



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

Licensee: Integral Youth Services

Date of site visit: 4/15/2021

Executive Director :Larry Zeilstra

Licensing Coordinator: Jenifer McIntosh

Board Chairperson: Sophia Homfeldt

Other Regulatory or Accrediting Agencies: None

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): Voluntary transitional homeless/runaway shelter program for DHS and runaway and homeless youth of Klamath County and surrounding areas.

Program type and services: Offers life skills, medical and behavioral health service linkage, educational supports, case management, ILP support, transition assistance to supportive and permanent housing.

Capacity and Age Range: 11 (7-17 years of age)

Funding sources: DHS, SHAP, FYSB Grant, FEMA, Community Action Services

Contracts and sources for referrals: DHS, KBBH, Lutheran Family Services, plus a MOU with law enforcement and school district

Average length of stay: 10-14 days (RHY) 2-3 months (DHS)

Average daily population served: 4-5

Number of children served annually: 75

Interviews, Observations: Interviewed Craig Schumann (Program Manager), Matt VanOrder (Assistant Manager) and two youth. There were only two youth admitted to services at Exodus House on the day of the visit. One youth indicated they liked all the staff who worked at Exodus House, some are funnier than others they noted. Both youth indicated they missed not having their personal cell phones but shared they were able to make

calls on the house phone. Both were able to indicate they knew who to call if they had concerns and felt comfortable in doing so if necessary. During the interview one youth was complimentary of staff and taking them on outings. They also reported being appreciative of having a place to come and just be able to “chill.” Both indicated they would recommend Exodus House to their friends. There were no concerns noted during my interview with both youth.

Program Strengths: As reported by Program Director and Assistant Manager - Staff are committed to the mission and have a willingness to learn. Staff are non-institutional and come across as non-threatening to the children who come and stay. The environment of the program is neutral allowing the kids to be themselves and express their needs in different ways.

Program Challenges: As reported by Program Director and Assistant Manager - Losing a long term manager, higher than normal staff turnover, the pandemic, funding for unexpected costs and capital improvements.

Changes that have occurred in the last 2 years: As reported by Program Director and Assistant Manager - New manager, all brand-new staff, renovation to the home.

Lawsuits: None

Grievances and complaints filed in the last two years: None

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

Within 45 days of receipt of this report (insert name of agency) 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 Jenifer McIntosh at Jenifer.E.McIntosh@dhsosha.state.or.us or sent by regular mail to the following address:

Department of Human Services, Children’s Care Licensing Program
Attn: Jenifer McIntosh
201 High St SE, Suite 500
Salem, OR 97301

Exceptions: None

Changes in License: Change type from Residential to Homeless/Runaway/Transitional Living Shelters

Summary of Review					
Program and Services 413-215-0011(2)	Yes	No	N/A	Corrective Actions/Comments	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/Comments	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		<ul style="list-style-type: none"> IYS currently only has four board members as identified by the submitted CCA Contact Form. <p>Corrective Action: Submit plan, including a timeline, for recruiting at least one more board member. Update CCA Contact Form with new board members information.</p>	
(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				
Executive Director or Program Director 413-215-0021	Yes	No	N/A	Corrective Actions/Comments	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	Corrective Actions/Comments	Corrective Action Completed
(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				

Contractors (if applicable) 413-215-0061(6)	Yes	No	N/A	Corrective Actions/Comments	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		
Supplemental Information Provided by CCA	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
Documents as indicated on the form titled "Renewal Licensing Required Documents"	x				
Documents as indicated on form titled "Required Financial Documents and Information"		x		<ul style="list-style-type: none"> Tax Compliance Certificate has not been obtained. IYS did submit proof that it has been requested from Oregon Department of Revenue. (Repeat Finding) <p>Corrective Action: Provide completed Tax Compliance Certificate once it has been received.</p>	
All required policies and procedures as identified in the "Umbrella Rules"		x		<ul style="list-style-type: none"> Suicide prevention policy does not meet all of the OAR requirements. <p>Corrective Action: Update Suicide Prevention Policy to include all required components of OAR 413-215-0076(4).</p>	
All required policies and procedures as identified in "Agency Type Specific Rules"	x				
Staffing Requirements 413-215-0721	Yes	No	N/A	Corrective Actions/Comments	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	x				

Days: at least 1 Evenings: at least 1 Sleeping:1					
Grouping 413-215-0756	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
(1) & (2) Has and follows policies for grouping children that meets requirements (age, developmental level, maturity, behavior, medical...)	x				
(4) Care was taken to assess and minimize risk for children placed with emancipated children or adults	x				
Service Planning- Establish & maintain links with community agencies that provide: 413-215-0736	Yes	No	N/A	Corrective Actions/Comments	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/Comments	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/Comments	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/Comments	Corrective Action Completed
(b)(A) Smoke free	x				
(b)(B) Clean and in good repair					

(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/Comments	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/Comments	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/Comments	Corrective Action Completed
(2) Medication is locked and inaccessible to children	x			<ul style="list-style-type: none"> There were holes in the medication administration record (MAR). Staff reported that the medication was not available during those times. This was not indicated on the MAR. <p>Corrective Action: Update MAR to include place for staff to indicate when a medication is missed and the reason for it.</p>	
(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/Comments	Corrective Action Completed
Staff Name/Position					
(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/Comments	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/Comments	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/Comments	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				

- There are currently no staff who have been with Exodus house for a year.

(h) Report writing		x		<ul style="list-style-type: none"> There was no record indicating any staff had been trained in report writing. <p>Corrective Action: Train staff in report writing and submit training record for all staff.</p>	
(i) CPR and First Aid					
(j) Crisis intervention training					
Ongoing Training (Staff & Volunteers)	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
413-215-0726(2)(a) Confidentiality	x				
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				
Comments:					

Child Records	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
413-215-0741(2)					
Name of Child					
Date of Admission					

(a) Sufficient information about the child's family or legal guardian to enable staff to contact them at any time	x			<ul style="list-style-type: none"> Guardian did not sign authorization for medical treatment form, consent to treatment with interventions in use at the program, or consent for requesting medication at prescribed times. Corrective Action: Obtain guardian signature on the three identified forms. Ensure guardians sign on consent and authorization forms during intake as identified by IYS' intake procedure. 	
(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/Comments	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				
Service Planning 413-215-0741(2)(g) &	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
413-215-0736(2)(a) Includes family, staff & other interested parties	x			<ul style="list-style-type: none"> No youth files reviewed had been there more than a month. There were holes in the medication administration record (MAR). Staff reported that the medication was not available during those times. This was not indicated on the MAR. Corrective Action: Update MAR to include place for staff to indicate when a medication is missed and the reason for it. 	
(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				
Records and Documentation 413-215-0071	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed

(1) Stored safely and are available for inspection by Dept.	x			<ul style="list-style-type: none"> Permanent registry was missing contact information for guardians. <p>Corrective Action: Update form used for permanent registry to have a place to record contact information for guardians. Update current resident files with this information.</p>	
(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: Jennifer McAntosh Date: 04-23-2021

Manager Review: [Signature] Date: 04-23-2021