



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

**Licensee:** Magdalene Home

**Date of site visit:** 2-16 and 2-17-21

**Executive Director:** Kathleen Wilson

**Licensing Coordinator:** Irvin Minten

**Board Chairperson:** Connie Moyer

**Other Regulatory or Accrediting Agencies:** NA

**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):** The program is licensed as a shelter and serves as a maternity home for young and expecting new mothers.

**Program type and services:** The program assess the physical and emotional needs of the clients and quickly enrolls them and their child(ren) into OHP, while ensuring they receive all needed prenatal and post-natal care and well-baby checks. The clients are also aided in enrolling in SNAP, TANF, and JOBS Plus services, if appropriate. Clients are expected to either enroll at North Medford High School, complete their GED, attend college or trade school, or seek employment. The program will also work with clients to attend drug and alcohol or mental health treatment, if needed. In addition, healthy relationships are discussed and they are modeled and taught parenting, cooking, and house cleaning skills by staff. If day care services are needed, the program will assist the clients in locating safe and appropriate day care. The program follows up with clients after they transition out of the program.

**Capacity and age-range:** The capacity of the program is five young and expecting new mothers and their children. The ages of the clients range from 14 to 22.

**Funding sources:** The program's funding sources include grants, private donations, an annual auction, fundraising letters, in kind and financial donations from local churches, and a local trucking company holds an annual golf tournament, with all dollars earned going to the program.

**Contracts and sources for referrals:** North Medford High School, self-referrals, OnTrack, past clients, obstetric physicians, Child Welfare, Hearts with a Mission Shelter, Maslow Project, the local pregnancy resource center and Parker House.

**Average length of stay:** For clients who remain in the program past two weeks and who have a willingness to abide to the rules and expectations of the program, the average length of stay is 6-9 months.

**Average daily population served:** The average daily population of the program is 3 young women and their children.

**Number of children served annually:** The program annually serves 15 to 20 women and 12 to 15 children.

**Interviews, Observations:** During the 2-year licensing review, individual interviews were held with the two young women living in the residence. Individual interviews were also held with the program's Lead House Mother, Wendy Arnold, and part-time house mother, Kelly Lambert. During the 2-day review, there was also extensive conversation with Executive Director, Kathleen Wilson, who has been leading the program for a little more than two years. In addition, there was extensive observation of the only child who was living in the home at the time of the review. This child, age 13 months, presented as very happy and healthy and interacted well with and seemed to be well cared for by her mother and the program staff. A full walkthrough of the program, the program's storage areas, and the program's back deck and yard was also completed.

During interviews with the two young clients enrolled in the program, one of the clients was expecting and due in early March and the other had one child. Both clients had been enrolled in the program since August 2020, although one of the clients went to live with her grandmother in December 2020 but returned to the program after about three weeks when this arrangement did not work out. It is important to note that while this client lived with her grandmother, she continued to have regular conversation with program staff and continued to receive support from the program. One of the clients had been referred to the program by DHS Child Welfare, and her Child Welfare case was recently closed due to her progress in the program and her demonstrated ability to meet her child's needs and keep the child safe. Both clients reported that they "loved" the program and one of them characterized the program as an "amazing" place. Both clients reported the program has assisted them in applying for TANF, Food Stamps and WIC, and with the support of the program, both enrolled in and continue to take college classes through Rogue Community College. One of the clients is involved in the vocational technology program through the college. Both clients reported the shelter staff are very supportive and helpful and the staff make them feel welcome in the home. They both stated they feel safe in the program. Both clients are also receiving support from the program in locating safe and appropriate housing. Both clients reported they would not change anything about the program and it was apparent that both were proud of all they have accomplished as a result of being enrolled at the program. Both clients also reported they previously lived in unsafe, unstructured and chaotic environments, and they have come to appreciate the program's structure and rules.

During interview with the program staff, one had been employed as the program's Lead House Mother for about a year and the other had been working at the program as a part-time House Mother for about six months. Both staff reported their previous life experiences and the experience of raising their children had prepared them well for the job. They both stated the program provided them with adequate training, especially in the area of suicide prevention. The Lead House Mother also reported that she loved the mission of the program, that Ms. Wilson was very hands-on in her

role as Executive Director, and that she appreciated the support and clear direction provided by the program's Board of Directors. The lead House Mother's commitment to the program's mission and creativity was apparent during discussions.

