



Licensed Child Caring Agency Site Visit Six Month Re-Licensing Report Homeless/Runaway/Transitional Living Shelters

Licensee: Catholic Community Services of the Mid-Willamette Valley-
6 Month Initial Review for Father Taaffe St. Bridget Home

Executive Director: Josh Graves

Other Regulatory or Accrediting Agencies: ODHS Treatment Services

Program Director: Lori Simpson

Date of site visit: July 19, 2022

Licensing Coordinator: Holly Ivey

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): Father Taaffe, St. Brigid Home, provides young pregnant and parenting women and their children with safe housing and community resources while strengthening families as they transition to independent living. Father Taaffe program provides strengths-based, family-centered services that are responsive and trauma-informed.

Program type and services: Homeless Runaway Shelter.

Capacity and Age Range: Maximum number of women is 4 ages 12-20

Funding sources: Private donors and ODHS

Contracts and sources for referrals: ODHS and community or self-refer

Average length of stay: less than 1 year

Average daily population served: 3

Number of children served annually: 3

Interviews, Observations:

Interviews: During the review, Lori Simpson, Program Director, Jennifer Blyeth, Quality Projects Manager, Emily Burrow, House Parent, and Lucas Burrow, House Parent were informally interviewed. Three youth were privately interviewed by Holly Ivey, Licensing Coordinator. When asked what

they appreciated most about the Father Taaffe Program the youth reported: “It’s a community, we’re all moms going through the same things, I love the support from the other girls and house parent, I appreciate the house mom, when I am having a rough day I can cry in her arms, she helps me to watch my child if I needs a nap or a shower.” All youth reported getting enough food to eat and having daily snacks available. All youth reported having unrestricted phone calls with approved contacts daily. The following recreational activities were reported: “Going on walks, going to the beach or river.” All youth reported hygiene products being provided if needed. When the youth were asked what they would change about the program, they reported: “People picking up after themselves, better communication with the house parent having her help the girls talk through things when we don’t get along, (The Licensing Coordinator discussed this concern with the house parents at the Exit Interview) All youth reported feeling safe at the program and respected by the house parents and the staff.

Observations: A walk-through of the home was conducted in all areas where youth were allowed access. The home had minimal deficiencies for cleanliness and repair (stated in detail below in the report). It was reported that youth assist with the cleaning of the home. The house parents conduct bedroom checks for cleanliness once a week. The DHS Licensing Coordinator observed food in the refrigerator, and snacks available for the youth. The DHS Licensing Coordinator observed the two vehicles that are utilized to transport youth in the program. There were no deficiencies observed with the vehicles. Medication was observed to be kept in a locked medicine box behind a locked door inaccessible to youth.

Program Strengths: The following strengths were identified by program leadership and staff:

- “The house parents get the job done.
- The program is 100 percent donor funded.
- Having a position that is available to the house parents and the youth 24/7.
- The agency being COA Accredited helps strengthen the program.”

Program Challenges: The following challenges were identified by program leadership and staff:

- “Keeping the program full, low referrals.
- The agency would love to sell the home and move to a different neighborhood.”

Lawsuits: None

Grievances and complaints filed in the last six months: None

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

Exceptions: N/A

Changes in License: A new license will be issued to include the Father Taaffe Home to the ongoing CCS License to expire February 28, 2023.

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				
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				
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 The program utilizes Positive Behavior Support Training, and the Sanctuary Model	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	X				

(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					
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: Evenings: Sleeping:	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			Safety - Building Requirements 413-215-0761(6) (b)(B) Clean and in good repair. The following repairs are needed in the home: <ul style="list-style-type: none"> • Broken window in the upstairs bathroom. (Plywood was replacing a broken window) • Upstairs bathtub along the drain was dirty with pinkish substance. • Upstairs bedroom was lacking a window covering. • Small areas of paint were observed to be missing in a bedroom. • Small hole behind a bedroom door. • Downstairs bathroom had dirt along the caulking of the outside of the shower. 	
(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			<p>Personnel Files 413-215-0061(3)(a) record of education, training and previous employment. (1)(b) & (3)(b) reference checks complete and documented.</p> <ul style="list-style-type: none"> The above information was not found in the personnel files reviewed. 	
(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	X				

(b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee					
(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				
(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	X				

(b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee					
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 413-215-0741(2)	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
Name of Child	X			Child Records 413-215-0741(2) (c) authorization for medical treatment (d) Consent to treat the child with interventions in use at the program <ul style="list-style-type: none"> The above required consents were not consistently found in the files reviewed. 	
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) & 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.	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
	X				
Service Planning 413-215-0741(2)(g) & 413-215-0736(2)(a) Includes family, staff & other interested parties (2)(b) Monthly review (2)(c) Addresses physical and medical needs, behavior management issues, mental	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
		X		Service Planning 413-215-0741(2)(g) & 413-215-0736(2)(a) Includes family, staff & other interested parties(2)(g) & (2)(b) Monthly review	
		X			
	X				

health treatment, education, and special needs				<ul style="list-style-type: none"> The service plan documents lacked verification of the inclusion of family & staff in service planning. 	
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			<p>Records and Documentation 413-215-0071(7) Permanent registry for each child Names, addresses of parents or guardians</p> <ul style="list-style-type: none"> The above required information was not found in the files reviewed. 	
(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:					

Additional Corrective Action:

413-215-0077 Licensing Umbrella Rules: Restraints and Involuntary Seclusion

(Amended 07/01/2022) (13) Reporting Requirements (e) Each child caring agency shall provide notice regarding how to access the quarterly reports to the parents or guardians of children in care in the program. The child caring agency shall provide the notice upon the child in care's admission and at least two times each year thereafter.

- Documentation of the above information being provided to guardians was not found in the youth files reviewed.

413-215-0078 Licensing Umbrella Rules: Information Provided to Children in Care

(Adopted 02/01/2022 (1) Each child in care receiving services from a child-caring agency must be given the following: (a) Instruction regarding how a child in care may report suspected inappropriate use of restraint or involuntary seclusion; (b) Assurance that the child in care will not experience

retaliation for reporting suspected inappropriate uses of restraint or involuntary seclusion and; (c) The telephone number for the toll-free child abuse hotline described in ORS 417.805 and the telephone numbers and electronic mail addresses for the program's licensing agency, the child in care's caseworker and attorney, the child in care's court appointed special advocate and Disability Rights Oregon.

- Documentation of the above information being provided to youth was not found in the youth files reviewed.

Licensing Coordinator's Signature: Holly Ivey Date: 8-23-22

Manager Review: [Signature] Date: 8-12-2022