



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

**Licensee:** Magdalene Home

**Executive Director:** Kathleen Wilson

**Board Chairperson:** Lorie Harmon

**Other Regulatory or Accrediting Agencies:** N/A

**Date of site visit:** February 15, 2023

**Licensing Coordinator:**

Aubrey Kelly

**Program Compliance:** The program was found to be compliant or will be compliant with OAR 419-400-0005 to 419-400-0310, Licensing Umbrella Rules, and OAR 419-450-0010 to 419-450-0120, Licensing Homeless, Runaway, and Transitional Living Shelters Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

**Program Description(s):** The program is licensed as a shelter for parenting or pregnant teens and young mothers up to age 24 years old and their babies.

**Program type and services:** Magdalene Home assists pregnant and parenting homeless mother's in accessing a range of crisis intervention services available in Medford and throughout Jackson County.

**Capacity and Age Range:** 5; ages 0-24 years old.

**Funding sources:** Grants, fundraising events and donations.

**Contracts and sources for referrals:** DHS, Medford school districts and other school districts and health care organizations.

**Average length of stay:** 3-6 months

**Average daily population served:** 2-3 mothers and 2-3 babies

**Number of children served annually:** 15 mothers and 15 babies

**Interviews:**

Client: They are 17 years old and has been at the program for 2 weeks. They have a 2 month old baby. They feel safe here. It's nice to have their own room and space. They are in school to get their GED. They are working on goals every week, their current goals are simple. The food is good, the clients and staff cook. This is the first program they have been in. They feel supported by staff.

**Observations:** The program is set in a residential area of Medford. There are currently three clients and their babies in the program. Each client has their own bedroom they share with their child/children. The home is clean and well maintained.

**Program Strengths:** Good teamwork among staff, connections to community resources, good relationship with schools and GED programs, supportive board of directors, strong donor base and community support and use of Strengthening Families Program.

**Program Challenges:** Changing client demographics, increasing mental health and addiction issues, there's not enough low-income housing (after Magdalene Home) available, shortage of childcare for mothers who need to work or continue education beyond high school and loss of volunteers due to COVID19.

**Changes that have occurred in the last 2 years:** New board president, new lead housemother, expansion of mother's age up to 24 years, COVID19 pandemic, kitchen remodel, replaced sewer and water lines to house, painted house, garage, shed and fence and digital document upgrade.

**Lawsuits:** None

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

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

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

**Recommendations:** None

**Exceptions:** None

**Changes in License:** None

<b>Summary of Review</b>				
<b>Program and Services</b> 419-400-0020 (2)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
Program and services are in scope of license	x			
<b>Governance of the Agency</b> 419-400-0040	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</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				
(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</b> 419-400-0040	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</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</b> 419-400-0150	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</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)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>

419-400-0120(6)				
(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>Restraints and Involuntary Seclusion</b> 419-400-0180	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(11)(d) Each child caring agency that submits a report under this section shall make its quarterly report available to the public upon request at the Child Caring Agency's main office and on the child caring agency's website if applicable.	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 "Agency Type Specific Rules"	x			
<b>Staffing Requirements</b> 419-450-0030	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(1) Has and follows a written plan for minimum staffing	x			
(2) One staff for each shift is trained in non-violent crisis intervention			x	
(3) Staffing ratio is sufficient for adequate supervision Days:	x			

Evenings: Sleeping:				
<b>Grouping</b> 419-450-0100	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(1) & (2) Has and follows policies for grouping children that meets requirements (age, developmental level, maturity, behavior, medical...)	<b>X</b>			
(4) Care was taken to assess and minimize risk for children placed with emancipated children or adults	<b>X</b>			
<b>Service Planning</b> 419-450-0060 Establish & maintain links with community agencies that provide:	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(5)(a) Alternative living arrangements	<b>X</b>			
(5)(b) Medical services	<b>X</b>			
(5)(c) Mental health services	<b>X</b>			
(5)(d) Educational services	<b>X</b>			
(5)(e) Independent living services	<b>X</b>			
(5)(f) Other assistance required	<b>X</b>			
<b>Physical Plant</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
419-400-0090(3)(a) Foster Rights Posted (if children in DHS custody)	<b>X</b>			
419-400-0100(1) Sufficient safe space, equipment, and office equipment	<b>X</b>			
419-400-0230(12) License is posted in common area at each facility	<b>X</b>			
419-450-0080(2) Medication is kept in locked storage and inaccessible to children in care	<b>X</b>			
<b>Umbrella Safety</b> 419-400-0200	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(1)(b)(B) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC	<b>X</b>			
(1)(b)(A) Each vehicle used to transport a child in care must be: properly registered, covered by an insurance policy in full force and effect, maintained in safe operating condition, and smoke-free.	<b>x</b>			

