Licensed Child Caring Agency Site Visit Report
Residential Care

Licensee: Trillium Family Services
Executive Director: Kim Scott
Board Chairperson: Eric Larsen

Date of site visit: August 24-25, 2021
Licensing Coordinator: Todd Cooley

Other Regulatory or Accrediting Agencies: OHA

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): Serve children and adolescents, typically ages 5 – 17 at Parry Center for Children (PCC) and typically ages 12 – 17 at the Children's Farm Home (CFH), who are struggling with mental health challenges and are in need of 24-hour residential treatment. Provide secure and nurturing healing environment with locked facility, access to fenced and open recreation areas, therapeutic activities aimed at increasing social and emotional well-being, opportunities for home visits and community outings if appropriate. 24-hour supervision and intervention by trained staff and 24-hour crisis support.

Sender House young adult independent living group home is a voluntary community based residential home. It serves youth with significant mental health concerns that are being transitioned out of or being diverted from a hospital, residential, corrections, or foster care system. The program is designed to help young people transition into adulthood by meeting their developmental, psychosocial, and physical needs as emerging adults with significant mental health needs.

Program type and services: On-site services include psychologist and medical physicianfor additional assessment, as needed, medication management with an assigned child psychiatrist, school instruction facilitated by licensed Public School teachers in our on-site school building during school year, individual, family, and group counseling utilizing evidence-based interventions such as DBT (Dialectical Behavior Therapy) and CPS (Collaborative Problem Solving), targeting healthy coping strategies and community/home success, and nursing services.

Subacute Treatment offers brief and intensive on-site psychiatric services that stabilize a young person after a significant emotional or behavioral incident with the goal of achieving behavioral and mental health stabilization in order to prepare each child for the next phase of care. Subacute services provide more intensive care than what is offered through Trillium's Psychiatric Residential Treatment Services.

The Secure Children's Inpatient Program (SCIP) and the Secure Adolescent Inpatient Program (SAIP) are designed for children and adolescents who need longer term support and intense therapy services. Trillium is the only provider of Secure Inpatient treatment for children and adolescents in Oregon. This service is considered to be a state hospital level of care and therefore all referrals must come through the state's Health Systems Division. Children participate in individual and family therapy, therapeutic skills groups in the milieu, and school in a contained classroom. This program is highly supervised due to the intensity of the children's needs.

Sender House utilizes a client centered and strength-cased approach. The clinical team incorporates a very positive and collaborative engagement process, with trauma informed care, collaborative problem solving, motivational interviewing, leading interventions and supports. The clients have 24-hour mental health supports with a minimum of 2-4 hours a day of independent living skills training from a QMHA qualified staff. All clients work with Linn County Mental Health for therapy and psychiatric services.

Capacity and Age Range:
PCC – 48 ages 5-17
CFH – 70 ages 5-17
Sender House – 4 ages 17-24 (licensed for ages 17-20)

Funding sources:
For all programs: OHA, OYA, OHP (all CCOs) and private insurance

Contracts and sources for referrals: For all programs
Contracts:

- CareOregon (Columbia Pacific CCO, Jackson Care Connect)
- CareOregon (Health Share of Oregon)
- Cascade Health Alliance
- GOBHI (Eastern Oregon CCO)
- InterCommunity Health Network CCO
- Options for Southern Oregon (AllCare Josephine, Jackson and Douglas counties)
- PacificSource Community Solutions
- SW Oregon IPA (Advanced Health CCO (Western Oregon Advanced Health))
- Trillium Community Health Plan
- Umpqua Health Alliance
- Yamhill County Care Organization

Referrals:

- Hospitals

- Emergency departments
- Outpatient treatment teams (therapist, psychiatrist, pediatrician, DD services)
- CCO care coordinators
- County Wraparound facilitators
- Commercial insurance companies
- Oregon Youth Authority
- Other residential providers
- Direct contact from family/guardian
- Direct contact from DHS caseworker
- Internal referral from other levels of TFS care

Average length of stay based on program provided information:
PCC – SIP 274 days, PRTS 65 days, Subacute 31 days
CFH – SIP 166 days, PRTS 165 days, Subacute 43 days
Sender House – 575 days

