



## Licensed Child Caring Agency Site Visit Report

**Licensee:** Kairos Northwest

**Executive Director:** Jeremy Harle, Interim

**Board Chairperson:** Jennifer Gustafson

**Date of site visit:** August 2-4, 2022

**Licensing Coordinator:** Robin DuVal, assisted by Todd Cooley

**Other Regulatory or Accrediting Agencies:** Oregon Department of Human Services (ODHS) Child Welfare division; Oregon Health Authority (OHA).

**Program Compliance:** As of this review, the program was found to be or will be compliant with OAR 413-215-0001 to 413-215-0136, Licensing Umbrella Rules; OAR 413-215-0801 to 413-215-0856, Licensing Day Treatment Agencies; OAR 413-215-0301 to 413-215-0396 Licensing Foster Care Agencies; and OAR 413-215-0701 to 413-215-0766 Licensing Homeless, Runaway, and Transitional Living Shelters. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

**Program Description:** Kairos Northwest operates 5 licensed Child Caring Agency programs; Day Treatment (1); Foster Care (1) and Transitional Living Shelters (3) sites, providing mental health services to youth and young adults. Kairos means “the moment when change is possible”.

- Day Treatment detail begins on page 3.
- Foster Care detail begins on page 9.
- Transitional Living Shelter detail begins on page 19.

**Changes in License:** Remove the middle school due to closure in June 2022. In efforts to align renewal dates with other regulatory entities, Kairos has agreed to change their renewal date from August to April 2024 and to continue with license renewals in April going forward.

**Lawsuits:** none.

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

**Corrective Actions and Timeframes:** Within 45 days of receipt of this report, Kairos Northwest must submit the following to verify compliance.

Submit a letter of verification indicating the agency is in compliance with the specific rules cited below and describe 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 are to be emailed directly to Robin DuVal at [robin.m.duval@dhsosha.state.or.us](mailto:robin.m.duval@dhsosha.state.or.us).

<b>Summary of Review</b>				
<b>Program and Services 413-215-0011(2)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Program and services are in scope of license	X			
<b>Governance – Board Responsibilities 413-215-0021</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(1)(a) Minimum of 5 board members	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			
<b>Executive Director or Program Director 413-215-0021</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	X			
(3)(g) Approval from BCU	X			
<b>Discipline, Behavior Management, and Suicide Prevention 413-215-0076</b>	<b>Yes</b>	<b>No</b>	<b>N/A</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			
<b>Contractors (if applicable) 413-215-0061(6)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</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	
<b>Supplemental Information Provided by CCA</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</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 Day Treatment, Foster Care, and Transitional Living.	X			
SB710 Requirements: Policy and Procedures; notifications to guardian and children in care. OAR 413-215-0077(8)(e), (11)(e) and OAR 413-215-0078(1)		X		It's unclear if all program types are providing notification to all guardians and children in care. The agency shall ensure all notifications are met as required and documented appropriately.

## DAY TREATMENT

**Program Manager:** Carolyn Acker

**Day Treatment Program Description(s):** Day Treatment may include medication management by a psychiatrist; individual, family and group therapy; skills coaching; and an array of support services (i.e., occupational therapy, speech therapy, etc.) provided by the local Education Service District in collaboration with the treatment team.

**Capacity and Age Range:** Elementary site: capacity 5 (increasing to 8-9 for 2022-2023 school year); ages 5-11.  
Middle School site; capacity 5, ages 11-16 (closed June 2022).

**Funding sources:** Coordinated Care Organizations (CCOs), and occasionally school districts and private insurance.

**Contracts and sources for referrals:** Advanced Health and single case agreements. Referrals come from local schools, Bay Clinic, Oregon Department of Human Services, Coos Health and Wellness, Bay Area Hospital, North Bend Medical Center, Waterfall Clinic.

**Average length of stay:** 213 days

**Average daily population served:** 8.57

**Number of children served annually:** 24

**Seclusion, Restraints:** No seclusions. Yes – restraints, trained in the Crisis Prevention Institute's (CPI) Non-violent Crisis Intervention.

**Interviews:** Youth D. is 8 years old and has been in the program for approximately one year. This youth reports the food is good, has a favorite staff person, and feels safe. This youth was observed playing basketball with two staff on the playground and appeared to be enjoying it.

Staff W. has worked for the agency approximately 8 months; and reports having regular contact with their immediate supervisor; feels the program is adequately staffed; reports the youth get daily recreation; the program operates well; but would like a bigger classroom and bigger staff room if they

could change anything about the program. This staff person has not conducted a hold (restraint) on a youth, however, has received training and the team has regular practice holds and discussions. This staff person was unclear in their knowledge of mandatory abuse reporting requirements. This licenser provided training during the interview and followed up with the Executive Director.

