Licensed Child Caring Agency Site Visit Report
Residential Care and Foster Care

Licensee: Jasper Mountain
Executive Director: Beau Garner
Board President: Steve Cole

Date of site visit: 2/17, 2/18 and 2/22 2022
Licensing Coordinator: Mary Torres

Other Regulatory or Accrediting Agencies: Oregon Health Authority (OHA), Oregon Department of Education (ODE) Private Alternative School, Council on Accreditation (COA) for Services to Children and Families. Jasper Mountain's COA's review is scheduled for 2023.

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 413-215-0501 to 413-215-0586, Licensing Residential Care Agencies Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): As provided by the program, the Jasper Mountain intensive residential treatment program is licensed by the State of Oregon Department of Human Services and is nationally accredited through the Council on Accreditation for Service to Children and Families. It services boys and girls between the ages of 4-13 who are in need of the most intensive level of mental health treatment. The program is licensed to serve up to 20 residents at our Treatment Phase 1, "The Castle" facility and 15 residents at our Treatment Phase 2, "Crystal Creek" facility, prior to its' temporary closure in June of 2021.

SAFE Center offers stabilization and evaluation services designed to provide care for children, boys and girls, ages 4-13 who need either immediate stabilization (1 – 3 days) or longer stays of 90 days or more of 24 hour/day comprehensive mental health assessment to determine a mental health diagnosis. The program has linkages with the local acute care hospital and psychiatric availability 24 hours a day, 7 days a week. Children receive a residential comprehensive physical, emotional and academic work up and Short-term Crisis Stabilization where youth having a mental health emergency are screened for immediate and/or ongoing mental health stabilization.

Treatment Foster Care (TFC) is designed to be the link for children who are not able to be successful in regular foster care due to their history of severe emotional, physical and/or sexual abuse and corresponding behavioral and emotional difficulties yet may not need the intensity of residential treatment. The length of stay in treatment foster care for each child is typically three to six months based upon the child's needs and the child and family team's direction. Children considered for TFC are between the ages of three and thirteen. No child will be considered for this level of care unless they have demonstrated that they are not a serious risk for violence toward themselves, foster family, or community.

Program type and services:

Residential Programs (The Castle and Crystal Creek): psychological services, educational services, nursing, psychiatry, recreation, skills training, dietary services, care, and supervision. Community based services to include speech therapy, medical services, physical therapy and consultation on physical disability, neurology, occupational therapy, and spiritual needs.

SAFE Center: stable, structured environment, residential comprehensive evaluation of mental health needs, physical health, developmental, adaptive behavior, psychiatric, cognitive, academic, and emotional and social needs. For youth in the Short-term Crisis Stabilization program, services include crisis respite, community referrals and in home services.

Treatment Foster Care (TFC): parent training and therapeutic services through the use of specially trained foster parents and treatment staff. An initial service coordination plan and treatment plan are developed in collaboration with the child and family team. Plans are reviewed by a psychiatrist every 90 days and reviewed by the child's team every 30 days, making changes as needed. Children receive mental health treatment by a QMHP or QMHA.

Capacity and Age Range:

Castle: 4 – 13 years, 20 youth
Crystal Creek: 4 – 13 years, 15 youth
Safe Center: 4 – 13 years, 18 youth
TFC: 3 – 14 years

Funding sources: Coordinated Care Organizations (CCOs), Oregon Health Plan (OHP), Oregon, Alaska, Idaho, Nevada, Washington Medicaid, private insurance, Oregon Department of Education funding for Long Term Care and Treatment, Oregon Department of Human Services (ODHS) Child Welfare, private pay by client's family, contracts through Oregon and other states, grants, community donations

Contracts and sources for referrals: Intercommunity Health Plan, Aetna, Butte County, Trillium, Pacific Source, Cascade Health Alliance, Oregon Department of Human Services (ODHS) Child Welfare, out of state child protective services, school districts, self-referral by families out of state, adoption assistance, private therapists, psychiatrists, interdisciplinary teams, foster parents, advocates, Lane County Crisis Response Program.

Average length of stay:

Castle: 446 days
SAFE Center: 206 days

TFC: 11 months

Average daily population served:

Castle: 16.5 youth
SAFE Center: 12.49 youth
TFC: 2 youth

Number of children served annually:

Castle: 48 youth
SAFE Center: 42 youth with the residential program, 21 youth in the Crisis Response Program
TFC: 1.75 youth

Use of seclusion or restraint: Seclusion is not used in any of the programs. Staff receive de-escalation and restraint training through Crisis Prevention Institute (CPI)

Interviews, Observations: Licensing met with various members of the program's team before and after the three-day review. The team consisted of veteran team members with many years of residential care experience as well as newcomers having been with Jasper Mountain for a number of months.

During the review and tours of the buildings, Licensing had the opportunity to speak with various staff members. Conversations were very candid regarding the seriousness of ongoing staffing shortages and what is perceived as a lack of support and understanding from the program's board related to finances, staffing and census. Existing staff are experiencing anxiety around the inability to meet the required ratio of staff to children in care if staffing numbers do not begin to increase. The funding of "surge workers" obtained through a contract with OHA is scheduled to end in April of this year. Once this contract ends, the program will lose eight extra staff members and there is fear that further program cuts and/or closures will result. In attempts to meet ratio and provide adequate supervision, the program is practicing stricter screening of youth. Higher level of youth who would have been previously served by Jasper Mountain are now being held in a hospital setting. As the program continues to increase their workforce, potential applicants report that Jasper Mountain's rate of pay is "too low" compared to other employment opportunities, and applicants who live outside the area are unable to secure affordable housing close by. Another area of concern expressed by staff is the fear of being named as a respondent of an abuse allegation as a result of physically restraining a youth. Management has spent a lot of time and energy in reassuring, supporting, and educating staff on Senate Bill 710 and mandatory child abuse reporting.