Average daily population served based on program provided information:
PCC – 53
CFH – 70
Sender House – 4

Number of children served annually based on program provided information:
PCC – 250
CFH – 350
Sender House – 6

Use of seclusion or restraint:
PCC – Use of seclusion and NCI
CFH – Use of seclusion and NCI
Sender House – No restraint or seclusion, NCI trained

Interviews, Observations:

PCC: A walkthrough of spaces and common areas used by clients was conducted. Overall, the facility was clean and in good repair. There was noticeable black substance presumed to be mold or mildew present in shower areas of two of the units as noted in the report. Three client interviews were also conducted as part of this process.

Client interviews: First of three clients stated they had been at the program for almost two months. During their stay they said they had plenty of opportunities to talk with family on the phone but liked to see them in person more. They have weekly meetings with their therapist and have lots of favorite staff they are comfortable talking with if they have any concerns. School was currently on break, but the client stated school was okay. They do lots of activities and their favorites were Minecraft and ball tag. Client said the food was good and favorites were the nachos and pizza. There are plenty of snacks available and they don't ever get hungry. Client enjoys daily groups and they enjoyed the relaxation group best. They feel safe in the program and have staff they can talk to at any time if they are not feeling safe.

Client two has been at the program for about a month and stated they feel safe on the unit. Client identified Abe, Remy and Apollo as their favorite staff and can talk to them about any concerns they have. They said they are fed plenty of food and particularly enjoy the Wednesday snack of an ice cream bar. Client sees their therapists a couple of times a week. They said they regularly receive visits from family and have a chance to call them every day. Their favorite activities are riding bikes and being able to go to MOD, which is a video game place. There was nothing they could think of to change, and they reiterated their love of Wednesday snack and going to MOD.

Client three has been at the program around three months. Client stated they see their therapist twice a week. They also said they get to see their mother every Wednesday and make daily phone calls. Client said school was fun, but they were not doing a good job of keeping up on credits. They said they get to go outside for activities every day and also play a lot of cards. When asked about food they said some is really good and some sucks but overall they could do a better job. They always were offered enough food and snacks were available. Client stated staff were nice. Client also relayed when they are anxious, they sometimes have personal issues with staff because their faces change and appear to look like their bio-mom. Client said Parry Center does a really good job with having advocates. Client stated they are assigned two staff advocates (front and back end of each week) who do a really great job of checking in with youth. They said it makes them feel very supported knowing they have these staff that are there for them specifically.

CFH: A walkthrough of spaces and common areas used by clients was conducted. Overall, the facility was clean and in good repair. Cottages are on a schedule for updates, with the Powers Cottage almost done. Mallett is one of the older cottages and is in queue for updates and also has an ongoing, intermittent foul odor issue in the basement space. There have been several investigations into the source of the odor and some success at remediating the odor, but then it returns. Work is still ongoing on this problem.

Three clients were also interviewed at Children's Farm Home and came from various cottages. The first client has been at the program for over a year. They feel safe and comfortable in the program and attend daily groups. They meet with Dr. Adler once a week and their therapist 2-3 times a week. Client couldn't comment on the overall quality of food as they were currently on a special diet. School is their favorite thing, and they are currently in 10th grade and doing very well. They like to hang out at the barn and felt there were enough different activities for them to participate in.

In their cottage they have speakers in their bedrooms that can be used for phone calls. They said the speakers are terrible and the system for phone calls doesn't work very well. They didn't like that in SAIP they were not allowed any clothes in their room. They understood not having shoelaces but didn't like they could not have any of their clothes either. Client stated they have access to all of their clothes and will pick out what they want to wear from their personal items' locker. Client said staff did a really good job with their interventions when youth get escalated.