**Observations:** The day treatment classroom is in the elementary school and the program utilizes the shared spaces of restrooms, gym, outside playground, etc. The classroom itself is a typical sized classroom and is clean, organized, and well maintained. The staff office is a small area and can get overcrowded with staff various needs.

**Program Strengths:** Maintaining the current staff. Five successful discharges. Hired a new psychiatrist. Successful switch back to CPI, including a CPI trainer on staff.

**Program Challenges:** Staffing: hiring shortages; staff sick due to COVID or exposure; managers covering. Program closures: program closures for staff and youth related to COVID; school changing days off and adding in-service days mid school year; school closing for lack of school staff. Few referrals for the middle school program.

**Changes that have occurred in the last 2 years:** Due to occasional COVID related illness among students, the day treatment program had to close intermittently to ensure health and safety of staff and clients. At the completion of the school year (mid-June 2022) the Middle School day treatment closed due to low or no referrals. The goal and plan are to increase Elementary School Day Treatment capacity.

<b>Educational Services</b> 413-215-0856	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
School is accredited	X			
(2) 1:15 ratio for qualified teacher/children	X			
(4) Secondary schools – verification provided that meets academic standards to obtain admission to higher education and receive high school diploma or GED	X			
<b>Physical Plant</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
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			
413-215-0816(8)(e) Adequate in size and arrangement for programs offered	X			
413-215-0091(12) License is posted in common area at each facility	X			
413-215-0001(5)(d) & 0816(9)(a)&(b) Adequate furnishings and personal items; storage for personal items	X			
413-215-0816(2) Buildings are smoke free, clean and in good repair	X			
413-215-0816(3) Rooms are free of harmful drafts, odors, and excessive noise	X			
413-215-0816(4) Rooms are adequate in size and arrangement	X			
413-215-0816(5) System provides a continuous supply of hot and cold water	X			
413-215-0816(7) Building is well ventilated and room temperature is within a normal comfort range	X			
<b>Bathrooms</b> 413-215-0816(8)(a)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
(A) 1:15 ratio for toilets	X			Note: The program utilizes the school bathrooms.
(B) 1:2 ratio for sinks to toilets. Hand-washing sink not used for food prep	X			

(C) Hot and cold running water, soap, and approved hand drying options	X			
(D) Individual privacy	X			
(E) Permanently wired fixtures	X			
(F) Window covering				X
(G) Mirror, permanently affixed	X			
(H) Adequate ventilation	X			
<b>Room and Space Requirements 413-215-0816</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(8)(A)(B) Laundry is separate from food storage, kitchen and dining				X
(8)(c) Separate storage areas are provided for food, kitchen supplies, utensils, clean linens, soiled linens and clothing, cleaning supplies and equip, poisons, chemicals, outdoor recreational and maintenance equipment	X			
(8)(g) Recreational activity area is protected from vehicles and other hazards and of a size and availability appropriate to the age and needs of children in care	X			
(8)(f) Time out rooms have adequate space, heat, light and ventilation and is not capable of locking				X
<b>Food Service area 413-215-0816(8)(d)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
(A) Areas used for storage, food preparation, and dish washing are separate from child-caring areas				X Note: the program utilizes the school food service area.
(B) Walls, floors are easily cleanable				X
(C) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean				X
(D) Equipment is easy to clean beneath, between and behind				X
<b>Food Services 413-215-0831</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
(1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation	X			Note: food is provided by the school through USDA.
(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes.	X			
(b) Menus are maintained for at least 6 months				
(c) Drinking water is freely available	X			
(2)(a) Food is stored, prepared & served in a sanitary manner	X			
(2)(c) & (d) Food products are obtained from commercial suppliers (exception of fruits & vegetables), unpasteurized juice is prohibited, and only Grade A pasteurized and fortified milk in appropriate container.	X			
(2)(e) Children are supervised when in the food-preparation area				X
<b>Safety 413-215-0836</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
(2)(a) Written emergency plan	X			Note: The monthly evacuation drills occur when the school conducts theirs, and the program ensures monthly drills occur during the summer months.
(2)(b) Telephone numbers for local police and fire are posted near all telephones	X			
(2)(c) Operative flashlights sufficient in number are readily available to staff	X			
(3)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 years and contains; (A) identity of person conducting drill (B) date & time (C) notification method	X			