Over the last licensing period, it has become more apparent that the program's internal systems are slowly becoming outdated and counterproductive. The program's newest HR electronic filing system has been a good step forward, but work arounds are needed. Staff are actively researching a cost-effective electronic filing system for youth files. The existing internet service is slowing down productivity and efficiency

between the two campuses, and newer staff are promoting and highlighting program activities on social media while the program is launching a new website. Jasper Mountain is considering applying for grants and seeking donations to supplement their existing budget.

The program is in the early stages of reconfiguring the TFC program to secure better funding. The program has not served foster care youth since August of 2021.

Four youth were interviewed. All youth report feeling safe in program. One youth did report an incident that resulted in a call to the Child Abuse Hotline. Staff are viewed in a positive light. They reportedly protect youth and offer support in meeting treatment goals. Youth report feeling comfortable approaching any staff member to report concerns or complaints. Strengths reported include encouraging youth to read, keeping everyone safe and healthy, making things fun but in a structured manner and staff being "firm" and "direct" with youth. No youth could offer areas of weakness, but suggested changes include better toys in the program's store, adding swings and a slide to the Jasper Mountain playground, more frequent desserts, better toothpaste and adding meat to the program's meals. All youth report frequent contact with family members via phone and/or in person.

Program Strengths: As reported by the program, The Castle continues to serve and provide treatment for some of the most challenging youth. There has always been an emphasis on family and community, instead of looking and feeling like an institution. This remains one of our strengths and is represented daily by the directors, therapists, treatment team members, night staff and support staff. All these individuals work together to provide the best therapeutic outcome for each child. Teamwork and communication are present at all levels. There are many individuals that demonstrate their high level of commitment and dedication to the agency and most of all the children. Daily, individuals continue to give more of themselves, step in where needed, work long hours, and go above and beyond what is expected. Our best strength, kids have fun and are well taken care of.

Crystal Creek was in operation from December 2, 2020, to June 17, 2021. The full vision for the program was difficult to implement due to COVID restrictions. Opportunities to be out in the community were limited. The children who experienced living at Crystal Creek participated in learning more independence in preparation for discharge. Youth appeared to be motivated to move to the facility as a next step in their treatment.

Licensing recognizes that throughout the last licensing period, Jasper Mountain has increased their communication with regulatory agencies to maintain their high standard level of care, gain better understanding of legislative changes to align with necessary compliance. In addition, staff have worked diligently on utilizing and improving de-escalation skills prior to conducting restraints, significantly reducing the number of holds. Continuity of care provided to existing youth is acknowledged despite a barrage of external and internal challenges over the last 2 years.

Program Challenges: As highlighted by the program. We have experienced a whirlwind of challenges over the last 2 years. COVID has greatly impacted family therapy, opportunities in the community and at times the overall quality of treatment. Staffing shortages and turnover presented inexperienced staff who were still learning, intervening with extremely challenging youth. They are working extra shifts to maintain ratio and burnout is present. There was an exit of many long term and experienced staff members for a variety of reasons. Some left for high paying jobs, some had opportunities that were not available prior to COVID and some were struggling to make a "culture" shift with the new leadership. SB710 has greatly

impacted our training, documentation, time on paperwork, hotline calls and has created an additional level of anxiety for staff related to liability. Building, planning, and moving youth into a new residential program, presented many challenges and changes on the Jasper campus. Due to COVID and subsequent staffing shortages, all programs have seen a reduction in the number of children served over the past two years.

Changes that have occurred in the last 2 years: Beau Garner was named the Executive Director in January of 2020. The agency has hired a dedicated HR Manager and Compliance and Operations Manager, both in 2021.

Changes noted by Licensing include the hiring of a new Controller and a part time intake coordinator/part time therapist at the SAFE Center. Crystal Creek closed on 6/17/21. The building, however, is being used during the day by staff and youth. Meals for the Jasper Mountain campus continue being prepared out of Crystal Creek's new industrial kitchen. The program recently received a grant through the Oregon Cultural Foundation that will provide rhythm healing through drumming to residents on a weekly basis.

Lawsuits: None as per program

Grievances and complaints filed in the last two years: As reported by the program, over the last licensing period (2020 -2022) Jasper Mountain addressed a total of 7 programmatic concerns. Each grievance was documented, looked into, and resolved as evidenced by their own ongoing documentation.

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

Within 45 days of receipt of this report **Jasper Mountain** 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 **Mary Torres** at mary.torres@dhsoha.state.or.us or sent by regular mail to the following address:

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

Exceptions: There were no exceptions requested by the program over the last licensing period (2020-2022).

Changes in License: Crystal Creek served their last youth in June of 2021. Crystal Creek will be removed from the program's license. Once Jasper Mountain is ready to reopen this facility, a new application will be submitted to Licensing.