The second client interviewed has been at the program for 20 months. They stated they have felt safe and comfortable during their time there. Client said the food was terrible, but there are plenty of snacks and alternatives to keep them from being hungry. They have weekly visits from their dad and have daily phone calls with him. Client really enjoys riding bikes and likes fixing them even better. The program has accommodated their desire to fix bikes by providing time, tools, and assistance in repairing campus bicycles. Client stated CFH could do better at communication between staff on different shifts. Sometimes there are inconsistent enforcement of rules and staff will tell youth different things depending on the shift. Client also stated they need to do better at retaining staff because it is hard to connect with a staff and then they leave and there are always new faces. They said the program does a really good job with the daily groups and enjoys participating in them.

The last client interviewed has been in the program around three months. They stated they feel mostly safe themselves but had several concerns about other clients. They stated personally they have issues around receiving PRN medication where staff say they will get it, but actually do it maybe 50% of the time. Client will ask staff for a PRN and staff don't get it when they say they will. They also said staff were inconsistent with boards and they witnessed a staff who was new to the cottage provide a peer with pens and make-up when they were not supposed to. Another peer is lactose intolerant and still allowed to consume lactose if they want to. Client also stated they have seen holds that seem pretty inhumane but wouldn't elaborate on what made them inhumane. Client stated they get weekly visits from family and make calls daily. They said snacks are always available and the food is decent. Client felt most of the staff were very kind and caring.

The above concerns noted by the client were addressed with management and most of the items observed were due to the clients perspective and not having all of the information about their peers treatment plans and history.

Sender: A walkthrough of the house and outbuildings was conducted, along with interviews of two clients. The program was clean, in good repair, and had a fully stocked kitchen. The two clients interviewed had been at the program for four months and 8 months. Both clients were over 18 and were not extremely talkative. Both said they really liked the program, felt safe and the food was good. They said the staff were very encouraging and were helping with resumes and job searches. One of the clients was actively looking for work and was on their way to drop off resumes/applications as soon as we finished talking. The other was currently working on school as a sophomore at the community college with a focus on psychology and the desire to help others. They also were working on a resume and planned to find a part time job. There were no complaints or feedback on things the program could do to improve.

Program Strengths per program:

PCC – We have added Program Supervisors to the PCC campus, to provide additional support and training to our milieu, especially in the swing time hours. We also add a Campus Operations manager, to support the Campus Ops. As far as successes, I would echo what Jamie wrote. We have continued to serve children in PRTS, Subacute, SCIP, and Day Treatment, throughout the pandemic, and

managed through power outages, heat waves, and fires. At this point, we also have a full management team for the Parry Center, with every Clinical Program Manager filled, after having to restructure with a Program Manager for the past year, due to an inability to recruit a Clinician. We continue to develop a very cohesive leadership team!

West 1
West 1 has adapted treatment structure and therapeutic interventions to accommodate for extraordinary circumstances brought on by the COVID-19 pandemic (i.e. addressing the impact of increased isolation on adolescents).

West 2
Staff demonstrate excellence in rapport building and supporting clients in identifying skills that attend to their trauma histories. Staff have worked to understand and implement agency policy with consistency. Staff have developed positive inter-team communication skills.

North 1
Consistent focus on trauma-informed care and individualized treatment planning, practice of experiential, sensory-oriented, creative groups and experiences throughout each week, family-centered and inclusive treatment approach

North 2
The program has done well with managing a high level of physical acuity (aggression) safely, with low instances of injury to staff and clients. The culture has been strong, in terms of retaining staff despite the fast paced and high energy environment. As such, we benefited from strong staffing during the pandemic, and navigating safely through the wildfires, a COVID outbreak, snowstorms, and recently the heat wave. There have been several major success stories with some of our youngest Secure Inpatient clients, who have been able to return to community placements primarily with their families, when initially upon referral it was thought that they would not be able to return home. The program has come to have a heavy focus on integrating the parent(s) into treatment.

CFH – We are really proud of a lot we were able to do, as a campus, even in the midst of the pandemic and significant staffing shortage. The leadership team has continually worked to maintain hope for the future, planning for the future and engaging in change that really gets us to where we want to be, rather than staying stuck in the crisis. We also continued to try to creatively engage our youth within the realms of our COVID guidelines and were able to successfully do at least two campus wide 5k events. We were able to continue working with different universities to offer in person internships and had our first round of a bachelor's level Intern program where we had 8 interns during spring term, 7 who were hired as Skills Trainers at the end of their internship. As a leadership team, we made some thoughtful and hard decisions to consolidate one program and move the remaining four programs to nine clients, each, in order to best and most safely serve our youth and staff with the staffing shortage.