During a walk through, the program's bedrooms and living areas were not only inviting, but they were nicely furnished and decorated. The program was also well maintained, and it had a nice covered deck and well-maintained yard. Each of the rooms was also nicely painted.

**Program Strengths:** Frequently, the young clients entering the program come from difficult and often unsafe and unstructured backgrounds. Following entrance into the program, they immediately receive support for both themselves and their children in enrolling in TANF, SNAP and OHP. While enrolled in the program, the staff will assist the young and expecting mothers in receiving all needed pre-natal and post-natal medical care for themselves and well-baby checks for their child. They will also be encouraged to enroll in any needed mental health and drug and alcohol treatment. They will also be supported in meeting their established goals which may include gaining employment, completing high school, earning a GED or attending college or a trade school. The program accepts the clients as they are and supports them in their individual goals. The clients also learn how to cook, keep a schedule, do chores and effectively communicate with peers and staff. The program wants all clients to leave the program with a self-supporting life skill, to be connected to available community supports and to have a job or engaged in relevant education. In addition, in early 2021, the program began using the Strengthening Families five protective factors framework, which focuses on and develops an individual's strengths instead of their deficits. Finally, the program is strengthened by their Executive Director's focus on program improvement and her willingness to try new things.

**Program Challenges:** COVID-19 has been challenging for the program, but program staff proudly report they have yet to have a staff person or client in the program test positive. The pandemic has also increased the program's difficulty in locating safe and affordable childcare, since many childcare programs have closed due to the pandemic. There is also an extreme shortage of safe and affordable housing for the clients to transition into, which was made worse by the terrible wildfires in the Summer of 2020. It can also be challenging for the program to meet the needs of clients who have very high needs or for young and expecting clients who are not ready to change.

**Changes that have occurred in the last 2 years:** The Lead House Mother, Mrs. Arnold, has been a very nice addition to the program. She began her employment with the program in December 2019 and became the Lead House Mother in March 2020. The program celebrated their 20-year anniversary in February. In February 2021, the program also began adopting the Collaborative Problem-Solving Model as their behavior management system.

**Lawsuits:** NA

**Grievances and complaints filed in the last two years:** NA

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

Within 45 days of receipt of this report the Magdalene Home must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to Irvin Minten at [Irvin.minten@dhsosha.state.or.us](mailto:Irvin.minten@dhsosha.state.or.us) or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Program  
 Attn: Irvin Minten  
 201 High St SE, Suite 500  
 Salem, OR 97301

**Recommendations:** NA

**Exceptions:** NA

**Changes in License:** NA

<b>Summary of Review</b>					
<b>Program and Services</b> 413-215-0011(2)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
Program and services are in scope of license	X				
<b>Governance of the Agency</b> 413-215-0021	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(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			-The program has a 10-member board, which is very experienced and involved.	

(2)(f) Formally evaluate the exec. Director's performance annually	X				
(2)(g) Approves annual budget	X				
(2)(h) Obtain and review an annual independent financial review or audit of financial records.	X				
(2)(k) Written quality improvement program	X				
(2)(l) Meeting minutes	X				
<b>Executive Director or Program Director 413-215-0021</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	X				
(3)(g) Approval from BCU					
<b>Discipline, Behavior Management, and Suicide Prevention 413-215-0076</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Corrective Action Completed</b>
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	X				
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)	X				
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable			X		
(3)(e) Agency uses seclusion appropriately/consistent with policy			X		
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	X			-The program has a good suicide prevention policy and this policy and procedure is frequently discussed at weekly staff meetings.	
<b>Staffing Requirements 413-215-0721</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(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 (age, developmental level, maturity, behavior, medical...)	X			-The clients and their children have individual rooms which are nicely furnished and decorated.	
(4) Care was taken to assess and minimize risk for children placed with emancipated children or adults	X				
<b>Service Planning-</b> 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				
<b>Physical Plant</b>	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				
<b>Safety - Transporting Children in Care</b> 413-215-0761(3)(a)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
(A) Vehicle is registered	X			-Staff infrequently transport the clients, but, if they do, they transport via their personal vehicles.	
(B) Vehicle is insured	X				
(C) Maintained in safe condition	X				
(D) Equipped with first aid kit			X		
(E) Fire extinguisher - secured			X		
<b>Safety - Building Requirements</b> 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				