Summary of Review					
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**		**Corrective Action Completed**
Program and services are in scope of license	**X**				
Governance of the Agency 413-215-0021	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(1)(a) Minimum of 5 board members	**X**			Board meets on a monthly basis, 2nd Tuesday of every month	
(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**			Quality Assurance Team meets the 2nd Wednesday of the month with a standing agenda that addresses all programmatic areas.	
(2)(k) Written quality improvement program	**X**				
(2)(l) Meeting minutes	**X**				
Executive Director or Program Director 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	**X**			BCU background check for the ED was approved in Jan. 2022	
(3)(g) Approval from BCU	**X**				
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	**X**				
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)	**X**				
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable			**X**		
(3)(e) Agency uses seclusion appropriately/consistent with policy			**X**		

(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	**X**				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215	**X**				
(b)(B) Contract includes the following: (i) Services provided (ii) Contractor fees (iii) Disclosure of information from contractor to agency (iv) Lines of authority (v) Adherence to rules, including background check (vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability	**X**				
Supplemental Information Provided by CCA	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Documents as indicated on the form titled "Renewal Licensing Required Documents"		**X**		Completed health inspection of the Castle indicates that improvements are needed to the fenced area around the playground. **CORRECTIVE ACTION:** Complete recommended tasks and submit pictures of those improvements to Licensing. Updated Fire Marshal reports for The Castle and the SAFE Center were not submitted at the time of the review. Previous inspections completed in Nov of 2020 were submitted. **CORRECTIVE ACTION:** Schedule updated fire marshal inspections for The Castle and SAFE Center and forward those completed inspections to Licensing for review.	
Documents as indicated on form titled "Required Financial Documents and Information"		**X**		Agency did not submit a Tax Compliance Certificate issued from the Department of Revenue but did submit a copy of the application filled out. **CORRECTIVE ACTON:** Submit completed Tax Compliance Certificate signed by a representative of the Department of Revenue to Licensing once received.	

All required policies and procedures as identified in the “Umbrella Rules”		X		Submitted Conflict of Interest policy 3.C.5 Protections Against Nepotism requires revision to meet Licensing rule. **CORRECTIVE ACTION:** Revise Conflict of Interest to include the required information and resubmit to Licensing for review. **413-215-0036 Licensing Umbrella Rules: Conflict of Interest** *(Amended 12/01/19)* A *child-caring agency* must have a conflict-of-interest policy that prohibits preferential treatment of board members, employees, volunteers, and contributors. The policy must outline safeguards when the *child-caring agency* allows dual relationships, such as employees serving as proctor foster parents, including the requirement that all material facts of the conflicted transaction and the direct or indirect interest of the board member, employee, volunteer, or contributor are disclosed or known to the board approving the conflicted transaction. If circumstances do not permit board approval of the conflicted transaction, a non-profit *child-caring agency* may obtain the approval of the Attorney General or the Department prior to entering into the transaction. Submitted grievance policy 2.H.6 Consumer Grievance Procedure requires revision to meet Licensing rule. **CORRECTIVE ACTION:** Revise grievance procedure to include the required information and resubmit to Licensing for review. **413-215-0046 Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures** *(Amended 1/1/19)* (2) Grievance Procedures. (a) A child-caring agency must enact and adhere to written procedures for the children in care and families the child-caring agency serves to submit a grievance. For an academic boarding school, this subsection only applies to grievances about health or safety issues. The child-caring agency must provide the procedures to each child in care and family. The procedures must include all of the following: (A) A process likely to result in a fair and expeditious resolution of a grievance. (B) A prohibition of reprisal or retaliation against any individual who files a grievance. (C) A procedure to follow, in the event the grievance is filed against the executive director, that ensures that the executive director does not make the final decision on the grievance.	

				(D) The name, address, and phone number of: (i) A Department licensing coordinator; and (ii) Any other governmental entities with oversight responsibilities. (b) Grievances and complaints filed with the child-caring agency and all information obtained in their resolution must be maintained for a minimum of two years and provided to the Department upon request. Submitted mandatory reporting policy 3.E.2 Reporting of Child Abuse requires revision to meet Licensing Rule. **CORRECTIVE ACTION:** Revise child abuse reporting policy to include the required information and resubmit to Licensing for review. **413-215-0056 Licensing Umbrella Rules: Policies and Procedures** *(Amended 1/1/19)* (2) In addition to other policies and procedures required by these rules, the policies, and procedures in section (1) of this rule must include: (a) A written policy on mandatory child abuse reporting, consistent with ORS 418.257, 418.258, 419B.005, 419B.010, and 419B.015 that includes requirements that child-caring agency employees, staff, contractors, agents, and proctor foster parents do all of the following: (A) Immediately report suspected child abuse directly to the Department via the child abuse reporting hotline. (B) Receive child-caring agency-provided training on mandatory abuse reporting requirements as part of employee orientation and at least annually thereafter as described in OAR 413-215-0061. (C) Receive child-caring agency-provided training on the definitions of child abuse in ORS 418.257 and 419B.005 that apply in child-caring agencies. Submitted personnel policies 3.C Recruitment and Selection require revision to meet Licensing rules. **CORRECTIVE ACTION:** Revise personnel policies to include required information and resubmit to Licensing for review. **413-215-0061 Licensing Umbrella Rules: Personnel** *(Amended 1/1/19)* (1) Staff requirements and hiring. To ensure that the child-caring agency uses only staff and volunteers who do not	

				jeopardize the health, safety, or welfare of children, a child-caring agency and its contractors must meet all of the following requirements: (a) Comply with the Department's background check rules at OAR 407-007-0200 to 407-007-0370. (b) Obtain reference checks. (c) Employ individuals who meet the staff minimum qualifications as stated in the current job description. (2) Personnel policies of the child-caring agency and its contractors must include all of the following: (a) For each staff position, a job title and a written job description that defines the qualifications, duties, and lines of authority for the position. (b) A staff development plan providing for opportunities for professional growth through supervision, training, and experience. (c) Procedures for a written annual evaluation of the work and performance of each staff member that include provision for employee participation in the evaluation process. (d) A description of the termination procedures established for resignation, retirement, and dismissal. (e) A written grievance procedure for staff. (3) Personnel Files. The child-caring agency and its contractors must have a personnel file for each employee that is maintained for a minimum of two years after the termination date of each employee and includes all of the following: (a) A record of education, training, and previous employment. (b) Documentation of reference checks. (c) Documentation that a background check was completed as required in OAR 407-007-0200 to 407-007-0370. (d) Annual performance evaluations. (e) Ongoing record of training received. (f) Records of personnel actions. (g) Starting and termination dates, and reason for termination. (h) A current job description. (4) Staff orientation. A child-caring agency must provide training to each newly hired employee within 30 days of employment on all of the following subjects: (a) Child-caring agency policies and procedures. (b) Ethical and professional guidelines. (c) Suicide prevention and intervention. (d) Attributes of population served.	