(D) staff participating (E) # of children & staff evacuated (F) special conditions simulated (G) problems encountered (H) time to complete				
<b>Safety – Transportation 413-215-0836(5)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC			X	
<b>Medication 413-215-0846</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments / Recommendations</b>
(2)&(5)(e) Medications have a prescription and are stored in the original container with prescription label			X	Note: there were no current youth in program with medication needs during program hours, although this licensor observed their medication logs and where the medications would be stored.  Recommendation: Due to the small staff office and overcrowding, this licensor recommends de-cluttering and making specific space for all medication processes to ensure safe and secure medication administration and documentation.
(5) Medications are kept in locked storage	X			
(6) Medications are disposed in accordance with state and federal law	X			
(7) Written record of the disposal of medications is maintained (description, name, reason, method, staff & witness signature)	X			
(8) Written record of the administration of medication includes: (a) name (b) description (c) dates & times (d) missed doses (e) medication disposed (f) method of administration (g) ID of person administering (h) possible adverse reactions (i) medication taken outside facility	X			
<b>Staff Qualifications and Minimum Staffing Requirements 413-215-0811</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(1) Teachers are licensed in accordance with Teachers Standards and Practices Commission	X			
(2) A qualified clinical supervisor directs the clinical program and supervises clinical staff	X			
(3) Mental health service delivery staff meet the qualifications in OAR 309-022-0125	X			
(4) Sufficient QMHP and other staff to meet the severity and acuity of children served. Does not exceed 1:12 QMHP	X			
413-215-0001(5)(f) Ensures safety and adequate supervision	X			
413-215-0001(5)(c) Engages in and applies appropriate behavior management techniques	X			

<b>Personnel Files 413-215-0061</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Name	X			
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			
<b>New Employee Orientation- Umbrella Requirements (30 days) 413-215-0061(4)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(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			
<b>Ongoing Training</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
413-215-0831(2)(b) Employees who handle food served to children have a valid food handler's card	X			
413-215-0061(5) Mandatory reporting (annually) 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			
413-215-0836(5)(a) Employees transporting children meet the driver requirements (current driver's license, insurance, trained in emergency procedures & behavior management, and training for 15+ passenger vans if applicable)	X			
<b>Contractors (if applicable) 413-215-0061(6)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</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	
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<b>Children's Records</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Name of Child	X			
Date of admission	X			
<b>Medication 413-215-0846</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(3) Medical treatments, special diets, physical therapy, physical aides or limitations have a written order signed by a physician or qualified medical professional.			X	
(4) Self-administration is approved in writing by Physician, recommended by agency, and monitored by staff or guardian. (9) <i>If applicable</i> , there is documentation of the continuing evaluation of the ability of the child to self-administer medication			X	
(8) Medication record			X	
<b>Records and Documentation 413-215-0071</b>	<b>Yes</b>	<b>No</b>	<b>N/A</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 Dates of admission Placement upon discharge	X			



# **Foster Care**

**Program Manager:** Sarah Hollingworth

**Program Description(s):** Treatment foster care provides intensive treatment services for children and youth with serious emotional and/or behavioral challenges in a home-based environment. The agency recruits, selects, and trains treatment foster parents from the local community and they work together with the Kairos' team to create planned, purposeful, structured environments within their homes.

**Number of proctor foster parents and program capacity:**

- 3 certified homes. 4 proctor foster parents. 1 certified crisis respite home with 2 crisis respite providers.
- 4 youth and 3 planned or crisis respite youth (at a time).

**Funding sources:** ODHS, Coordinated Care Organizations (CCOs)

**Contracts and sources for referrals:** ODHS, Jackson Care Connect, All Care (Options for Southern Oregon). Sources for referrals: ODHS; Community Partners; Word of Mouth (self-referrals).

**Average length of stay:** 547 days

**Average daily population served:** 4.57

**Number of children served annually:** 7

**Interviews:** There are no current foster youth in the program as all have graduated.

One foster parent was interviewed and has been with the agency for approximately 6 years. Most of the youth have been long term placements and some keep in contact. The agency has provided good supports to the foster parent, are very attentive to the youth, and they work hard at matching up youth with foster family. Staff turnover has impacted the connection between staff and foster parent. They communicate well with the agency and feel heard when sharing concerns or suggestions. When asked what the agency could improve on, it would be improving the Relias electronic system to be more precise in its tracking of trainings received by foster parents. They currently keep their own records separate from the Relias system.

