



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

Licensee: Catholic Community Services of the Mid-Willamette Valley

Date of site visit: January 12, and 14, 2021

Executive Director: Josh Graves

Licensing Coordinator: Holly Ivey

Program Director: Lori Simpson

Other Regulatory or Accrediting Agencies: DHS Treatment Services, and County Mental Health

Program Compliance: The program was found to be compliant or will be compliant with OAR 413-215-0001 to 413-215-0131, Licensing Umbrella Rules, and OAR 413-215-0701 to 413-215-0766, Licensing Homeless, Runaway, and Transitional Living Shelters Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): *Catholic Community Services (CCS) of the Mid-Willamette Valley and Central Coast was founded in 1938. They are a non-profit faith-based organization serving children, youth, adults and families with special needs. Their mission is for everyone they serve to have the opportunity to live responsibly in a nurturing home and a caring community they can call their own. The Agency is in the process of implementing the Sanctuary Model. The agency operates Rainbow Lodge in McMinnville Oregon, providing shelter services*

Program type and services: Shelter Services for up to 14 days per stay.

Capacity and age-range: 5 youth ages 6-17

Funding sources: County Mental Health, and Department of Human Services District 3

Contracts and sources for referrals: Care Coordinators, Residential Resource Consultants and other Treatment Service Staff, and crisis placements out of psychiatric hospitals.

Average length of stay: 1-14 nights

Average daily population served: 3.5 youth daily

Number of children served annually: 55-60 youth annually

Interviews, Observations: Lori Simpson, Senior Program Director, Brittany Von, Program Coordinator/Supervisor. During the course of the review staff were observed at the program. A youth was interviewed over the phone by the Licensing Coordinator. The youth interview consisted of the following information obtained: The youth stated things were going well for him at the program. He stated there was so much “fun stuff” to do at the program. He expressed he felt comfortable with the staff and could ask them if he needed anything. He stated there was nothing he would change about the program. He stated the food was good, and that he got enough to eat. His hygiene needs are being met by the program. The youth stated he was able to talk to approved people on his contact list. He spoke of feeling safe at the program.

Program Strengths: The following strengths were identified at the review by management:

- Lodge provides crisis and planned respite
- Onsite house parent
- Full Time Skills trainer
- Full Time Program manager
- Well trained staff with knowledge of trauma informed care and positive behavior supports
- Beautiful facility
- 24/7 on call
- Monthly contract meetings
- Lodge staff attends wrap meetings
- Electronic file system
- Youth have their own bedrooms

Program Challenges: The following challenges were identified at the review by management:

- Facility is in an extremely rural location
- Program occasionally experiences staff turnover
- Technology is a challenge for virtual school attendance due to Covid-19

Changes that have occurred in the last 2 years: The following changes were identified by management:

- Installed water storage tank
- Addition of skills trainer staff member
- Upgrade of camera system

Lawsuits: N/A

Grievances and complaints filed in the last two years: None of significance.

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

Within 45 days of receipt of this report Catholic Community Services of the Mid-Willamette Valley must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to Holly.r.ivey@state.or.us or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Unit
Attn: Holly Ivey, DHS Licensing Coordinator
201 High St SE, Suite 500
Salem, OR 97301

Changes in License: N/A

Summary of Review					
Program and Services 413-215-0011(2)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
Program and services are in scope of license	X				
Governance of the Agency 413-215-0021	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(1)(a) Minimum of 5 board members 413-215-0711 (1) Composed of a cross-section of the community, parents, employees, children in care.	X				
(2)(f) Formally evaluate the exec. Director's performance annually N/A Executive Director, Josh Graves, will be receiving a performance appraisal by March 31, 2021 as he started in his position in 2020.			X		
(2)(g) Approves annual budget	X				

