



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

Licensee: Mid-Willamette Valley Community Action (Taylor's House)

Executive Director: Jimmy Jones

Program Director: Tricia Frizzell

Other Regulatory or Accrediting Agencies: CW Treatment Services

Board Chairperson: Jon Weiner

Date of site visit: May 10, 2021

Licensing Coordinator: Todd Cooley

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): Taylor's House is an emergency home for youth needing temporary shelter. They can accommodate up to ten youth, it is co-ed, and it's structured to help youth find safety and stability in their community. Taylor's house can serve those who are pregnant, those with companion pets and mono-lingual Spanish speaking youth.

Program type and services: Runaway & Homeless Youth Shelter. Taylor's House has weekly groups using curriculum from the One Circle Foundation. They provide access to paid internship programs that qualify for school credit, general education support, and regular vocational/volunteer opportunities through their Youth Empowerment Program.

Capacity and Age Range: 10; ages 11-18

Funding sources: ODHS – Self Sufficiency, Oregon Housing & Community Services (OHCS) – Emergency Housing Assistance Document Recording Fee, State Housing Assistance Program, Emergency Solutions Grant, and Community Services Block Grant.

Contracts and sources for referrals: Contracts for Non-Behavior Rehabilitation Services (BRS) Beds. Receives referrals from youth who self-refer, law enforcement, ODHS, juvenile justice, mental health service providers, schools/McKinney Vento.

Average length of stay: 45 days

Average daily population served: 7

Number of children served annually: 55

Interviews, Observations: During the review licensing met with Program Director of HOME Youth Services for MWVCAA, Tricia Frizzell, Chief Operations Officer Helana Haytas, interim House Manager Francisco Sanchez and two youth. Taylor's House is not currently serving any youth in a shelter capacity. The decision was made after an investigation of alleged neglect was initiated. The investigation (CCA210020) found each allegation of neglect to be unsubstantiated. Since the final report Taylor's House has made several changes in areas identified during the investigation. They are in the process of procuring a back-up power generator, have installed automatically locking doors on the bathrooms, created additional cutouts in walls for better site lines in common areas and updated their call log (initial screening) to better identify concerning behaviors prior to admission. There are also additional cameras being installed to cover a few "blind" areas that have been identified.

The rest of the building was clean and being maintained in good repair. The two gas ovens were in the process of being replaced with electric ones. The downstairs rec room that used to contain a pool table will be converted into a gym. Frizzell stated staff took it upon themselves to write a grant and get it approved after hearing from the youth they wanted an exercise area. They were able to receive a sizeable amount of money which will allow them to purchase equipment for the space.

Two residents who had recently utilized services at Taylor's House agreed to speak with licensing on the phone. One had stayed at the shelter close to a year and the other had two separate stays of a couple weeks and a couple of months.

The first youth said their stay at Taylor's House was a good experience. It helped to teach them rules and get their life together. They felt safe in the home and comfortable with the staff who worked there. They said the food was okay, and they got plenty to eat. It just wasn't their favorite. They were able to stay up-to-date in school while accessing services. This youth stated although staff met his needs, there was a need for more bilingual staff as only two of them were able to translate.

The second youth said they liked the schedule at Taylor's House and school went pretty well while they were there. They said the food was decent and plenty of snacks were available. Even with Covid-19 restrictions they said staff did a good job of having lots of activities to do. They also stated staff listen really well and they did not feel like there was anything staff could do better.

Program Strengths (as described by the program): Location & physical building - about a mile outside of downtown Salem, in a residential neighborhood, along public transportation line, 2 blocks away from school district's McKinney Vento Program. House has 3 stories to allow separation and 2 large recreation rooms in addition to a dedicated space for youth to meet with service providers. There is room for outside recreation as well.

Demonstrated ability to serve monolingual Spanish speaking clients. On multiple occasions staff has successfully worked with primarily Spanish speaking youth in shelter. These services were led by our bilingual staff (approx. 40% of our staff are bilingual/bi-cultural and or people of color) and supported by all via Google translate and other methods of communication.