**Observations:** The foster care program office is spacious, clean and in good repair.

**Program Strengths:** Strong administration and clinical team. The team has put a lot of effort into streamlining processes and procedures for foster care. Increased and sustained efforts have been put into foster care recruitment and retentions, foster parent supervision and support, and overall ideas to expand the program in the past year. "Feedback Informed Treatment" was rolled out in October 2021, which actively integrates their clients'

voice into their treatment planning process more concretely. This has led to a paradigm shift towards a culture of feedback amongst staff, which has improved morale and hopefully lead to longevity in current staff.

**Program Challenges:** While a lot of effort has been put into recruitment and retention, they have not seen the increase in numbers or expansion of the program that was hoped for. Much of this can be attributed to challenges related to the pandemic and it is an ongoing barrier that they are attempting to overcome with new, creative approaches. Finances and funding sources are always a challenge, as it is difficult to recruit new providers when there are other programs in the area offering higher reimbursement rates.

**Changes that have occurred in the last 2 years:** Kairos leadership hierarchy underwent changes from 2021 to 2022 with several staffing changes as well. Though the changes have generally been well received and have led to positive opportunities for growth, change is always difficult, and these changes specifically were felt most by the foster parents due to the staffing changes disproportionately impacting the direct care staff in the foster care team.

<b>Physical Plant</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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		
<b>Medication 413-215-0381</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
(2)&(5)(e) Medications have a prescription and are stored in the original container with prescription label	X		
(3) Medical treatments, special diets, physical therapy, physical aids or limitations have a written order signed by a physician or qualified medical professional.	X		
(4) Self-administering medications by a child is approved in writing by physician, recommended by agency, and closely monitored	X		
(6) Medications are disposed in accordance with state and federal law	X		
(7) Written record of the disposal of medications includes: (a) description (b) name (c) reason (d) method (e) staff & witness signature	x		
(10) Written record of the administration of medication includes: (a) name (b) description (c) dates, times (d) missed doses (e) medication disposed (f) method of administration (g) ID of person administering (h) possible adverse reactions	X		

(i) medication taken outside facility				
<b>Placement of a Child by Agency 413-215-0356</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(2) Placement is consistent with recommendations in the current home assessment	X			
(3) Home does not exceed: (a) 4:1 ratio approved proctor foster parent (b) 6:2 ratio approved proctor foster parents (c) 2 children under the age of 3	X			
(6) At time of placement the agency provides proctor foster home parents with: (a) Child's name, date of birth and reason for placement (b) Name and phone# of assigned worker (c) Information on health, behavioral characteristics and needs of child	X			
(d) Authorization and written instructions for obtaining medical, dental and other and emergency care	X			
<b>Respite Care 413-215-0366</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(1) Agency has and adheres to a respite care policy	X			
(2)(a) Alternate caregivers are (A) at least 21 years of age and (B) have completed background checks	X			
(2)(b) Agency approval is received prior to using respite care	X			
(2)(c) Proctor foster home notifies agency in advance when providing respite care that will exceed max number of children authorized	X			
(2)(d)&(e) Respite care plan for each child and includes emergencies	X			

<b>Records of Proctor Foster Homes 413-215-0351</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>
(2)(a) Certificate that includes: age range of children, restrictions or limitations, and statement that the home meets standards established in these rules	X			
(2)(b) & 413-215-0316(4) Notification of acceptance or denial of application. If denial is due to substantiated abuse, the reason for denial is disclosed to applicant.		X		Documentation of notifications was not found. The agency shall ensure a notification of acceptance or denial of application is provided and documented accordingly.
(2)(d) All documents pertaining to formal complaints. See also 413-215-0336			X	
(2)(e) and 413-215-0356(5) Signed contract	X			
(2)(f) List of all children placed that includes identifying and placement information 413-215-0356(4) Documentation of the basis for placement	X			
(2)(g) Documentation of home visit (every 90 days)		X		Documentation of home visits was not found. The agency must ensure home visits occur every 90 days and document appropriately.
(3) Documentation of changes in address, name and household composition, and exceptions or suspensions	X			
(4) Documentation of inactive status (if applicable)	X			
413-215-0313(1)(a) at least 21 years of age	X			
413-215-0341 Written notice to proctor foster home if decertified	X			

