

	Recommendation to DHW	Department actions
R1	The department should develop a process to include perpetrators of abuse in children's residential care on Idaho's Child Protection Central Registry.	DHW believes it would take legislative action to enable us to accomplish this as recommended.
R2	The department should develop a department-wide protocol to define communication and issue escalation across divisions.	DHW established a cross-division process and policy for responding to incidents in children's residential facilities. Roles and responsibilities for escalation and investigation across each division or unit are defined. Staff training has occurred across all applicable divisions. These new protocols now occur.
R3	The department should explore opportunities to streamline and consolidate the requirements for funding across federal regulations.	DHW staff in the Idaho Behavioral Health Plan and Child, Youth, and Family Services (CYFS) have teamed with Magellan to continue the every-other-month CYFS Provider Partnership. At these meetings, participants engage in dialogue with service providers around funding and other aspects of federal and state compliance for residential treatment centers and psychiatric residential treatment facilities. The Division of Youth Safety and Permanency updated the qualified residential treatment professional (QRTP) background check spreadsheet and is in the process of updating the coinciding policy.
R4	The department should institute an online dashboard for children's residential care licensure.	The Residential Assisted Living Facilities (RALF) program, referenced in the OPE report, uses a different platform for licensing activity than the children's residential program. The children's residential program's tool makes all the same information publicly available (although presented slightly different). Similar to the RALF platform, the public has access to children's residential facility inspection reports, substantiated complaint reports, current enforcement actions, and a listing of all children's residential facilities licensed in the state. All public reporting on facility compliance is available through the DHW website at https://healthandwelfare.idaho.gov/providers/childrens-residential-licensing/organization-informationn .
R5	The department should amend administrative rule to require facilities to report restraint and seclusion use to the department.	DHW is taking steps to collect restraint and seclusion use through contract monitoring. The Idaho Behavioral Health Plan (IBHP) is working with Magellan to require residential treatment providers report restraint and seclusion use; we anticipate this to occur by calendar year-end. Child, Youth, and Family Services is revising contracts with providers to 1) require a quarterly quality assurance report including data on use of restraint and seclusion; and 2) amend the incident reporting section to ensure incidents are reported as they occur. Restraint and seclusion patterns and trends will be evaluated during every-other-month quality assurance meetings that include staff from both Licensing and Certification and Youth Safety, and Permanency.
R6	The department should amend administrative rule to require at least one annual unannounced survey.	Although not specifically required in administrative rule, in May 2024 Licensing and Certification began conducting one annual unannounced survey in addition to the announced survey in all children's residential facilities. Since that implementation, an unannounced survey has occurred at all 29 facilities and will continue annually.



OPE REPORT RESPONSE

R7	The department should revise the child and staff interview process.	Licensing and Certification has updated its policy and implemented new protocols for selecting staff and resident interviews during on-site inspections. In accordance with guidance from the Centers for Medicare and Medicaid Services and the OPE report, facility staff will not select residents to be interviewed or observed. Instead, interviewees are now identified by licensing staff per parameters listed in the policy. Staff have been trained, and this policy is now in effect.
R8	The department should create a bill of rights for children in residential care and amend administrative rule to require that facilities follow, post, distribute, and interpret the rights for children and their families.	Child, Youth, and Family Services, in collaboration with the Health and Human Services Ombudsman, has drafted a bill of rights for children in residential care and is now working on a distribution plan.
R9	The department should make the risk assessment matrix available to the public and facility administrators.	Licensing and Certification is committed to transparency and providing the public and stakeholders information regarding safety and compliance. Division staff have been trained on the division's updated risk assessment matrix. The updated risk score will be included on public documents beginning October 1, 2025. In addition, information about the risk score will be added to Licensing and Certification's public website.
R10	The department should develop criteria to guide response to information received in critical incident reports, child abuse calls, and complaints.	Child, Youth, and Family Services now has a policy to guide decisions and thresholds when reviewing complaints and critical incident reports. This ensures consistent evaluation of all facility-related incidents/concerns. Every-other-month quality assurance meetings that include staff from both Licensing and Certification and Youth Safety and Permanency now occur and include review of critical incident reports, child abuse calls, complaints, and monthly trend reports.
R11	The department should standardize its monitoring procedures for children's residential care facilities, including formalizing their role in ensuring child safety.	Child, Youth, and Family Services has developed a new contract monitoring tool and a process to standardize its use. DHW established a cross-division process and policy for responding to incidents in children's residential facilities. Roles and responsibilities for escalation and investigation across each division or unit are defined, formalizing roles in ensuring child safety.
R12	The department should apply existing response priority requirements to safety-related issues involving children in foster care who are placed in facilities.	DHW has defined response requirements for both Licensing and Certification and Child, Youth, and Family Services (CYFS) staff to ensure children are safe and reports of maltreatment are addressed timely. Licensing and Certification has issued and implemented a priority response policy and trained staff. For children in facilities, CYFS is adopting Licensing and Certification's response priority level definitions and developing relevant response timelines.
R13	The department should revise the contracts it uses to place children in out-of-state facilities to require facilities to report licensing information to the department.	The Idaho Behavioral Health Plan (IBHP) already requires that facilities report licensing information to Magellan, who in turn reports it to DHW. In Child, Youth, and Family Services (CYFS), new contracts with out-of-state facilities now require licensing information be reported to the department. CYFS is currently amending existing contracts to include this requirement; this process should be complete by Jan. 1, 2026.
R14	The department should track the ideal placement type for children in care.	The newly established Continuum of Care Bureau has implemented a tracking system to monitor and evaluate the ideal placement types for Idaho youth matched to in-state and out-of-state residential programs. This system will allow DHW to assess alignment among youth needs, program offerings, and treatment outcomes over time and make real-time adjustments when necessary and available.