(2)(h) Obtain and review an annual independent financial review or audit of financial records.	X				
(2)(k) Written quality improvement program	X				
(2)(l) Meeting minutes	X				
Executive Director or Program Director 413-215-0021	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	X				
(3)(g) Approval from BCU	X				
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	Yes	No	N/A	Comments	Corrective Action Completed
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	X			Positive Behavior Support Model is the program utilized.	
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)			X		
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable			X		
(3)(e) Agency uses seclusion appropriately/consistent with policy			X		
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	X				
Staffing Requirements 413-215-0721	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(1) Has and follows a written plan for minimum staffing	X				
(2) One staff for each shift is trained in non-violent crisis intervention	X				
(3) Staffing ratio is sufficient for adequate supervision Days: Evenings: Sleeping:	X				
Grouping 413-215-0756	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(1) & (2) Has and follows policies for grouping children that meets requirements	X				

(age, developmental level, maturity, behavior, medical...)					
(4) Care was taken to assess and minimize risk for children placed with emancipated children or adults	X				
Service Planning- Establish & maintain links with community agencies that provide: 413-215-0736	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(5)(a) Alternative living arrangements	X				
(5)(b) Medical services	X				
(5)(c) Mental health services	X				
(5)(d) Educational services	X				
(5)(e) Independent living services	X				
(5)(f) Other assistance required	X				
Physical Plant	Yes	No	N/A	Corrective Actions	Corrective Action Completed
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)	X				
413-215-0051(1) Sufficient safe space, equipment, and office equipment	X				
413-215-0091(12) License is posted in common area at each facility	X				
413-215-0001(5)(d) Adequate furnishings and personal items	X				
413-215-0746(2) Medication is kept in locked storage and inaccessible to children in care	X				
Safety - Transporting Children in Care 413-215-0761(3)(a)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(A) Vehicle is registered	X				
(B) Vehicle is insured	X				
(C) Maintained in safe condition	X				
(D) Equipped with first aid kit	X				
(E) Fire extinguisher - secured	X				
Safety - Building Requirements 413-215-0761(6)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(b)(A) Smoke free	X				
(b)(B) Clean and in good repair	X				
(b)(C)(i) continuous supply of hot and cold water	X				
(b)(D) room temps are w/in normal range, ventilated and free from odors	X				
Safety - Bathrooms 413-215-0761(6)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(c)(A)(i) 1:8 ratio for toilet and sink	X				

(c)(A)(ii) If self-closing metered faucet –15 sec.	X				
(c)(A)(iv) 1:10 ratio for bathtub or shower	X				
(c)(A)(v) individual privacy	X				
(c)(A)(vi) window covering	X				
(c)(A)(vii) permanently wired light fixtures	X				
(c)(A)(viii) mirror affixed at eye level	X				
(c)(A)(vi) adequate ventilation	X				
Client Rights 413-215-0716	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(2) Nutritional needs are met as appropriate for each child in care	X				
Medication Storage and Dispensing 413-215-0746	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(2) Medication is locked and inaccessible to children	X				
(3) Medication is self-administered after children have requested their medication at prescribed times	X				
(4) Written record of administration of medication includes (name, description, date and time dispensed, dosage, staff who dispensed)	X				
(5) Written record of disposal by 2 staff and includes when and how the medication was disposed	X				


Personnel Files 413-215-0061	Yes	No	N/A	Corrective Actions	Corrective Action Completed
Staff Name/Position	X				
(3)(g) Date of Hire	X				
(3)(a) record of education, training and previous employment	X				
(1)(b) & (3)(b) reference checks complete and documented	X				
(1)(a) & (3)(c) Background check was completed and documented	X				
(3)(d) Annual performance evaluations	X				
(3)(f) Record of personnel actions	X				
(3)(g) Termination date, reason for termination	X				