413-215-0349(1)-(7) Required notifications	X			
<b>Assessment and Approval of Proctor Foster Homes Written Assessment 413-215-0316</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(1)&(2) Assessment is based on an on-site review of the home, observations and interviews of each household member, background check, any information gathered during assessment.	X			
(2)(a) Application signed by all applicants	X			
(2)(b) Home is primary residence and where each child will reside	X			
(2)(c) Statement of physical and mental health	X			
(2)(d) Report from licensed health care or mental health professional if determined appropriate by agency	X			
(2)(e) Minimum of 4 references (only one can be relative)	X			
(2)(f) Contact information for 2 individuals if applicant displaced by natural disaster	X			
<b>Assessment and Approval of Proctor Foster Homes Written Home Study includes the following: 413-215-0316(3)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>
(b) Names and ages of children in the home and children no longer in the home	X			
(c) Background check for all household members over 18 and those under 18 as determined appropriate	X			
(d) Background check from every state (or country) of residence in last 5 years for household members over 18 and those under 18 as determined appropriate			X	
(e) Placement preferences	X			
(f) Motivation for providing foster care	X			
(g) Life experiences and challenges	X			
(h) Relevant health history	X			
(i) Education and training	X			
(j) Employment and finances	X			
(k) Current support systems and need for additional support services	X			
(l) Marital history, including previous marriages, divorces, and long-term relationships	X			
(m) Parenting skills and values	X			
(n) Lifestyle	X			
(o) Religion or spiritual beliefs	X			
(p) Cultural background and experiences with diverse cultural groups	X			
(q) Ability to respect spiritual beliefs, sexual orientation, gender identity, and gender expression, disabilities, national origin, and cultural identities of each child and provide opportunities to enhance the positive self-concept and understanding of child's heritage	X			
(r) Assessment of current and previous licenses, certifications and other applications for providing care including adults. Information must include any denials, suspensions revocations, or terminations	X			
(s) Assessment of the areas in which training is needed and the plan of the agency for providing needed training and timeframes		X		The assessment of training needed, and timeframe was unmet or insufficient.

(t) Applicant's home and community	X			
(u) Assessment and recommendations including the characteristics and maximum number of children who may be placed in care	X			
<b>Standards for the Proctor Foster Home Environment 413-215-0318</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>
(1)(a) the primary residence of the applicant and where the child in care will reside	X			
(1)(b) adequate space including space for safe and appropriate sleeping arrangements for each child in care	X			
(1)(c) child in care and parent/guardian must be notified of any electronic monitoring that occurs in the home	X			
(1)(d) posted Foster Children's Bill of Rights	X			
(1)(g) Authorization must be received from the agency and parent/guardian prior to the beginning of hunting or target practice by the child		X		This authorization was not found in the standards for home environment.
(2)(a) If there are potential hazards in or around the home, a plan to prevent exposure of the child to the hazard must be developed and approved by the agency	X			
(2)(d) Home and furnishings must be clean and in good repair and grounds must be maintained	X			
(2)(e) No accumulation of garbage or debris	X			
(2)(f) Home has an adequate source of safe water to be used for personal hygiene	X			
(2)(g) There is a provision for safe storage and administration of all medications in the household	X			
(2)(i)(A) Children may not be exposed to any second-hand smoke in home or vehicle.	X			
(2)(i)(B) Household members may not provide any form of tobacco, nicotine, or other product illegal for a minor to possess	X			
(2)(i)(C) All products referenced in (B) must be stored safe and in a manner inaccessible to children	X			
(3)(a) The home must have the following: (A) working smoke alarm in each bedroom where a child in care sleeps within 24 hours of the time the applicant is certified	X			
(B) A working carbon monoxide detector within 15 feet of each bedroom where a child in care sleeps and at least one on each floor within 24 hours of the time the applicant is certified	X			
(C) At least one operable fire extinguisher rated 2-A:10-B-C or higher within 24 hours of the time the applicant is certified	X			
(F) a written comprehensive home evacuation plan shared with each child in care at time of placement and practiced at least every six months. The written plan must include a provision for the safe exit of a child in care who is not capable of understanding or participating in the evacuation plan.		X		Documentation of practicing every six months was not found.
(G) Interior doors that lock must be operable from both sides of the door.	X			
(3)(b) Each bedroom used by a child in care must have: (A) At least one unrestricted exit	X			
(B) At least one secondary means of exit or rescue	X			