				(e) Child-abuse reporting laws and requirements including the definitions of abuse that apply specifically to a child in care. (f) Privacy laws. (g) Emergency procedures. (5) Child abuse reporting training: A child-caring agency must provide training and written materials on mandatory child abuse reporting responsibilities to all employees and, if applicable, proctor foster parents as part of initial orientation and annually thereafter. The training must include written instruction on the following: (a) The definitions of child abuse in ORS 418.257 and 419B.005 that apply in child-caring agencies; (b) The legal responsibility to immediately report suspected child abuse or neglect by calling the appropriate child abuse reporting hotline; and (c) The legal responsibility to report child abuse is personal to the employee and, if applicable, the approved proctor foster parent and is not fulfilled by reporting the child abuse or neglect to the owner, operator, or any other employee of the child-caring agency even if the owner, operator, or other employee reports the child abuse to the Department. (6) Contractor-related requirements. (a) If a child-caring agency contracts with other private providers or individuals in lieu of or in addition to hiring permanent employees, the child-caring agency must ensure that the contractor meets the applicable requirements of this rule and the rules in OAR chapter 413, division 215 specific to the type of service the contractor provides. (b) If the child-caring agency contracts to provide any of its services: (A) The child-caring agency must ensure the contractor has a process to screen its employees for professional conduct and sufficient methods for holding its employees accountable. (B) The contract between the child-caring agency and contractor must specify all of the following: (i) The services the contractor provides. (ii) The contractor's fees. (iii) Disclosure of information from the contractor to the agency. (iv) Lines of authority between the contractor and the child-caring agency and among employees of the contractor in connection with the provision of services.	

				(v) Adherence to applicable Department rules and requirements, including, but not limited to the background check rules in OAR 407-007-0200 to 407-007-0370. (vi) Any liability of the child-caring agency for acts of the contractor, any rights of indemnity, and any limitations on liability of the child-caring agency or contractor. Submitted privacy policy 2.G Confidentiality requires revision to meet Licensing rules. **CORRECTIVE ACTION:** Revise privacy policy to include the highlighted information and resubmit to Licensing for review. **413-215-0066 Privacy** *(Amended 06/29/18)* (1) A *child-caring agency* must have and adhere to a written policy that addresses protection of the privacy of children and families the *child-caring agency* serves or has served. (2) Except as provided in section (4) of this rule, a *child-caring agency* may not disclose any identifying information of a *child in care*, including a picture, without first obtaining the written consent from the child's parents or legal guardians. (3) A *child-caring agency* must ensure the privacy of all information that identifies a *child in care* or *family* the *child-caring agency* serves. A *child-caring agency* may not disclose such information without proper written consent or as otherwise allowed by law. (4) A person making a report of abuse as required in ORS 418.258 and 419B.010 may include references to otherwise confidential information for the sole purpose of making the report. Submitted behavior management policy 2.A.4 Jasper Mountain Interventions – Clinical Appropriate Interventions requires revision to meet licensing rules. **CORRECTIVE ACTIVE:** Revise behavior management policy to include the required information and resubmit to Licensing for review. **413-215-0076 Licensing Umbrella Rules: Discipline, Behavior Management & Training, and Suicide Prevention (Excluding Adoption Agencies)** *(Amended 09/01/2021)* (b) The discipline and behavior management policies and procedures must prohibit the following: (A) Spanking, hitting, or striking with an instrument.	

				(B) Committing an act designed to humiliate, ridicule, or degrade a child in care or undermine the self-respect of a child in care. (C) Punishing a child in care in the presence of a group or punishment of a group for the behavior of one child in care. (D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact. (E) Assigning extremely strenuous exercise or work or requiring a child in care to spend prolonged time in one position likely to produce unreasonable discomfort. (F) Using restraint or involuntary seclusion as discipline. (G) Permitting or directing a child in care to punish another child in care. (H) Using any other kind of harsh punishment. (I) Denying a parent, guardian, or sibling the right to visit or communicate with a child in care solely as a disciplinary measure against the child in care. (J) Aversive conditions, which includes, but is not limited to, any technique designed to or likely to cause a child physical pain, the application of startling stimuli, and the release of noxious stimuli or toxic sprays, mists, or substances in proximity to the child in care. (3) Behavior Management. (e) Review. The policies of the child-caring agency must require that whenever a restraint is used on a child in care more than two times in seven days, there is a review by the executive director, the director's designee, or a management team to determine the suitability of the program for the child in care, whether modifications to the child in care's plan are warranted, and whether staff need additional training in alternative therapeutic behavior management techniques. The child-caring agency must take appropriate action indicated by the review. Submitted Suicide Prevention Policy 2.A.6.02 Enhanced Supervision to Prevent Self Harm requires revision to meet Licensing rule. **CORRECTIVE ACTION:** Revise suicide prevention policy to include the highlighted information and resubmit to Licensing for review. **413-215-0076 Licensing Umbrella Rules: Discipline, Behavior Management & Training, and Suicide Prevention (Excluding Adoption Agencies)** *(Amended 09/01/2021)*)	