Cummings:
Adjusted to the world of Covid- 19 and all of the limitations on outings and activities and doctor visits, wrap meetings, treatment reviews and at times family visits via Zoom. Solid working relationship of the Cummings Clinical Team with primary psychiatrist Dr Kyle Bernheim, and Clinical Program Manager Tina Hendrickson and the Child and Family Therapists working with clients in the unit. Cummings was able to flex to temporarily living in the Powers building to allow for some physical plan upgrades of new flooring and paint in many areas.

The Cummings program was able to absorb clients and staff when the decision was made to close the FE building. We are continuing to be a blended unit of generally 1/3 SAIP and 2/3 PRTS and Subacute, thus being a step down from SAIP (Redwood and Sequoia) and a step up in securing when needed for Mallett.

The Program Supervisor Model is serving the Cummings well by adding some consistency across all teams in many areas from how things are managed.

Mallet:
Our strengths are that we are working hard to pull DBT skills together with attachment focused treatment that uses a trauma informed lens to make sure that we are meeting our clients where they are functioning. Our leadership team (CPM, therapists and program supervisor) is a cohesive machine working to support staff and clients. This is important to make sure that everyone is getting what they need. We also work with our staff from the lens of the Brene Brown book Dare to Lead to support building connection and working to retain good staff. Our staff are knowledgeable and creative. They care deeply about the kids that they work with. The staff on the Mallett unit work well together and are willing to support the other units on campus.

Powers:
Since the new program supervisor position was developed – the Powers program supervisor have been working on facilitating additional support to staff, especially in areas of new hires, team development and assisting with growth and change conversations; increasing staff Relias compliance; and more consistent facilitation of scheduled individual and group supervision. With Powers still closed due to low staffing resources, the time has allowed for more focus on milieu programming and development through EBP lens.

Redwood:
We are adjusting to the structure of the new building and some of the differences in milieu management with split milieus. Since the new program supervisor position was developed – the program supervisors at Redwood have been working on facilitating additional group trainings, increasing staff Relias compliance, and more consistent facilitation of scheduled individual and group supervision. We have also been working on more consistent structure around PODs and skills trainer led groups, including assigning staff for each shift and working with staff to order supplies for PODs in advance and pre-plan activities a month ahead.

Sequoia:
We have been rolling out our Onyx Programming in the last year to provide increase structure for clients needing shorter chunks of time between transitions and more mindfulness centered activities. We have consistent prescheduled supervisions with our Program Supervisor role; since the rollout, we have seen an increase in prescheduled and predictable individual supervisions for our employees as a result. We are also providing time for planning groups and activities; each team gets an hour of time biweekly to plan for upcoming groups and activities. We have seen this be helpful in many ways, including having quite a bit of activities supplies on hand to keep clients engaged.

Sender House – Program continues to be a leader within the young adult treatment system and improve on treatment outcomes and effectiveness with stabilizing and improving client's mental health functioning, building resiliency, and assisting client's with moving out into community living on their own. Staff's growth with their clinical skills with this particular population and treatment philosophy has been exciting to watch, and it is very evident with client's success. This is a very effective program.

Program Challenges per program: Agency wide our programs are generally operating at 100% of physical capacity, at all levels of care. We maintain pending referral lists for all levels of care and age groups, and for day treatment, residential and subacute programs children may wait up to 4 weeks for admission availability. Due to the ongoing nationwide staff shortages in psychiatry, nursing, direct care, and qualified mental health providers we have had to keep our beds lower to continue to meet the needs of our clients and families. Additionally, with the ongoing COVID pandemic resources are further stressed, and refusal to vaccinate has led to ongoing challenges, as well as overall staff burnout. Furthermore, we continue to see rising acuity in referrals and limited resources for children waiting for or discharging from care.