(D) Unrestricted, direct access at all times to hallways, corridors, living rooms, or other such common areas	X			
(E) Quick release mechanisms on all barred windows	X			
(4)(a) Maintain and share emergency preparedness plan with foster care agency. At minimum the plan will include: (A) types of emergencies most likely to happen where the proctor foster home is located (B) Identifying a place to meet for each type of emergency identified (C) Identifying an alternate shelter if necessary (D) Ensuring access to all necessary medication or medical equipment (E) How to help each child in care recover after a disaster		X		Items (D) and (E) were not found in the plan.
(4)(b) Maintain a comprehensive list of emergency telephone numbers including 911 and poison control and post in prominent place in the home	X			
(5)(d) Written authorization must be received by proctor foster home prior to transporting a child out of state or country		X		
(5)(e) Proctor foster home must request approval from Department no less than 90 days prior to international travel		X		
<b>Annual Review and Approval 413-215-0331(2)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions</b>
(a) Updated home study		X		The updated home study was incomplete.
(b) Background check(s)	X			
(d) Out of state background check (if applicable)			X	
(e) Documentation that home remains in compliance with safety standards 413-215-0318		X		The safety standards checklist was incomplete.
(f) Recommendation to approve or deny re-issuance of certificate	X			
<b>Orientation for Proctor Foster Homes Applicants 413-215-0321(2)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
(a) & 413-215-0061(4)(a) Policies and procedures of the agency			X	<i>Note: There were no new certified homes within the last review period.</i>
(b) & 413-215-0061(4)(d) Attributes of population. Needs and characteristics of children needing placement			X	
(c) Attachment, separation, and loss issues for children and families			X	
(d) Importance of cultural identity and ways to foster this identity			X	
(e) Impact of foster care on child and family			X	
(f) Rights and responsibilities of proctor foster parent and agency			X	
(g) Resources available			X	
(h) Confidentiality			X	
(i) Rights of families and children			X	
(j) Provided copies of (A) Program statement (B) Requirements for Proctor Homes (C) Policies of agency governing proctor foster homes (D) Training requirements (E) Licensing rules (F) Expectations for working with the agency			X	
<b>Orientation – Umbrella Requirements (30 days) 413-215-0061(4)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
(b) Ethical and professional guidelines			X	

(c) Organizational lines of authority			X	<i>Note: There were no new certified homes within the last review period.</i>
(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>Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(a) Minimum of 16 hours of training before placement			X	
(b) Minimum of 16 hours training annually prior to approval	X			
(c)(A) Characteristics and needs of children who are placed	X			
(c)(B) Ways to effectively parent children, including application of the <i>reasonable and prudent parent standard</i>	X			
(c)(C) Positive behavior management		X		This training was unmet or unclear in the documentation.
(c)(D) Importance of family of the child and working with the family	X			
(c)(E) Importance of age-appropriate or developmentally appropriate extracurricular, enrichment, cultural, and social activities		X		This training was unmet or unclear in the documentation.
(c)(F) Preparation of child for independence based on age, stage of development, and child's needs		X		This training was unmet or unclear in the documentation.
(c)(G) Legal responsibility to report suspected child abuse	X			
(2) Training is documented	X			

<b>Personnel Files 413-215-0061</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Staff Name	X			
Position	X			
(3)(g) Date of Hire	X			
(3)(a) record of education, training and previous employment	X			
(1)(b) & (3)(b) reference checks completed and documented	X			
(1)(a) & (3)(c) Background check 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	X			
<b>New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(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 (annually) 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>New Employee Orientation – Foster Care (30 days) 413-215-0371</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(1)(a) Discipline and behavior management including de-escalation, crisis prevention, positive behavior management, and disciplinary techniques that are non-punitive in nature	X			
(1)(b) Restraint and seclusion (if applicable)	X			
<b>Ongoing Training</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
413-215-0371(2)(a) Environmental emergencies	X			
413-215-0371(2)(b) Universal Precautions	X			
413-215-0371(2)(c) Discipline and Behavior Management	X			
413-215-0371(3) Maintain current CPR/First Aid certification	X			
413-215-0371(4) Training related to the <i>reasonable and prudent parent standard</i> and developmentally appropriate activities	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			

<b>Children’s Records</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Name	X			
<b>Initial Evaluation 413-215-0386(2)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(a) Agency request and review all available reports of child’s past and present behavior, educational status, and physical and mental health.	X			
(b) Preliminary determination whether prospective child has disorders, disabilities, or deficits for which care, supervision, training, rehab, or treatment is needed	X			
<b>Information about Children in Care</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions / Recommendations</b>
413-215-0396(1) Summary sheet contains the following: (a)The name, gender, date of birth, religious preference, and previous address		X		



