professional, and closely monitored by the staff of the residential care agency.
- (7) Medication storage.
 - (a) Prescription medications that are unused and medications that are outdated or recalled may not be maintained in the facility. "Outdated" means any medication whose designated period of potency, as indicated on the label, has expired.
 - (b) The facility may maintain a stock supply of non-prescription medications.
 - (c) All prescription and non-prescription medications stored in the facility must be kept in a manner that they are inaccessible to children in care.
 - (d) Medications requiring refrigeration must be refrigerated and secured.
 - (e) Medications must be maintained and stored in its original container, including the prescription label.
- (8) Medication disposal. Medications must be disposed of in a manner that ensures that they cannot be retrieved, in accordance with all applicable state and federal law.
- (9) A written record of all medication disposals must be maintained and must include all of the following:
 - (a) A description of the prescribed medication and the amount disposed.
 - (b) The child in care for whom the medication was prescribed.
 - (c) The reason for disposal.
 - (d) The method of disposal.
 - (e) The name of the person disposing the medication, and the initials of an adult witness.
- (10) Medication records. A written record must be kept for each child in care listing all medications, both prescription and over-the-counter, that are administered. The record must include all of the following:
 - (a) The name of the child in care.
 - (b) A description of the medication, instructions for use, and the recommended dosage.
 - (c) Dates and times medication is administered.
 - (d) A record of missed dosages.
 - (e) Medication dropped or disposed of.
 - (f) Method of administration for each medication.
 - (g) Identification of the person administering the medication.
 - (h) Any possible adverse reactions to the medication.
 - (i) Documentation of any medication taken outside the facility to be administered during a home visit or other activity.
- (11) Where applicable, the residential care agency must maintain documentation of the continuing evaluation of the ability of the child in care to self-administer a medication.

Effective and safe medication management also involves staff working closely together.

Staff Training	Oregon Requirement	Meet or exceed	TJC Comparable Standard(with standard explanation)
413-215-0556		Standards are consistent	
<p>In addition to the requirements in OAR 413-215-0061(4) and (5), a residential care agency must meet all of the following training requirements with respect to its staff:</p> <p>(1) Staff of the residential care agency must be provided with orientation training prior to or within 30 days of hire. The orientation must include training on all of the following:</p> <p>(a) Discipline and behavior management protocols including de-escalation skills training, crisis prevention skills, positive behavior management, and disciplinary techniques that are non-punitive in nature and are focused on helping children in care build positive personal relationships and self-control.</p> <p>(b) If restraint and seclusion are utilized by the residential care agency, which techniques are approved by the residential care agency and how use of these procedures is monitored. The policy of the residential care agency must be clear in training that restraint or seclusion is used as an intervention of last resort.</p> <p>(2) Staff of the residential care agency must receive ongoing training at least annually on all of the following:</p> <p>(a) Procedures for handling environmental emergencies.</p> <p>(b) Universal precautions (infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids) and hygiene.</p> <p>(c) Discipline and behavior management.</p> <p>(3) Staff providing direct care of children in care of the residential care agency must receive training in cardiopulmonary resuscitation and first aid sufficient to retain a current certification.</p> <p>(4) Designated staff authorized to apply the reasonable and prudent parent standard must receive training related to the application of the reasonable and prudent parent standard and age-appropriate or developmentally appropriate activities for a child in care.</p>		<p>Human Resource Management (HRM) HRM 01.01.01 through 01.06.09</p> <p>The standard and elements of performance in this chapter address the organizations responsibility to establish and verify staff qualifications, orient staff, and provide staff with the training they need to support the care, treatment, and services the organization providers.</p> <p>LD 04.01.01 Organization complies with law and regulation The organization provides care, treatment or services in accordance with licensure requirements, laws, rules and regulations</p> <p>Emergency Management (EM) EM 02.01.01 General Requirements Care, Treatment and Services (CTS) CTS 05.01.01 through 05.06.35 Special Behavioral Procedures Special procedures may be emergency procedures or planned interventions, but both have the potential for leading to abuse or causing harm. For that reason TJC requires well developed policies through training of all staff and careful monitoring and evaluation to ensure that risk of abuse is prevented and risk of harm is minimized or eliminated. Special procedures include exclusionary time-outs, level systems, individualized behavioral contingency programs, physical holding of children/youth and restraint and seclusion. CTS 05.04.01-05.04.17 Individualized Behavioral Contingencies The purpose of the standards addressing individual behavior contingencies is to ensure the safety and rights of the individual served. These standards evaluate whether the applied behavioral technique is safe and whether it infringes upon the rights of the individual served. CTS 05.06.01-35 Restraint and Seclusion</p>	

	<p>The use of restraint and seclusion poses an inherent risk to the physical safety and psychological well-being of the individual served as well as staff. Therefore, restraint and seclusion are used only in an emergency when there is an imminent risk of the individual served physically harming himself or herself or others including staff. Nonphysical interventions are the first choice unless safety demand an immediate physical response.</p> <p>This section also addresses the need to review the information resulting from the use of restraint and seclusion for planning purposes to reduce the use of restraint and seclusion.</p> <hr/> <p>Reviewers Note: TJC does not address specific issues around CPR, universal precautions, etc. It is suspected that all such criteria would be handled under provision of LD 04.01.01 Organization complies with law and regulation.</p>
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