PCC

North 1

50-60% staffing for months and continuing to struggle with hiring any new staff; team as a whole has been in significant staffing transition and attempting to train supervisors, skills trainers, and a new therapist at the same time; requiring a lot of support from the greater campus to support crisis interventions

North 2

Despite strong staffing through most of the pandemic, the staffing crisis in 2021 has had an impact and several seasoned staff have left recently, requiring an extensive focus on training and developing a new work force. Staff fear and anxiety levels were high during the pandemic, mostly concerning the changing COVID protocols and varying degrees of personal fear of COVID infection. School has been a major challenge since the pandemic, as there have also been numerous iterations of distanced learning, most of which has had a major impact on our young learners and their academic progress. Also, there has been issues related to a sense of divide between the leadership team and some staff, and a major focus within the team has been promoting safety, democracy, and open communication.

West 1

We are continuing to adjust to our new EHR to make sure that we are implementing best practice and meeting top quality standards through our documentation. Ongoing training will support us in meeting this goal.

West 2

Continue to work on how to avoid reinforcing maladaptive behaviors. Staff continue to focus on developing strategies to support staff with their work/life balance.

CFH

Cummings:

We are working on increasing staff adherence to unit rules and structure supported by having new STSs and STs in the program. Increasing opportunities for connections with CFTs and STSs and STs to support clients with their therapeutic goals. Building in more opportunities for mastery, to have as a genuine goal for each client to be striving toward improving or learning skills that are a bit of reach and that they enjoy, like guitar or gardening or art.

Mallet:

Our areas for growth are in continuing to work with our staff to understand that feedback is an important part of the work that we do. This means that feedback can be given to management and clients can give us feedback. We would like to help our staff learn that constructive criticism/feedback/suggestions are not a personal attack but rather to help them gain insight so that they can continue to grow and change. There has been a fear about change and concerns about scarcity of resources that can cause staff to feel like they don't have what they need, and we are still working to figure out how to best support them.

Powers: Not currently utilized

We continue to work on ordering supplies and organizing the new space. With the new role of program supervisor, they are still working on how to most effectively target areas to increase staff retention, staff training, and staff development.

Redwood:

With the new program supervisor role and the change in the schedules of these supervisors, they are still working on how to meet the group supervision requirements most effectively for those they supervise. We are also continuing to work on organizing the new space and to work with staff on documentation in IRs and shift notes.

Sequoia:

Some areas of focus of us are: Facilitation of strong programming; we are currently working with our employees on how to run effective groups and activities to improve programming. Cleanliness and organization of staff areas; we have been working on improving our organization of staff areas to reduce clutter and make it easier to access supplies and necessities. Documentation of Incident Reports; we are doing a lot of follow up with individuals on how to write proper and thorough incident reports using the ABIO format and including enough information.

Sender House – The continued navigation of state Medicaid system and partners to ensure program stays financially viable. Trying to grow services to another program to add young adult beds to state system to help manage referral overflow.

Changes that have occurred in the last 2 years per program: Agency wide, we restructured a good portion of our residential staffing model to address the trends we have experienced and researched as it relates to recruitment and retention. This includes moving some of the scheduled positions on each of the residential programs to be filled by campus operations on calls (approximately 30% of the shift), rather than having all positions filled with set-scheduled skills trainers. We also restructured the STS position, removing the

Skills Trainer supervisory duties and having it focus specifically on the facilitation of the day to day shift programming. We also created the Program Supervisor position, who is responsible for the direct supervision of the Skills Trainers and STSs and is supervised by the Program Managers. Lastly, we have added the position of Med Aide, who will focus on medication administration in all of the programs, including SIP.

CFH – Powers and Francis Elizabeth (FE) cottages are not currently housing any youth.

Lawsuits: No

Grievances and complaints filed in the last two years: Grievances were provided and are on file with CCLP.

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

Within 45 days of receipt of this report Trillium Family Services must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to Todd Cooley, todd.cooley@dhsoha.state.or.us or sent by regular mail to the following address:

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

Exceptions: Bedroom window egress exception on file with CCLP

Changes in License: Powers and FE cottages have not served youth in over 6 months and will be removed from the license. Redwood (new construction) is added. Powers, FE and Redwood are all on the CFH campus.