Direct connection with region's largest service provider for families and adults. ARCHES is another program of MWVCAA so we are able to quickly and successfully connect adult youth and or their families to housing resources. HOME also operates a drop in day shelter nearby for the same population as Taylor's House. This increases connectivity of services and resources. Many of our referrals come from our drop in and street outreach services. Additionally, the program has a strong partnership with the local service provider serving transition aged youth.

Program Challenges (as described by the program): Staff recruitment & retention - Until recently we were not able to provide competitive wages. This made it difficult to recruit and retain high quality staff. When lacking sufficient staff, leadership and management staff were caused to work overtime on a regular basis which contributes to staff burnout.

Training - While all training requirements are met and additional trainings included in the schedule, our program has lacked at times in mentoring new staff after they complete the core training.

Changes that have occurred in the last 2 years (provided by the program): Increased line of sight on the main floor by creating look-through spaces in the walls. This is in addition to adding a few more security cameras nearly eliminate blind spots in the common areas.

Changed our philosophy regarding locks on bathroom doors. Starting out we intentionally did not put locks on our bathroom doors but had "vacant/in use" signs on the outside along with "please knock" signs. The thought was that staff did not want a locked door as a barrier in the case of a youth harming themselves or others inside the restroom. This was a good thought when originally designing the program, but not good in practice. Over the past 2 years we have seen it's better to have automatically locking doors on the restrooms and staff having keys on them at all times to override the lock in case of an emergency. Overall, this is the safer set up for all involved.

We have changed our bedroom assignments so that males are always placed on the top floor and females on the main and lower floors. This will help staff better supervise, create clear boundaries for the youth and keep the ratio of male-to-female more consistent.

Lawsuits: None

Grievances and complaints filed in the last two years: Grievances provided to licensing. They were reviewed and will be on file with CCLP. No significant issues and all grievances were resolved per policy.

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

Within 45 days of receipt of this report Mid-Willamette Community Action Taylor's House 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 Todd Cooley, todd.cooley@dhsosha.state.or.us or sent by regular mail to the following address:

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

Exceptions: None

Changes in License: None

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				
(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"> The Program must obtain and submit tax compliance certification from the OR Dept. of Revenue. 	
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				
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 Days: 1:7 Evenings: 1:7 Sleeping: 1:10	X				
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	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/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				
(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	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/Comments	Corrective Action Completed
(a) Agency policies and procedures		X		<ul style="list-style-type: none"> Reviewed two files of employees hired within the last two years. One file had documentation of orientation training that included all required training except emergency procedures. The second file did not have any documentation of orientation training. 	
(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
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		<ul style="list-style-type: none"> Reviewed two files of employees hired within the last two years. One file had documentation of initial training that was thorough and included all required training. The second file did not have any documentation of initial training. 	
(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/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			
<p>Comments:</p> <p>Some of the training occurred in late (Nov/Dec) 2019 and again in early (Jan/Feb) 2021. There was less than 14 months between training which is an acceptable amount of time for annual training. However, the program will need to ensure these trainings are scheduled and conducted within each calendar year moving forward.</p> <p>Program manager confirmed all initial training has been conducted by all of the staff. It was identified the employee responsible for documenting and filing the training had been negligent in their duties and was promptly let go. The documentation that was presented is solid and shows the program has the proper tools to complete and document initial training, but had lacked quality checks to make sure it had been done.</p>				

Child Records	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
413-215-0741(2)					
Name of Child	X			<ul style="list-style-type: none"> One of the five files reviewed did not have a signed document which contained all of the following: authorization for medical treatment, consent to treat with interventions used at the program and acknowledgment child is responsible for requestions medication at prescribed times. 	
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		A new form has already been created to ensure accountability for all required documents and signatures.	
(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).	X				
(3) Statement as to whether child meets eligibility requirements to be admitted to program.		X		<ul style="list-style-type: none"> No clear statement on intake documents stating youth meets eligibility requirements for DHS youth. 	
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 documentation of efforts to include other parties in service planning. Each service plan only listed name of employee creating the service plan. Majority of reviewed files did not have clear documentation of efforts to involve the family within 72 hours. 	
(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				
(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: Files could be better organized and utilize tabs to help identify information.					

Licensing Coordinator's Signature:  Date: 6-2-2021

Manager Review:  Date: 5-28-2021