(b) Name and location of previous and current school	X			<p>Religious preference was not documented on the summary sheet. The agency shall ensure an entry is noted for religious preference.</p> <p><u>Recommendation:</u> utilize one face sheet/summary to list these requirements about children in care.</p>
(c) Date of admission	X			
(d) Legal custody	X			
(e) The name, address, and telephone number of: (A) The child's parents. (B) The child's legal guardian, if different than parents, and legal relationship (C) Other persons significant to child (D) Other professionals to be involved in service planning (if applicable)	X			
(f) Required consents and authorizations	X			
<b>Health Services 413-215-0376</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(2) Medical history obtained within 30 days (a) significant findings (b) current immunizations, history of surgical procedures-health issues-injuries (c) allergies (d) dental, vision, hearing, behavioral health, and (f) physician orders		X		The medical history section was lacking. The agency shall ensure a more complete medical history is obtained and appropriately documented in each youth file.
(2)(e) Documentation of age-appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease		X		This requirement is unmet. The agency shall ensure age-appropriate instruction is provided and appropriately documented in each youth file.
(3) Agency provides or arranges for (a) information on maintaining reproductive health and birth control (b) prenatal care (c) well baby care (d) fetal alcohol syndrome (e) accessing health insurance (f) cancer screenings (g) feminine hygiene products (h) access to birth control and vaccinations		X		This requirement is lacking. The agency shall include language covering these areas and appropriately document in each youth file.
(4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14)		X		The agency shall create a system to ensure medical exams occur when a youth is 14 during their care in the program.
<b>Consents 413-215-0391(1)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(a) Provide routine and emergency medical care	X			
(b) Use the discipline and behavior management system	X			
(c) Use restraint or seclusion (if applicable). Must specify the reasons for the intervention and how staff and proctor foster home parents are trained and supervised			X	
(d) Restrict contact with persons outside of the agency		X		The agency shall ensure (d) is included in the consents.
(e) Allow access as defined in 413-215-0091 & 0101		X		The agency shall ensure (e) is included in the consents.
(f) Impose a dress code	X			

(g) Apply the <i>reasonable and prudent parent</i> standard		X		The agency shall ensure (g) is included in the consents.
<b>Disclosures 413-215-0391(2) Parent/guardian has acknowledged in writing:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(a) Mandatory child abuse reporting requirements	X			
(b) Information regarding personal or room searches and protocols for confiscation of contraband	X			
(c) Statement of Rights of Children and Parents/Guardians	X			
(d) Grievance policies and procedures	X			
(e) Any policies and procedures upon request		X		The agency shall ensure (e) is included in the disclosures.
<b>Authorizations 413-215-0391(3)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(a) Disclose information	X			
(b) Child specific visitors	X			
(c) Visitation resources are pre-approved		X		The agency shall ensure "pre-approved" is included in visitation resources.
(d) Activity specific authorizations are pre-approved to allow children to participate in potentially hazardous activities, including but not limited to using motorized yard equipment, swimming, and horseback riding.		X		The agency shall update the list of activities to include more activities than swimming.
<b>Service Planning 413-215-0396(2)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(a) All documentation written in terms that are easily understood	X			
(b) Intake document is completed the date child accepted into care (emergency placement 48 hours)	X			
(c) Child is served according to an individual service plan that outlines goals for services and care coordination	X			
(d) Assessment is completed within 30 days and contains relevant historical info., current behavioral observations, identified need for services, and how agency will provide or coordinate services	X			
(e) (A)&(B) Service plan within 60 days (parent, guardian and child actively involved). Describes how child's issues will be addressed, anticipated outcomes and reviewed by child and guardian/parent.	X			
(e)(C)&(D) Service plan is reviewed quarterly and revised when information indicates other services should be provided	X			
<b>Case Management 413-215-0396(3)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(a) Services are documented, progress toward achieving goals is tracked	X			
(b)-(d) discharge planning and instructions	X			
(e) Follow-up services identified (if applicable)	X			
(f) Incident Reports	X			
<b>Financial Records 413-215-0396(4)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Records contain (if applicable)				
(a) date, amount,	X			
(b) source				
(c) purpose				

(d)&(e) signatures				
<b>Personal Possessions Records 413-215-0396(5)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Individual written inventory of all personal possessions is maintained and updated as needed	X			
<b>Records and Documentation 413-215-0071</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(1) Stored safely	X			
(2) Permanent, legible, dated, and signed	X			
(7) Permanent registry for each child in care includes (name, gender, birth date, names, addresses of parents or guardians, dates of admission, and placement upon discharge)	X			

## Transitional Living Shelters

**Program Managers:** Autumn Whaley (Momentum), Desiree Shippey (Cadenza), Amanda Laufer (Tempo)

**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:** Kairos has three co-ed transitional homes designed to support young adults as they transition into the community. Each are non-secure, home-like treatment programs serving young adults who are struggling with severe mental health issues and behavioral difficulties. The young adults in these homes receive intensive mental health services geared to help them achieve their own goals and transition successfully into adulthood. The programs are recovery oriented; trauma informed and use Collaborative Problem Solving as a clinical model. Staff and peer supports assist each young adult in navigating and integrating into the community including volunteering, working, attending school, making and keeping appointments, advocating, and interacting with community resources, building natural supports, and securing resources for discharge. Staff also assist each young adult in learning independent living skills including budgeting, cooking, cleaning, medication management, and symptom management.