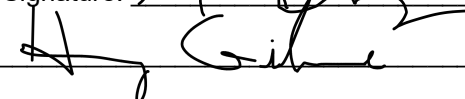
(3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description	X				
New Employee Orientation (30 days) 413-215-0061(4)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(a) Agency policies and procedures	X				
(b) Ethical and professional guidelines	X				
(c) Organizational lines of authority	X				
(d) Attributes of population served	X				
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X				
(f) Privacy laws	X				
(g) Emergency procedures	X				
Staffing Requirements 413-215-0721	Yes	No	N/A	Corrective Actions	Corrective Action Completed
Staff (at least one for each shift) has been trained in non-violent crisis intervention	X				
Initial Training (Must be completed before staff is alone with youth) 413-215-0726 (1)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(a) Completion of agency's orientation	X				
(b) Understanding of supervision structure	X				
(c) Understanding of behavior management policies	X				
(d) Understanding of presenting issues of the youth served	X				
(e) Safety procedures	X				
(f) Sanitation procedures	X				
(g) First aid kit contents and use	X				
(h) Report writing	X				
(i) CPR and First Aid	X				
(j) Crisis intervention training	X				
Ongoing Training (Staff & Volunteers)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
413-215-0726(2)(a) Confidentiality	X				

413-215-0726(2)(b) Universal precautions	X			Ongoing Training (Staff & Volunteers) 413-215-0726(2)(c) Discipline and behavior management (REPEAT FINDING SINCE 2019) <ul style="list-style-type: none"> In some of the personnel files reviewed, documentation was not found indicating that staff had completed the above required training in 2019. 	
413-215-0726(2)(c) Discipline and behavior management		X			
413-215-0726(3) Training in CPR/First Aid sufficient to retain current certification	X				
413-215-0726(4) Staff working with food must possess a food handler's card	X				
413-215-0061(5) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X				
413-215-0761(3)(b) Employees transporting children meet the driver requirements (current driver's license, and training for 15+ passenger vans if applicable)	X				
Contractors (if applicable) 413-215-0061(6)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215		X			
(b)(B) Contract includes the following: (i) Services provided (ii) Contractor fees (iii) Disclosure of information from contractor to agency (iv) Lines of authority (v) Adherence to rules, including background check (vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability		X			
Comments:					

Child Records 413-215-0741(2)	Yes	No	N/A	Corrective Action	Corrective Action Completed
Name of Child	X				
Date of Admission	X				
(a) Sufficient information about the child's family or legal guardian to enable staff to contact them at any time	X				
(b) & 413-215-0731(2) Custody status	X				
(c) authorization for medical treatment	X				
(d) Consent to treat the child with interventions in use at the program	X				
(e) Signed acknowledgment that child is responsible for requesting medication at prescribed times			X		
(h) Documentation of child's illness and injuries and follow up by program	X				
Assessment 413-215-0741(2)(f) &	Yes	No	N/A	Corrective Actions	Corrective Action Completed
413-215-0731 Assessment (2)(a)-(c) Includes family history, health history, mental health history (including diagnoses and current prescriptions). (3) Statement as to whether child meets eligibility requirements to be admitted to program.	X			Assessment 413-215-0741(2)(f) & (3) Statement as to whether child meets eligibility requirements to be admitted to program. (REPEAT FINDING SINCE 2019) <ul style="list-style-type: none"> The assessments reviewed lacked the above required information. 	
Service Planning 413-215-0741(2)(g) &	Yes	No	N/A	Corrective Actions	Corrective Action Completed
413-215-0736(2)(a) Includes family, staff & other interested parties	X				
(2)(b) Monthly review	X				
(2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs	X				
413-215-0736 (3) Reasonable effort to involve family within 72 hours when possible	X				
413-215-0746 (4) Medication logs	X				
413-215-0736 (6) Discharge summary (summary, results of evaluations, condition of child, compliance with program,	X				

recommendations and discharge destination)					
Records and Documentation 413-215-0071	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(1) Stored safely and are available for inspection by Dept.	X				
(2) Permanent, legible, dated, and signed	X				
(3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.	X				
(7) Permanent registry for each child includes: Name Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge	X				
Comments:					

Licensing Coordinator's Signature:  Date: 2-18-2021

Manager Review:  Date: 2-12-2021