(3) If a child-caring agency has a swimming pool on the premises that is accessible to children in care or if a child-caring agency plans to have children in care engage in swimming, the child-caring agency must have and adhere to policies and procedures that address, at a minimum, providing disclosures and obtaining consents, assessing swimming ability of children in care, and ensuring the safety of pool access.			X	
(4)(a) The school protects children from potentially harmful items and materials.	X			
(4)(b) Direct supervision of children who do not have the ability to adjust and control water temperature	X			
(4)(c) Light fixtures have protective covers unless designed to be used without one	X			
<b>Safety - Building Requirements</b> 419-450-0110(4)(b)	Yes	No	N/A	<b>Corrective Actions/Comments</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> 419-450-0110(4)(c)	Yes	No	N/A	<b>Corrective Actions/Comments</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			
<b>Client Rights</b> 419-450-0020	Yes	No	N/A	<b>Corrective Actions/Comments</b>
(2) Nutritional needs are met as appropriate for each child in care	X			
<b>Medication Storage and Dispensing</b> 419-450-0080	Yes	No	N/A	<b>Corrective Actions/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			
(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</b> 419-400-0120	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</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)</b> 419-400-0120(4)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
(a) Agency policies and procedures	X			
(b) Ethical and professional guidelines	X			
(c) Suicide prevention and intervention		X		<b>Staff personnel files did not contain documentation to verify that suicide prevention and intervention training was completed within 30 days of hire. The program shall ensure all staff complete suicide prevention and intervention training within 30 days of hire and document the completed training.</b>
(d) Attributes of population served	X			
(e) & (5)(a) to (c) Mandatory reporting that includes:	x			

(a) legal definition of child abuse in <a href="#">ORS 418.257</a> and <a href="#">419B.005</a> (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee				
(f) Privacy laws	X			
(g) Emergency procedures	X			
<b>Staffing Requirements</b> 419-450-0040	Yes	No	N/A	<b>Corrective Actions/Comments</b>
Staff (at least one for each shift) has been trained in non-violent crisis intervention	X			
<b>Initial Training</b> (Must be completed before staff is alone with youth) 419-450-0040(1)	Yes	No	N/A	<b>Corrective Actions/Comments</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>Crisis Intervention Training Standards and Certification</b> 419-400-0160(4) (as applicable)	Yes	No	N/A	<b>Corrective Actions/Comments</b>
(a) Complete a minimum of 12 hours of initial training in person from a certified instructor, including but not limited to a minimum of six hours of training focused on positive behavior support, nonviolent crisis intervention and other methods of nonphysical intervention to support children in care during a crisis			X	



(d) Receive a certificate that states: (A) The dates during which the certification is current (B) The type of restraint which the individual is certified to perform if applicable (C) The type of training the individual is certified to conduct if applicable (D) Any special endorsements earned by the individual (E) The level of training (F) The name of the certified instructor who conducted the training and administered the assessment of proficiency.			x	
(e) A certification issued: (A) Must be personal to the individual certified by the training provider (B) May be valid for no more than two years with recertification			x	
<b>Ongoing Training (Staff &amp; Volunteers)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
419-450-0040(2)(a) Confidentiality	X			
419-450-0040(2)(b) Universal precautions	X			
419-450-0040(2)(c) Discipline and behavior management	X			
419-450-0040(3) Training in CPR/First Aid sufficient to retain current certification	X			
419-450-0040(4) Staff working with food must possess a food handler's card	X			
419-400-0120(5) Mandatory reporting that includes: (a) legal definition of child abuse in <a href="#">ORS 418.257</a> and <a href="#">419B.005</a> (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X			
419-400-0160(4)(b) Receive continuing education (as applicable on crisis intervention training) from a certified instructor on an annual basis			x	

<b>Child Records</b> 419-450-0070(2)	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</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) & 419-450-0050(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> 419-450-0050	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
419-450-0050(2) Assessment includes family history, health history (substance abuse history/current use of prescription and OTC medication), mental health history (including diagnoses and treatment history), and who has custody of the child.	X			
419-450-0050(3) Statement as to whether child meets eligibility requirements to be admitted to program.	X			
<b>Service Planning</b> 419-450-0060	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Corrective Actions/Comments</b>
419-450-0060(2)(a) Includes family, staff & other interested parties	X			
419-450-0060(2)(b) Monthly review	X			
419-450-0060(2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs	X			
419-450-0060(3)(a) Reasonable effort to involve family within 72 hours when possible	X			

419-450-0060(3)(b) Make a program orientation available to the child in care's family.	X			
419-450-0060(4) Directly or through referral, the agency must make available individual, group, and family counseling by a qualified professional.	X			
419-450-0060(5) The child-caring agency must establish and maintain links to community agencies and individuals who can provide required services to children in care or their families that may not be directly available from the program. These services must include: (a)Alternative living arrangements. (b)Medical services. (c)Mental health services. (d)Educational services. (e)Independent living services. (f) Other assistance required by children in care or their families.	X			
419-450-0060(6) Discharge summary (summary, results of evaluations, condition of child, compliance with program, recommendations, and discharge destination)	X			
<b>Medication Storage and Dispensing</b> 419-450-0080	Yes	No	N/A	<b>Corrective Actions/Comments</b>
(4) Documentation	X			
<b>Records Relating to Restraint &amp; Involuntary Seclusion</b>	Yes	No	N/A	<b>Corrective Actions/Comments</b>
419-400-0180 (12) Records			X	
419-400-0190(1) Information provided to children in care relating to Restraint & Involuntary Seclusion			X	
<b>Records and Documentation</b> 419-400-0140	Yes	No	N/A	<b>Corrective Actions/Comments</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	x			

complete, containing all required info. No eraser tape or white out.				
(7) Permanent registry for each child includes: Name Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge	<b>X</b>			
Comments:				

Licensing Coordinator's Signature: Aubrey Kelly Date: 02-22-2023

Manager Review: [Signature] Date: 12-20-2023