The following documents were provided to OPE by the Department of Health and Welfare in preparation for an update to the Joint Legislative Oversight Committee on September 25th, 2025. Many of these documents are drafts and do not represent the final policies or contracts

Recommendations and Document Descriptions	Page
R1 – DHW Limitations	1
R2 – DHW Critical Incident Report (not included by DHW request)	N/A
R2 – Escalation Path in Children’s Residential Care Facilities	2
R3 – Medicaid response	3
R4 – Children’s Residential Care Facilities Public Reports Folder	4
R4 – Provider List Overview	5
R4 – Facility Specific Public Reporting	7
R5 – CYFS Residential Providers Scope of Work (not included by DHW request)	N/A
R6 – Therapeutic and Residential Programs Unannounced Survey Policy	8
R6 – Email to Providers about Unannounced Visits	9
R6 – Meeting Invitation for Staff Training on Unannounced Visits (not included)	N/A
R7 – Therapeutic and Residential Programs Interview Policy	10
R7 – Children’s Residential Facility Staff and Youth Interview Policy	14
R7 – Meeting Invitation for Staff and Youth Interview Discussion (not included)	N/A
R8 – Idaho Youth in Residential Facilities Bill of Rights	15
R10 - Therapeutic and Residential Programs Trend Analysis Policy	17
R10 - Therapeutic and Residential Programs Response Priorities Policy	19
R11 – Pre-Contract Site Visit Tool	23
R11 – Residential Contract Monitoring Tool	25
R14 – Ideal Placement Type Matching	35
R14 – Bucket Report (Not included by DHW request)	N/A

OPE Response

Idaho code 16-1601 Policy states “The policy of the state of Idaho is hereby declared to be the establishment of a legal framework conducive to the judicial processing, including periodic review of child abuse, abandonment and neglect cases, and the protection of any child whose life, health or welfare is endangered.” In 16-1603 this scope is narrowed in “Jurisdiction of the courts. (1) Except as otherwise provided herein, the court shall have exclusive original jurisdiction in all proceedings under this chapter concerning any child living or found within the state:

- (a) Who is neglected, abused or abandoned by his parents, guardian or other legal custodian, or who is homeless; or
- (b) Whose parents or other legal custodian fails to provide a stable home environment.

Idaho definition of legal custodian is narrowly defined and an employee at a facility would not meet this definition.