				(4) Suicide Prevention. The policy must include the following: (a) How the child-caring agency will respond in the event a child in care exhibits self-injurious, self-harm, or suicidal behavior; (b) Warning signs of suicide; (c) Emergency protocol and contacts; (d) Training requirements for staff, including suicide prevention training and suicide risk assessment tool training; (e) Procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions; (f) Suicide risk assessment procedures on the day of intake; (g) Documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff; (h) A process for tracking suicide behavioral patterns; and (i) A "post-intervention" plan with identified resources. A policy regarding Searches was not submitted at the time of the review. **CORRECTIVE ACTION:** Review the Licensing rule related to searches. Create or modify program's Search Policy to include the required information and submit to Licensing for review. **413-215-0079 Licensing Umbrella Rules: Safety** *(Adopted 09/01/2021)* (2) Searches. If a child-caring agency carries out searches on children in care or visitors, the child-caring agency must have written policies and procedures that, at a minimum, comply with all of the following: (a) A prohibition on strip searches. (b) A prohibition on body cavity searches. (c) Requirement that searches will be conducted in the least intrusive manner possible for the type of search being conducted. (d) Requirement that pat down searches of children in care will only be conducted when necessary to discourage the introduction of contraband, or to promote the safety of staff and other children in care and will only be conducted as follows: (A) By staff trained in proper search techniques; (B) By a staff member of the same sex as the child in care being searched, and in the presence of another staff member;	

				(C) The child in care must be told the child is about to be searched; (D) The child in care must be asked to remove all outer clothing (gloves, coat, hat, and shoes) and empty all pockets; (E) The staff member must then pat the clothing of the child in care using only enough contact to conduct an appropriate search; (F) If the staff detects anything unusual, the child in care must be asked to identify the item, and appropriate steps must be taken to remove the item for inspection; (G) If the child in care refuses to comply, the executive director or designee must be notified immediately and be responsible to resolve the matter; and (H) All searches must be documented in writing. (e) Policy regarding obtaining appropriate consents for searches. (f) If the child in care refuses to comply with a requirement of the search, the program must follow established policies to determine if the child in care can be refused admission to or discharged from the program. (g) Information regarding any personal or room searches and protocols for confiscation of contraband items, including the notification of law enforcement if illegal contraband is discovered. This information will include the procedures and rationales of the child-caring agency for any program-initiated room or body search. Newly added information regarding restraints in the program's policies does not reflect required information. **CORRECTIVE ACTION:** Include the following information in the program's restraint section of their policy packet and resubmit to Licensing for review. **413-215-0077 Licensing Umbrella Rules: Restraints and Involuntary Seclusion** *(Adopted 09/01/2021)* (e) Limitations. The child-caring agency must have a policy that prohibits the application of a nonviolent restraint to a child in care who has a documented physical condition that would contraindicate the use of that particular restraint unless a qualified medical professional has previously and specifically authorized its use in writing for the child in care. Documentation of the authorization must be maintained in the child of care's record. **413-215-0078**	

				Licensing Umbrella Rules: Information Provided to Children in Care *(Adopted 09/01/2021* (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.	
All required policies and procedures as identified in "Agency Type Specific Rules"				Foster Care Medication Policy requires revision to meet Licensing rule **CORRECTIVE ACTION:** Include the following item missing from existing policy Requirements Regarding Child's Medical Care and Notifications Requirements and resubmit to Licensing for review. **413-215-0381 Foster Care Agencies: Medication** *(Amended 12/01/19)* A *foster care agency* must comply with all of the following requirements: (b) By whom the medication will be administered Foster Care Policy subtitled Requirements Regarding the Number of Children Placed by JM (page11) includes incorrect information **CORRECTIVE ACTION:** Update this section with the correct information as stated in Licensing rule and resubmit to Licensing for review. **413-215-0356 Foster Care Agencies: Placement of a Child with a Proctor Foster Home** *(Amended 12/01/19)* (4) The *foster care agency* may not issue a certification for a *proctor foster home* that allows the *proctor foster home* to exceed any of the following subsections: (b) A total of six children to two approved proctor foster parents living in the home	

				Foster Care Policy subtitled Responsibilities to Monitor Certification Compliance (page21) includes incorrect information. **CORRECTIVE ACTION:** Update this section with the correct information as stated in Licensing rule and resubmit to Licensing for review. **413-215-0351 Foster Care Agencies: Records of Proctor Foster Homes** *(Amended 12/01/19)* (g) Documentation that the *foster care agency* conducted a minimum of one home visit every 90 days to assure compliance with certification standards.	
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**			Second wooden step from the bottom of the stairway located between the admin office and the boardroom office is broken **CORRECTIVE ACTION:** Repair/replace wooden step that is broken Boys' bathroom located in the Castle has a hole in the wall behind the door and a burnt-out light bulb. **CORRECTIVE ACTION:** Repair hole behind bathroom door and replace light bulb Use of air purifiers placed in bedrooms of youth who experience enuresis helps prevent/improve air quality in these bedrooms.	
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), 0516(4(a)(I) & 0521(1) Adequate furnishings and personal items	**X**				
413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair		**X**			
413-215-0511(2)(d) Rooms are free of harmful drafts, odors, and excessive noise	**X**				
413-215-0511(2)(e) Rooms are adequate in size and arrangement	**X**				
413-215-0511(2)(f) System provides a continuous supply of hot and cold water to taps located throughout the facility	**X**				
413-215-0511(2)(h) Building is well ventilated and room temperature is within a normal comfort range	**X**				
413-215-0516(1) All parts of the facility ensure the safety of children	**X**				
Room and Space Requirements Bedrooms 413-215-0516(3)	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(a) Adequate furnishings and personal items	**X**				
(b) Separate from rooms used for dining, living, laundry, kitchen, and storage	**X**				