<b>Safety - Bathrooms</b> 413-215-0761(6)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(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				
<b>Client Rights</b> 413-215-0716	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(2) Nutritional needs are met as appropriate for each child in care	X				
<b>Medication Storage and Dispensing</b> 413-215-0746	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(2) Medication is locked and inaccessible to children	X			<ul style="list-style-type: none"> <li>Although the program has policy and procedure specific to disposal of medication, the program has not been tracking medication disposal. The program will need to ensure there is a written record of medication disposal which documents 2 staff witnesses and the method of disposal each time medications are disposed of.</li> </ul>	
(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			

<b>Supplemental Information Provided by CCA</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	<b>Corrective Action Completed</b>
Documents as indicated on the form titled "Renewal Licensing Required Documents"	X				
Documents as indicated on form titled "Required Financial Documents and Information"	X				
All required policies and procedures as identified in the "Umbrella Rules"	X				

All required policies and procedures as identified in "Agency Type Specific Rules"	X				
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Personnel Files 413-215-0061	Yes	No	N/A	Corrective Actions	Corrective Action Completed
Staff Name/Position	X			<ul style="list-style-type: none"> <li>The program did not have a record in their individual employee files of the program completing reference checks. The program will need to complete and retain documentation of employee reference checks.</li> <li>The program completed and documented needed background checks. However, at the time of the review, the program's Executive Director had yet to complete a check via the DHS Background Check Unit (BCU), which was to be completed prior to the 2-year licensing review. The program's Executive Director will need to have a BCU check completed.</li> </ul>	
(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				
<b>New Employee Orientation (30 days)</b> 413-215-0061(4)	Yes	No	N/A	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(a) Agency policies and procedures	X			<ul style="list-style-type: none"> <li>The program did not have documentation that it was providing new employee orientation training on privacy laws. The program will need to ensure that new employee orientation training is being provided on privacy laws and that this training is documented in the individual employee files.</li> </ul>	
(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				
<b>Staffing Requirements</b> 413-215-0721	Yes	No	N/A	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>



Staff (at least one for each shift) has been trained in non-violent crisis intervention	X				
<b>Initial Training</b> (Must be completed before staff is alone with youth) 413-215-0726 (1)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(a) Completion of agency's orientation	X			<ul style="list-style-type: none"> <li>The program did not have documentation that it was providing initial training to employees on safety procedures. The program will need to ensure that initial training to employees is being provided on safety procedures and that this training is documented in the individual employee files.</li> </ul>	
(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				
<b>Ongoing Training (Staff &amp; Volunteers)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
413-215-0726(2)(a) Confidentiality	X			<ul style="list-style-type: none"> <li>It is recommended that food handler's training be added to the list which tracks ongoing trainings being provided by the program. Although it was clear that all program employees were receiving food handler's training, it was being documented under an "Other Training" list.</li> </ul>	
413-215-0726(2)(b) Universal precautions	X				
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				
<b>Contractors</b> (if applicable) 413-215-0061(6)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>

(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 Actions	Corrective Action Completed
Name of Child	X			<ul style="list-style-type: none"> <li>The program did not include the child's custody status in the individual child files. The program will need to ensure that a child's custody status is noted in the individual child files.</li> </ul>	
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				
<b>Assessment</b> 413-215-0741(2)(f) & 413-215-0731 Assessment	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
	X				

(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.					
<b>Service Planning</b> 413-215-0741(2)(g) &	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
413-215-0736(2)(a) Includes family, staff & other interested parties		X		<ul style="list-style-type: none"> <li>The program is not consistently documenting their efforts to include the child's (young mother's) family, staff and other interested parties in the child's service planning reviews. The program will need to narrate, at least monthly, their efforts to include the child's family, staff and other interested parties in service planning meetings for the child.</li> <li>In the program's service planning document, the program is not consistently documenting the child's (young mother's) physical and medical needs, behavior management issues, mental health treatment, education and special needs. The program will need to document all of these requirements in each child service plan.</li> <li>The program is not documenting their efforts to involve and contact a child's (young mother's) parent or legal guardian within 24 hours of a young mother's entry into the program, but no later than 72 hours following a young mother's admission into the program. The program must begin documenting these efforts in each child file.</li> </ul>	
(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, recommendations and discharge destination)	X				
<b>Records and Documentation</b> 413-215-0071	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>	<b>Corrective Action Completed</b>
(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	X				

Dates of admission  
Placement upon discharge

Comments: The program has recently merged the program's incident reporting and critical event reporting documents into one document. This new document also includes a check box to mark if the incident meets the definition of a critical event.

Licensing Coordinator's Signature: [Signature] Date: 2-22-21  
Manager Review: [Signature] Date: 02-21-2021