In addition in 16-1602 Definitions. For purposes of this chapter:

(31) "Neglected" means a child:

- (a) Who is without proper parental care and control, or subsistence, medical or other care or control necessary for his well-being because of the conduct or omission of his parents, guardian or other custodian or their neglect or refusal to provide them; however, no child whose parent or guardian chooses for such child treatment by prayers through spiritual means alone in lieu of medical treatment shall be deemed for that reason alone to be neglected or lack parental care necessary for his health and well-being, but this subsection shall not prevent the court from acting pursuant to section [16-1627](#), Idaho Code; or
- (b) Whose parent, guardian or other custodian is unable to discharge the responsibilities to and for the child and, as a result of such inability, the child lacks the parental care necessary for his health, safety or well-being; or
- (c) Who has been placed for care or adoption in violation of law; or
- (d) Who is without proper education because of the failure to comply with section [33-202](#), Idaho Code.

These statutes limit the ability of the department under the child protection act to intervene with employees of facilities to put them on the child protection central registry without legislative changes.

Escalation Path in Children's Residential Care Facilities

Anyone can report a concern to the department via Central Intake or L&C concern line.

Complaint is screened and assigned priority response for investigation.
L&C is primary contact for updating and communicating investigation progress.

L&C coordinates with law enforcement if applicable and notifies CYFS contracts.
L&C Program Manager and CYFS Bureau Chief meet within 2 business day for Priority 1 or 2 investigations.

L&C

- Contact administrator to ensure safety interventions and perpetrator removed, coordinate with law enforcement.
- Investigate the allegations including timely and quality preventing, reporting, investigating and mitigating the abuse or concerns.
- Investigate contributing factors to allegations such as inadequate training, or inappropriate discipline or restraint use.

Contract Monitor

- Ensure all children placed are safe and facility is responding immediately to concerns. Monitor for reporting retaliation and ensure children receive f/u services.
- Makes decisions about future placements while investigations are pending.
- Investigates quality of care concerns and access to treatment. Update Medicaid as needed.

Case Worker

- Ensure child's needs are met and that placement in the facility is still appropriate.
- Monitor for child's ongoing safety or treatment needs while investigation ongoing.
- Coordinate with congregate care team for decisions about alternate placements if indicated.

Communicate Findings

Licensing and Contract monitor share their investigative findings and any corrective actions or licensing enforcements.

Ongoing Monitoring

Update facility progress or status of plan of correction at bi-monthly meeting.
Track for trends or concerns based on reported events or incident reports.

Over the past six months, significant improvements have been made by IHDW. IBHP and CYFS leadership have teamed with Magellan to participate in CYFS Provider Partnership Forum which meets bi-monthly (next meeting Sept 18th). Multiple IBHP staff members join these meetings along with the Magellan Network and Clinical teams to engage in dialogue with service providers around funding and other aspects of federal and state compliance for RTC/PRTF. Providers have reported that this meeting has made a substantial impact in supporting their understanding of processes and breaking down barriers to understanding the system of care. Through having access to accurate and timely information, we have seen improvements in provider billing accuracy and in turn timely provider payments. Magellan has set up a meeting series dedicated to provider billing education with providers who were seemingly struggling the most with new processes. Additional IBHP/CYFS weekly collaboration meetings were also established to support collaboration between CYFS Contracting and IBHP Finance, resulting in improved understanding by each team and increased collaboration.

Magellan's Clinical team and Idaho RTC/PRTF providers, have also worked to strategically combine the required concurrent care documentation for youth to reduce burden and provide CYFS and Magellan with the documentation they need to support concise care coordination. This was presented and provided to the IBHP and CYFS leadership at the Provider Partnership Forum on July 17th. CYFS noted they were appreciative of all involved as this is a significant step towards collaboration and coordination efforts noted by OPE.

Organization Information

Below you will find links to organization information including a list of children's residential programs as well as results of current licensing surveys.

Children's Residential Care Plan of Corrections

All plans of correction that are posted here have been approved by Licensing and Certification.

[Review Children's Residential Care Facility Plan of Corrections](#) 

Children's Agency Plan of Corrections

All plans of correction that are posted here have been approved by Licensing and Certification.

[Review Children's Agency Plan of Corrections](#) 

List of Idaho Children's Residential Programs

[Children's Residential Provider List](#) 

Therapeutic Outdoor Program Plan of Corrections

All plans of correction that are posted here have been approved by Licensing and Certification.