(c) Outside room with window allowing egress from building	**X**				
(d) Ceiling at least 90 inches	**X**				
(e) Minimum 60 SF per bed	**X**				
(f) No more than 25 if dorm style			**X**		
(g) Permanently wired fixtures	**X**				
(h) Window covering	**X**				
(i) Beds are 3 feet apart and maintained to ensure safety	**X**				
					Corrective Action Completed
(a)(A)&(B) 1:8 ratio for toilets and sinks	**X**			Bathrooms have no windows as they are located in the middle of the Jasper and SAFE campuses with no outside egress.	
(a)(D) Hot and cold running water, soap, and approved hand drying options	**X**				
(a)(E) 1:10 ratio for shower or bathtub	**X**				
(a)(E) Individual privacy	**X**				
(a)(F) Window covering			**X**		
(a)(G) Permanently wired fixtures	**X**				
(a)(H) Adequate ventilation	**X**				
(b)&(c) Wooden racks on floors are prohibited and impervious shower mats are disinfected & dried daily			**X**		
Room and Space Requirements Kitchen 413-215-0516(6)	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(a) Used exclusively for storage, food preparation, dish washing and activities related to eating	**X**				
(b) Walls, floors are easily cleanable	**X**				
(c) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean	**X**				
(e) Equipment is easy to clean beneath, between and behind	**X**				
Room and Space Requirements 413-215-0516	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(2) There is a separate living room or lounge area – 15 SF minimum per child	**X**				
(5) There is a separate dining room with capacity for ½ of children in care and 15 SF per child in care	**X**				
(7) Laundry is separate from living areas, kitchen, and dining	**X**				
(8) Separate storage areas are provided for food, kitchen supplies, utensils, clean linens, soiled linens and clothing, cleaning supplies	**X**				

and equip, poisons, chemicals, outdoor recreational and maintenance equipment				Over the last year, the SAFE Center installed new playground equipment. The center also has plans to remove the above ground swimming pool.	
(9) Outdoor 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**				
(11) & 413-215-0076(3)(c)(C)Time out rooms have adequate space, heat, light and ventilation and is not capable of locking			**X**		
Furnishings and Personal Items 413-215-0521	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(1) There is a bed with frame, clean mattress and pillow and personal storage (dresser, closet)	**X**				
(2) Linens are in good repair. There is a waterproof mattress cover or mattress. Linens are appropriate and towels and washcloths are provided	**X**				
(3) Bedding is changed weekly or when soiled	**X**				
(4)&(5) Personal hygiene supplies and appropriate clothing are provided	**X**				
Food Services 413-215-0536(1)&(2)	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation	**X**				
(1)(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes.	**X**				
(1)(b) Menus are kept for at least 6 months	**X**				
(1)(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**				
					Corrective Action Completed
(2)(a) Written emergency plan	**X**				

(2)(b) Telephone numbers for local police and fire are posted near all telephones	**X**			Emergency numbers as well as procedures are captured on a flipchart near each phone	
(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 yrs., and contains; (A) identify of person conducting drill (B) date & time (C) notification method (D) staff participating (E) # of children & staff evacuated (F) special conditions simulated (G) problems encountered (H) time to complete		**X**		During the 2020 year, both the Castle and SAFE Center missed multiple monthly evacuation drills. The Castle missed 4 drills. The SAFE Center missed 2 drills. All monthly drills were completed for the 2021 year. In addition, the program's evacuation form was missing the total number of children evacuated. **CORRECTIVE ACTION:** Ensure that evacuation drills are completed and documented on a monthly basis. During the review, the program modified the evacuation drill to include the total number of children evacuated.	
Safety – Transportation 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(5)(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC	**X**				
Medication 413-215-0551	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3)&(7)(e) Medications have a prescription and are stored in the original container with prescription label	**X**				
(4)&(5) Herbal supplements and remedies, medical treatments, special diets, physical therapy, physical aides, or limitations have a written order signed by a physician or qualified medical professional.	**X**				
(7)(c) Medications are inaccessible to children	**X**				
(8) Medications are disposed in accordance with state and federal law	**X**				
(9) Written record of the disposal of medications is maintained and includes: (a) description and amount (b) name (c) reason (d) method (e) staff & witness signature	**X**				
(10) Written record of the administration of medication includes: (a) name	**X**				

(b) description (c) dates and 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					
Extracurricular, Enrichment, Cultural & Social Activities 413-215-0554	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(2) Children have ongoing opportunities to participate in at least one age-appropriate or developmentally appropriate activity	**X**				
Minimum Staffing Requirements 413-215-0561	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)&(2) Supervision is adequate for the type of program, location, age and type of children, ability of supervisor to respond, electronic back-up systems. Minimum ratios are maintained: Under 30 months of age: 1:4 30 months to > 6 yrs. or non-ambulatory: 1:6 Ages 6 and older: 1:7 Overnight (staff awake) 1:10	**X**				
(4)(a) When one staff on duty, there is additional staff immediately available with max response time of 30 minutes	**X**				
(5) There is at least one on-site employee authorized to apply the *reasonable and prudent parent* standard	**X**				
Separation of Residents 413-215-0566	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(1) Children are in separate bedrooms than adults, unless parent and child, or there is written approval from guardian/parent and licensing coordinator	**X**				
(2) There is adequate supervision of children if both males and females are served by the program	**X**				

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Staff Name/Position	**X**			HR files are kept electronically	
(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 (1)(c) Employee meets minimum qualifications stated in current job description	**X**				
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(a) Agency policies and procedures	**X**				
(b) Ethical and professional guidelines	**X**				
(c) Organizational lines of authority	**X**				
(d) Attributes of population served	**X**				
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	**X**				
(f) Privacy laws	**X**				
(g) Emergency procedures	**X**				
New Employee Orientation – Residential (30 days)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