Summary of Review					
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

Program and services are in scope of license	X				
Governance of the Agency 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(1)(a) Minimum of 5 board members	X				
(2)(f) Formally evaluate the exec. Director's performance annually	X				
(2)(g) Approves annual budget	X				
(2)(h) Obtain and review an annual independent financial review or audit of financial records.	X				
(2)(k) Written quality improvement program	X				
(2)(l) Meeting minutes	X				
Executive Director or Program Director 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	X				
(3)(g) Approval from BCU	X				
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	X				
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)	X				
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable			X		
(3)(e) Agency uses seclusion appropriately/consistent with policy	X				
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	X				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215			X		
(b)(B) Contract includes the following: (i) Services provided			X		

(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					
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**		- Not all Certificates of Occupancy have been received - PCC does not have a current Environmental Health Inspection - No conflict of interest policy meeting requirements of licensing rule	
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**				
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)	**X**				
413-215-0051(1) Sufficient safe space, equipment, and office equipment	**X**				
413-215-0091(12) License is posted in common area at each facility	**X**				
413-215-0001(5)(d), 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 Actions/Comments**	**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		
Room and Space Requirements Bathrooms 413-215-0516(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a)(A)&(B) 1:8 ratio for toilets and sinks	X			PCC – Black mold or mildew present in West 1 and West 2 shower areas CFH – Black mold or mildew present in Sequoia bathroom	
(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 Actions/Comments**	**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 Actions/Comments**	**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 and equip, poisons, chemicals, outdoor recreational and maintenance equipment	X				
(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 Actions/Comments**	**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 Actions/Comments**	**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**				
Safety 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(2)(a) Written emergency plan	**X**			- Each office had an emergency kit and at least one operational flashlight. However, many of the flashlights present and easily accessible were not operational and needed the batteries replaced. For comment only, not a corrective action.	
(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 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**				
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	**X**				

(b) name (c) reason (d) method (e) staff & witness signature					
(10) Written record of the administration of medication includes: (a) name (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	**X**				
Extracurricular, Enrichment, Cultural & Social Activities 413-215-0554	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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**			**PCC and CFH –** Only program managers and very few others had received Prudent Parent training. This was not sufficient to ensure there was always an on-site person trained in applying the Prudent Parent standard.	
(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 Actions/Comments**	**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			**Sender** - missing one performance evaluation	
(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 Actions/Comments**	**Corrective Action Completed**
(a) Agency policies and procedures	X				
(b) Ethical and professional guidelines	X				
(c) Organizational lines of authority	X				
(d) Attributes of population served	X				
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report	X				

(c) legal responsibility to report is personal to the employee					
(f) Privacy laws	X				
(g) Emergency procedures	X				
New Employee Orientation – Residential (30 days) 413-215-0556	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(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 Actions/Comments**	**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			**PCC** - One staff had an expired CPR certification	
413-215-0556(3) Staff providing direct care must maintain current CPR/First Aid certification		X		**Sender** - Only 2020 Prudent Parent documented for all staff	
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	X				

(c) legal responsibility to report is personal to the employee					
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**				
(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**			
(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**		**PCC** – 2 of 5 files were missing documentation of all consents	
(d) Restrict contact with persons outside of the agency		**X**		**CFH** - 2 of 5 files were missing documentation of all consents	
(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**		**PCC** – 2 of 5 files were missing documentation of all disclosures **CFH** - 2 of 5 files were missing documentation of all disclosures	
(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**		**PCC** – 2 of 5 files were missing documentation of activity specific authorizations CFH – 3 of 5 files were missing authorization to disclose or exchange info with others and activity specific authorization. 1 of 5 files did not have documentation for authorization of child specific visitors or pre-approval of visitation resources.	
(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**				
(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 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)	**X**				
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			Sender not reviewed quarterly	
(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		
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		**CFH** – 2 of 5 files had no documentation of individual written inventories **Sender –** No documentation of individual written inventories	
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				
(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:					

Licensing Coordinator's Signature: _____ Date: 9-29-2021

Manager Review: _____ Date: 9-27-2021