[Review Therapeutic Outdoor Program Plan of Corrections](#) 



Search in document



1 of 3














Automatic Zoom

Children's Residential Licensing Provider List

Idaho Law forbids the requesting party to use or sell this list for solicitation purposes as described in IC 74-120

<https://legislature.idaho.gov/statutesrules/idstat/Title74/T74CH1/SECT74-120>

Agency Name	Address	City	Zip	Phone	License Type	Male Beds	Female Beds	Co-Ed Beds	Age
A Bit of Love, LLC	2477 Robison Dr	Rexburg	83440-3307	208-716-3659	Children's Residential Care Facility	0	0	8	6 to 17
A Family for Every Child	950 W Bannock St Suite 1100	Boise	83702-6140	541-517-7333	Children's Agency	0	0	0	0 to 0
A New Beginning Adoption Agency, Inc	8660 W Emerald St Suite 142	Boise	83704-4829	208-939-3865	Children's Agency	0	0	0	0 to 0
Adoption Life	242 E 7th N Suite 4	Rexburg	83440-3550	307-212-2545	Children's Agency	0	0	0	0 to 0
Arden House LLC	2720 Stoll Ct	Caldwell	83607-0000	208-671-2500	Children's Residential Care Facility	0	0	8	0 to 17
Avery's House	10787 W. Ustick Rd	Boise	83713-5104	602-856-7584	Children's Residential Care Facility	0	0	16	12 to 17
Bannock House	620 W Fremont St	Pocatello	83204-3053	208-234-1122	Children's Residential Care Facility	0	0	14	10 to 17
Bannock Youth Foundation - MK Place	110 S 19th Ave	Pocatello	83201-3312	208-234-1122	Children's Residential Care Facility	0	0	11	12 to 17
Blue Fire Wilderness Therapy	1832 E 1750 S	Gooding	83330-5177	208-308-3163	Children's Therapeutic Outdoor Program	0	0	100	11 to 17
Boise Girl's Academy	1723 S Horton St	Nampa	83686-2970	208-546-0832	Children's Residential Care Facility	0	45	0	13 to 17
Canopy Village Inc.	1350 W Hanley Ave	Coeur d'Alene	83815-8638	208-667-1189	Children's Residential Care Facility	0	0	24	0 to 17
Casey Family Programs	6441 W Emerald St	Boise	83704-0000	208-350-7457	Children's Agency	0	0	0	0 to 0
Children's House International	2300 N Yellowstone Hwy	Idaho Falls	83401-1662	360-383-0623	Children's Agency	0	0	0	0 to 0
Clarvida	545 N Benjamin Ln Ste 185	Boise	83704-9625	208-322-1026	Children's Agency	0	0	0	0 to 0
Connected by Love Adoptions	2115 E Sherman Ave	Coeur D Alene	83814	321-355-2010	Children's Agency	0	0	0	0 to 0
Daybreak Canyon, LLC	1229 Country Club Rd	Kellogg	83837-9727	208-312-4117	Children's Residential Care Facility	24	0	0	11 to 17
East Idaho Youth Homes LLC	550 Linden Dr	Idaho Falls	83401-0000	208-360-8102	Children's Residential Care Facility	0	0	44	10 to 17

<input type="checkbox"/>	Name
<input type="checkbox"/>	 A Bit of Love, LLC
<input type="checkbox"/>	 Arden House LLC
<input type="checkbox"/>	 Avery's House
<input type="checkbox"/>	 Bannock House
<input type="checkbox"/>	 Bannock Youth Foundation - Mk Place
<input type="checkbox"/>	 Boise Girl's Academy
<input type="checkbox"/>	 Cherry Gulch
<input type="checkbox"/>	 Children's Village
<input type="checkbox"/>	 Cornerstone Cottage
<input type="checkbox"/>	 Daybreak Canyon, LLC
<input type="checkbox"/>	 East Idaho Youth Homes LLC
<input type="checkbox"/>	 FACS Residential
<input type="checkbox"/>	 Foster + Heart



IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF LICENSING & CERTIFICATION

Children's Residential Licensing - Statement of Deficiencies

Agency:	Stewards of Recovery DBA- Stewards of Children	Region(s):	7
Agency Type:	Children's Residential Care Facility	Survey Dates:	4/8/2025 to 4/9/2025
License:	CRL-6096	License(s) Granted:	Six-Month