413-215-0556					
(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				
Ongoing Training	**Yes**	**No**	**N/A**		**Corrective Action Completed**
413-215-0536(2)(b) Employees who handle food served to children have a valid food handler's card	X				
413-215-0541(5)(a) Employees transporting children have: current driver's license, insurance, trained in emergency procedures and behavior management, and training for 15+ passenger vans if applicable)	X				
413-215-0556(2)(a) Environmental emergencies	X				
413-215-0556(2)(b) Universal Precautions	X				
413-215-0556(2)(c) Discipline and Behavior Management	X				
413-215-0556(3) Staff providing direct care must maintain current CPR/First Aid certification	X				
413-215-0556(4) Designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard	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				
Comments:					

Children's Records	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
Health Services 413-215-0546					
(2) Medical history obtained within 30 days (significant findings, current immunizations, history of surgical procedures-health issues-injuries, allergies, dental, vision, hearing, behavioral health, and physician orders)	**X**			Age-appropriate instruction is reportedly occurring when residents meet with nursing staff, but that instruction is not being recorded. **CORRECTIVE ACTION:** Ensure that documentation of this age-appropriate instruction is recorded in the youths' files from this point forward.	
(2)(e) Documentation of age-appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease		**X**			
(4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14)	**X**				
Consents 413-215-0576(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Provide routine and emergency medical care	**X**			Five out of the five youth files reviewed did not have a written consent related to allowing access to youth as defined by OAR. **CORRRECTIVE ACTION:** Add this consent to existing intake paperwork.	
(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 are trained and supervised	**X**				

(d) Restrict contact with persons outside of the agency	X			Five out of the five youth files reviewed did not have a written consent related to imposing a dress code. **CORRECTIVE ACTION:** Add this consent to existing intake paperwork.	
(e) Allow access as defined in 413-215-0091 & 0101		X			
(f) Impose a dress code		X			
(g) Apply the reasonable and prudent parent standard	X				
Disclosures 413-215-0576(2) Parent/guardian has acknowledged in writing:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Information regarding personal or room searches and protocols for confiscation of contraband	X				
(b) Statement of Rights of Children and Parents/Guardians	X				
(c) Any policies and procedures upon request	X				
Authorizations 413-215-0576(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Disclose or exchange information with others	X				
(b) Child specific visitors	X				
(c) Visitation resources are pre-approved	X				
(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				
Information about Children in Care 413-215-0581(1) Summary sheet contains the following:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a)The name, gender, date of birth, religious preference, and previous address	X			Summary sheet does not allow space for residents' previous school setting. **CORRECTIVE ACTION:** Add space where a residents' previous school and school's location can be added to the summary sheet. Youth's date of admission is unclear on the summary sheet. **CORRECTIVE ACTION:** Modify the summary sheet to include admission date.	
(b) Name and location of previous and current school		X			
(c) Date of admission		X			
(d) Legal custody		X			
(e) The name, address, and telephone number of: (A) The child in care's parents. (B) The child in care's legal guardian, if different than the parents, and a copy of		X			

the document that provides for his or her authority over the *child in care*. (C) Other persons significant to child (D) Other professionals to be involved in service planning (if applicable)				Summary sheet does not clearly document who has legal custody of the admitted youth. **CORRECTIVE ACTION:** Modify the summary sheet to confirm who has legal custody of youth once admitted. Files where youth were under the legal custody of a guardian different form their parent did not reflect the document to confirm this authority. **CORRECTIVE ACTION:** Modify the intake process where documentation to confirm the legal authority of a youth if not the parent	
Service Planning 413-215-0581(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(b) Intake document is completed the date child accepted into care (emergency placement 48 hours)	**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 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**				
Case Management 413-215-0581(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Services are documented, progress toward achieving goals is tracked	**X**				
(b)-(d) discharge planning and instructions	**X**				
(f) Incident Reports	**X**				
Financial Records 413-215-0581(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

Records contain date, amount, source, purpose, signatures		X		Youth financial records are not being individually maintained nor kept in the youths' files. Monthly records with the entire milieu's spending are physically stored in the program and required information is missing. Information is later entered into a separate electronic account record that is being kept by the main admin office. **CORRECTIVE ACTION:** Solidify a process where financial records for each youth are maintained and reflect all necessary information listed to include youth and staff signatures for each entry.	
Personal Possessions Records 413-215-0581(5)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Individual written inventory of all personal possessions is maintained and updated as needed		X		Youth files did not reflect consistent documentation of youths' personal possessions. **CORRECTIVE ACTION:** Ensure that individual written inventory of personal possessions is recorded and updated to include the addition of possessions and/or when items are discarded, lost, destroyed, etc.	
Records and Documentation 413-215-0071	**Yes**	**No**	**N/A**		**Corrective Action Completed**
(1) Stored safely	X				
(2) Permanent, legible, dated, and signed	X				
(3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.	X				
(7) Permanent registry for each child includes: Name Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge	X				
Comments:					

TREATMENT FOSTER CARE PROGRAM REPORT

Placement of a Child by Agency 413-215-0356	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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 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**				
Respite Care 413-215-0366	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**				

Records of Proctor Foster Homes 413-215-0351	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Last Name of Proctor Foster Parent(s)	**X**				
(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**		Files reviewed did not reflect documentation of acceptance or denial of application **CORRECTIVE ACTION:** Implement a process where applicants are notified in writing of either the program's acceptance or denial of application	
(2)(d) All documents pertaining to formal complaints. See also 413-215-0336			**X**		
(2)(e) and 413-215-0356(5) Signed contract					
(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 every 90 days is not consistent or clear in the files reviewed **CORRECTIVE ACTION:** Implement a process where home visits are conducted every 90 day and clearly documented in each foster family's files	
(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**				