**Program type and services:** Room and board; medication management psychotherapy group psychotherapy; family therapy; skills training; case management; environmental intervention; medication training and support; and referral to outside providers for identified needs that are not addresses in the program.

**Capacity and Age Range:** Capacity 5; ages 17-24.

**Funding sources:** Medicaid/Coordinated Care Organizations

**Contracts and sources for referrals:** Submitted by community mental health providers

**Average length of stay:** 426 days

**Average daily population served:** 14.59

**Number of children served annually:** 27

**Interviews:** One staff and one resident (client) were interviewed individually at each location.

**Clients:** Residents shared their personal examples of how the program is helping them. They reported feeling safe; staff are trusting; likes it here; food is good and plentiful; gives feedback on their treatment plan and feels heard; no issues receiving their medications as ordered. The program does well at making people feel welcomed and accepted to be themselves. Feels like a family, open, and inclusive with residents and staff. Staff are caring and loving. When there is any peer conflict, the staff work with the residents in navigating communication and resolution.

Staff described the various onboarding and ongoing trainings received, including medication administration and mandatory abuse reporting requirements. Staff report there are regular staff meetings, and they have regular contact with their supervisor; management is responsive to concerns or suggestions; management is very supportive; feels the programs are adequately staffed but there has been some stressful staffing times during the pandemic. There are no physical interventions here. Reports the program does well at connecting with the residents, feels like family, provides good supports and services to the residents. One staff reported the only thing that could improve is a bigger staff office.

**Observations:** The homes are in neighborhoods and the outside grounds are kept clean and in good repair. The homes are welcoming upon entry and are clean and in good repair in all areas of the home. Adequate food was observed in the pantry, refrigerators and freezers. Medications are secured behind three locked areas in the staff office.

**Seclusion or restraint:** no

**Program Strengths:** Client improvements and successful discharges. Core team members that remained loyal and committed to the program throughout the pandemic. Kairos has been successful adapting to new health and safety measures, maintaining staff and resident safety, and continuing to provide effective services. These programs employ multiple staff who have been with the agency and program for 6+ years. The program structure allows for individualization for residents and positive relationships with community partners.

**Program Challenges:** Hiring and maintaining staff has been difficult throughout the pandemic. Being accountable for the same workload and quality of care with a skeleton crew can be difficult and exhausting for staff.

**Exceptions:** Residents who self-administer medications store their individual prescribed medications in a locked cabinet within their locked bedroom. The agency has a very specific policy for monitoring residents who self-administer.

<b>Staffing Requirements</b> 413-215-0721	<b>Yes</b>	<b>No</b>	<b>N/A</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	X			
<b>Grouping</b> 413-215-0756	<b>Yes</b>	<b>No</b>	<b>N/A</b>	

(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			
<b>Service Planning-</b> Establish & maintain links with community agencies that provide: 413-215-0736	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(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>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
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)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(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			
<b>Safety - Building Requirements</b> 413-215-0761(6)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(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>	
(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>	
(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>Comments</b>
(2) Medication is locked and inaccessible to children	X			

(3) Medication is self-administered after children have requested their medication at prescribed times	X			Exception on file for storage of medications when residents self-administer their medications.
(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>Personnel Files 413-215-0061</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
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			
<b>New Employee Orientation (30 days) 413-215-0061(4)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(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			
<b>Staffing Requirements 413-215-0721</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Staff (at least one for each shift) has been trained in non-violent crisis intervention	X			
<b>Initial Training (Must be completed before staff is alone with youth) 413-215-0726 (1)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
(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		
<b>Ongoing Training (Staff &amp; Volunteers)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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		

<b>Child Records</b> 413-215-0741(2)	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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		
<b>Assessment</b> 413-215-0741(2)	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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.				
<b>Service Planning 413-215-0741(2)(g)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
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, recommendations and discharge destination)	X			
<b>Records and Documentation 413-215-0071</b>	<b>Yes</b>	<b>No</b>	<b>N/A</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 Dates of admission Placement upon discharge	X			

Licensing Coordinator's Signature: Robin DuVal Date: 9/2/2022

Manager Review:  Date: 9-2-2022