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.18.102.04 DISPOSITION OF APPLICATIONS. 04. Provisional License. A provisional license may be issued to an organization when a licensing standard is not met but can be expected to be corrected within six (6) months of issuing the provisional license, provided this does not endanger the health, safety, and well-being of any child in care or who may come into care during the period of the provisional license. A provisional license will be issued according to Section 39-1216, Idaho Code.	During the 2025 licensing survey continued compliance issues were identified for which the facility was issued a Provisional license and for which it is expected the facility can correct within 6 months without endangering the health, safety, and well-being of any child in care or who may come into care.	<p>1. What actions will be taken to correct the deficiency? Operations Director and compliance officer have reviewed all deficiencies and came up with a corrective action plan for the program.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? OD and CO have reviewed all charts for any deficiencies and conducted trainings with all staff to ensure compliance going forward.</p> <p>3. Who will be responsible for implementing each corrective action? OD and CO have implemented the trainings and oversight on the program.</p>	4/29/2025

Therapeutic and Residential Programs (TRP)
The Division of Licensing and Certification (L&C)

Subject: Unannounced Survey Policy		
Effective Date: 04/08/24	Approved by: Laura Stute, L&C DA Frede' Trenkle, TRP PM	Approved Date: 4/01/24
Annual Review Date: 09/15/26	Responsible Party: Division Administrator, L&C Program Manager, TRP	
Total Pages: 1	Reviewed/Revision History: 04/01/25 (updated procedure timeline) 09/15/25 (updated procedure activities)	

Purpose

The Division of Licensing and Certification inspects children’s residential care facilities to ensure the safety and well-being of all residents. The purpose of unannounced inspections is to verify that facilities consistently maintain safe, compliant, and high-quality standards at all times—not only when an inspection is anticipated.

Procedure

The Division of Licensing and Certification will conduct at least one (1) unannounced on-site visit to each children’s residential care facility in addition to the scheduled annual licensing survey.

- Unannounced visits will not be scheduled with the provider and will generally occur at least five (5) months after the most recent survey, unless an earlier visit is warranted by the lead surveyor and program manager.
- Activities during an unannounced survey may include:
 1. Interviews with residents
 2. Interviews with staff
 3. General facility observations
 4. Review of identified concerns (e.g., incident reports, recent complaints)
 5. Review of restraint and seclusion records, if applicable

Surveyors will document all unannounced visits in the CRL drive under the *Unannounced Survey Folder* using the *Unannounced Survey Tracking Form*.

McCleve, Lance - CO 5th

From: Trenkle, Frede - Reg5 <Frede.Trenkle1@dhw.idaho.gov>
Sent: Monday, April 8, 2024 12:57 PM
To: Trenkle, Frede - Reg5
Subject: Licensing and Certification unannounced visits to Children's Residential Care Facilities

Dear Providers,

Licensing and Certification (L&C) will begin conducting unannounced visits to all children's residential care facilities starting this year. This visit will not be scheduled with the provider and will take place sometime during the licensing year. Its purpose is for L&C to ensure that a provider is in compliance with licensing rules at all times a resident is being served, even when a survey is unexpected.

The annual license renewal survey will continue to be announced.

For rule authority please refer to IDAPA 16.04.18.201: **ACCESS BY DEPARTMENT-AUTHORIZED AGENTS**. The Department must be provided access to the grounds, facilities, and records for determining compliance with applicable rules and investigation of complaints against the organization.

Thank you,

Frede' Teske

Program Manager

Therapeutic and Residential Program, Licensing and Certification

Desk: (208) 334-0649

Frede.Teske@dhw.idaho.gov

Therapeutic and Residential Programs (TRP)
The Division of Licensing and Certification (L&C)

Subject: Children Program’s Interview Policy		
Effective Date: 07/28/25	Approved by: Laura Stute, L&C DA Frede’ Trenkle, TRP PM	Approved Date: 07/18/25
Annual Review Date: 09/01/26	Responsible Party: Division Administrator, L&C Program Manager, TRP	
Total Pages: 3	Revision History: 09/01/25 (added specific questions for both residents and staff)	

Purpose

Licensing staff are responsible for conducting routine inspections of children’s residential care facility to ensure residents receive safe and adequate care. As part of the survey process, staff and residents are selected and interviewed to assess the quality of care and identify to possible concerns.