Assessment and Approval of Proctor Foster Homes Written Assessment 413-215-0316	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**		One out of the two foster parent files did not have an application signed by both providers **CORRECTIVE ACTION:** Ensure that all applicants sign the required application from this point forward.	
(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**				
Annual Review and Approval 413-215-0331(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Updated home study	**X**				
(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**		One out of the two foster parents' files did not reflect documentation of safety standards (CF0979) signed by both applicants. **CORRECTIVE ACTION:** Ensure that safety standards (CF0979) form is signed by both applicants	
(f) Recommendation to approve or deny re-issuance of certificate	**X**				

Training for Parents in Proctor Foster Care Written Training Plan includes: 413-215-0326(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Minimum of 15 hours of training before placement	**X**				
(b) Minimum of 15 hours training annually prior to approval	**X**				
(c)(A) Characteristics and needs of children who are placed		**X**		Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	
(c)(B) Ways to effectively parent children, including application of the *reasonable and prudent parent standard*		**X**		Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	
(c)(C) Positive behavior management	**X**				
(c)(D) Importance of family of the child and working with the family		**X**		Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	
(c)(E) Importance of age-appropriate or developmentally appropriate extracurricular, enrichment, cultural, and social activities		**X**		Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	
(c)(F) Preparation of child for independence based on age, stage of development, and child's needs		**X**		Training plan is not clear in documentation to ensure this specific training topic is covered **CORRECTIVE ACTION:** Ensure documentation of specific topic as required by Licensing rule	
(c)(G) Legal responsibility to report suspected child abuse	**X**				
(2) Training is documented		**X**		Training is not uniformly documented in the foster families' files **CORRECTIVE ACTION:** Ensure clear, consistent documentation of training from this point forward	

Children's Records	Yes	No	N/A	Corrective Actions/Comments	Corrective Action Completed
Name	X				
Initial Evaluation 413-215-0386(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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				
Information about Children in Care 413-215-0396(1) Summary sheet contains the following:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a)The name, gender, date of birth, religious preference, and previous address	X				
(b) Name and location of previous and current school		X		Summary sheet does not allow space for residents' previous school setting. **CORRECTIVE ACTION:** Add space where a residents' previous school and school's location can be added to the summary sheet.	
(c) Date of admission		X		Youth's date of admission is unclear on the summary sheet. **CORRECTIVE ACTION:** Modify the summary sheet to include admission date.	
(d) Legal custody		X		Summary sheet does not clearly document who has legal custody of the admitted youth. **CORRECTIVE ACTION:** Modify the summary sheet to confirm who has legal custody of youth once admitted.	
(e) The name, address, and telephone number of: (A) The child's parents.		X		Files where youth were under the legal custody of a guardian different form their parent did not reflect the document to confirm this authority.	

(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)				**CORRECTIVE ACTION:** Modify the intake process where documentation to confirm the legal guardian of a youth if not the parent	
(f) Required consents and authorizations	**X**				
Health Services 413-215-0376	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**				
(2)(e) Documentation of age appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease		**X**		Age-appropriate instruction is reportedly occurring when youth meet with nursing staff, but that instruction is not being recorded. **CORRECTIVE ACTION:** Ensure that documentation of this age appropriate instruction is recorded in the youths' files from this point forward.	
(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**				
(4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14)	**X**				
Consents 413-215-0391(1)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**				
(e) Allow access as defined in 413-215-0091 & 0101		**X**		Three out of the three youth files reviewed did not have a written consent related to allowing access to youth as defined by OAR. **CORRRECTIVE ACTION:** Add this consent to existing intake paperwork.	
(f) Impose a dress code		**X**		Three out of the three youth files reviewed did not have a written consent related to imposing a dress code. **CORRECTIVE ACTION:** Add this consent to existing intake paperwork.	
(g) Apply the *reasonable and prudent parent* standard	**X**				
Disclosures 413-215-0391(2) Parent/guardian has acknowledged in writing:	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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**		Three out of three youth files reviewed did not have a disclosure related to policies and procedures upon request. The intake forms used were outdated. **CORRECTIVE ACTION:** Use the program's updated intake forms where this disclosure exists.	

Authorizations 413-215-0391(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Disclose information	**X**				
(b) Child specific visitors		**X**		Authorizations regarding child specific visitors were absent in two out of the three files reviewed **CORRECTIVE ACTION:** Ensure that child specific visitors authorization is in the youths' files	
(c) Visitation resources are pre-approved		**X**		Authorizations regarding pre-approved visitation resources were absent in two out of the three files reviewed **CORRECTIVE ACTION:** Ensure that pre-approved visitation resources authorization is in the youths' files	
(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**				
Service Planning 413-215-0396(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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				
Case Management 413-215-0396(3)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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				
Financial Records 413-215-0396(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Records contain (if applicable) (a) date, amount, (b) source (c) purpose (d)&(e) signatures	X				
Personal Possessions Records 413-215-0396(5)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Individual written inventory of all personal possessions is maintained and updated as needed	X				
Records and Documentation 413-215-0071	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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				

Comments/Corrective Actions:

Licensing recommends when youth transition into Treatment Foster Care having come directly from Jasper Mountain's residential program or the SAFE Center, that a new and separate foster care file be started with all new intake paperwork and processes. Youth may have resided on campus for an extended period of time before transitioning into foster care and their previous forms, medical, social, academic history, etc. warrants updated information.

Licensing Coordinator's Signature: _____ Date: 4/20/22

Manager Review: _____ Date: 4-8-2022