Procedure

The sample of staff/resident interviews will be selected by lead survey staff based on the following considerations:

- Staff with varying lengths of employment at the facility
- Residents with varying lengths of time at the facility
- Staff or resident involved in a previous CPS report
- Staff or residents involved in a critical incident report
- Should include staff/residents from all residential buildings on campus
- Staff or residents involved in a restraint/seclusion report

Interviews will be conducted in a private area and are intended to elicit how staff and residents perceive the care and services at the facility. Surveyors will introduce themselves and explain the role and the purpose of the interview. Additional, impromptu interviews of staff and residents not initially selected in the sample may be conducted based on observations or information received during interviews.

A. Resident Interviews

Surveyors will review behavioral or developmental considerations with facility staff familiar with the resident prior to the interview and use discretion when appropriate to select an alternate resident for the sample. Interviews will be conducted using open ended age-appropriate questions and

during times that do not conflict with activates of interest for the resident. Children have the right to refuse an interview or request that others be present, such as a parent or guardian. Surveyors will ask open ended questions related to the following areas.

Introduction & Rapport-Building

- Can you tell me your name and how old you are?
- How long have you been living here?
- What's your favorite thing to do during the day?
- Who do you usually spend the most time with here?

Daily Life & Routines

- Can you tell me what a usual day here is like for you?
- What kinds of activities do you do here?
- What's your favorite part of the day?
- Is there anything you don't like about the daily routine?

Safety & Comfort

- Do you feel safe here?
- If you ever feel scared or unsafe, what can you do or who can you talk to?
- Can you tell me about the rules here? Are they fair?
- Have you ever seen anyone being hurt or treated meanly here?

Relationships with Staff & Other Residents

- How do the adults here treat you?
- Is there an adult you trust and can go to if you need help?
- How do the other kids treat you?
- What happens if kids don't get along?

Rights, Privacy, and Voice

- Do you get enough privacy? (like in your room, bathroom, phone calls)
- Are you allowed to make choices about things like clothes, food, activities?
- If you have a problem or something is bothering you, how do you let someone know?
- Do you feel like adults listen to you when you talk about your needs?

Care, Health, and Support

- Do you get enough to eat? Do you like the food here?
- Do you get to see a doctor or nurse if you need to?
- Are you able to talk to someone if you feel sad, angry, or worried?

Restraint and Seclusion

- Has anyone ever held you down or stopped you from moving here?
- Has anyone ever put you in a room alone and not let you leave?
- If that has happened, can you tell me what it was like for you?
- Do adults explain to you why something like that might happen?

- What happens afterward—does anyone talk to you about how you're feeling?
- Is there another way staff could help you feel safe without holding you or putting you in a room alone?

Overall Experience & Suggestions

- What do you like best about living here?
- What do you wish was different?
- Is there anything you want to tell me about this place that I haven't asked?

B. Staff Interviews

The surveyor will attempt to interview all staff selected in the original sample. If staff are not present in the facility the interview will be conducted upon their return to work. If staff selected are not scheduled to work during the survey, surveyors will make reasonable attempts to arrange an interview over the phone. Surveyors will use discretion when selecting alternate staff to interview in special circumstances, such as FMLA or extended vacations. Surveyors will ask open ended questions related to the following areas:

Role and Training

- Can you describe your role and responsibilities at this facility?
- How long have you worked here, and what is your background in childcare or residential care?
- What type of training did you receive before starting work here, and how do you keep your skills and knowledge up to date?

Staffing and Ratios

- How do you ensure appropriate staff-to-child ratios are maintained at all times?
- What happens when there is a staff shortage?
- Do you feel staffing levels are adequate to meet the needs of the residents?

Resident Supervision and Safety

- How do you monitor residents during daily activities to ensure their safety?
- What steps are taken to prevent incidents such as bullying, abuse, or neglect?
- Can you describe the process for reporting safety concerns, incidents, or suspected abuse?
- How are residents supervised during high-risk times (e.g., overnight, transitions, outings)?

Behavior Management

- What is the facility's approach to discipline and behavior management?
- Are restraints or seclusion ever used? If so, under what circumstances, and how is it documented?
- How are staff trained to de-escalate challenging behaviors?

Child Rights, Wellbeing, and Voice

- How do you ensure children are treated with dignity and respect?
- How are residents encouraged to voice their concerns or complaints?
- What supports are in place for resident's emotional and mental health needs?

Medication and Health

- Are you involved in assisting with medications? If so, what training did you receive?
- How are medication errors prevented, reported, and addressed?
- How do you respond when a resident becomes ill or has a medical emergency?

Daily Routines and Activities

- What does a typical day look like for a resident in this facility?
- How are educational, recreational, and therapeutic activities incorporated into their schedule?
- How do you support residents in developing life skills?

Documentation and Compliance

- What kind of records are you responsible for maintaining?
- How do you ensure confidentiality of resident's information?
- Are you familiar with the regulatory standards that apply to your role? How do you stay compliant?

Emergency Preparedness

- What is your role during emergencies such as fire, severe weather, or a resident going missing?
- How often do you participate in emergency drills, and what do they include?

Staff Support and Facility Culture

- How would you describe the work environment and team culture here?
- Do you feel supported by supervisors and leadership when challenges arise?
- What improvements could be made to better serve the residents and support staff?

Children's Residential Care Facility Youth and Staff Interview Policy

The sample of staff/youth interviews will be selected based on the following considerations:

- Staff with varying lengths of employment at the facility
- Residents with varying lengths of time at the facility
- Staff or Resident involved in a CPS report
- Staff or Residents involved in a critical incident report
- Should include staff/residents from all residential buildings on campus
- Staff or Residents involved in a restraint/seclusion report

Interviews will be conducted in a private area and are intended to elicit how staff and residents perceive the care and services at the facility. Surveyors will introduce themselves and explain the role and the purpose of the interview. Additional, impromptu interviews of staff and youth not initially selected in the sample may be conducted based on observations or information received during interviews.

A. Resident Interviews

Surveyors will review behavioral or developmental considerations with facility staff familiar with the child prior to the interview and use discretion when appropriate to select an alternate resident for the sample. Interviews will be conducted using open ended age-appropriate questions and during times that do not conflict with activities of interest for the child. Children have the right to refuse an interview or request that others be present, such as a parent or guardian.

B. Staff Interviews

The surveyor will attempt to interview all staff selected in the original sample. If staff are not present in the facility the interview will be conducted upon their return to work. If staff selected are not scheduled to work during the survey, surveyors will make reasonable attempts to arrange an interview over the phone. Surveyors will use discretion when selecting alternate staff to interview in special circumstances, such as FMLA or extended vacations. Surveyors will ask open ended questions related to the following areas:

- Are the children's needs met, such as supervision, managing behavioral issues?
- Do staff receive orientation and annual training? Is the annual training specific to the needs of the youth in the facility?
- Do staff know how to respond to witnessed or reported abuse, neglect or exploitation? How should staff report concerning incidents, accidents, complaints or grievances?
- If applicable have staff had to use restraints or put a child in seclusion?
- Are children in the facility treated with dignity and respect?
- Do staff have any concerns about the overall operation of the facility?

IDAHO YOUTH-IN-RESIDENTIAL-FACILITIES BILL OF RIGHTS

Idaho Department of Health and Welfare

Child, Youth, and Family Services (CYFS)

1. RIGHT TO SAFETY AND SECURITY

- Every child has the right to a safe and secure environment, free from physical, emotional, and psychological harm.
- Youth have the right to be informed of all program expectations and rules that apply to them.
- Youth have the right to a general daily schedule for routine activities, ensuring a structured and predictable environment.
- Youth have the right to receive adequate healthy food and clothing.

2. RIGHT TO RESPECT, DIGNITY, & FAIR TREATMENT

- Every child has the right to be treated with respect and dignity, regardless of their background, behavior, or circumstances.
- Every child has the right to fair and equitable treatment, without discrimination based on race, gender, disability, or any other characteristic.
- Youth have the right to be disciplined in a manner that is fair, appropriate, and respectful.
- Youth have the right to not be locked in a room, building or facility premises, or to be restrained unless it is determined that such restraint or seclusion is necessary for my safety or for the safety of others.
- Every child has the right to express their thoughts, feelings, and opinions, and to have those expressions taken into consideration.
- Every child has the right to access advocacy services to ensure their rights are upheld and their voices are heard, including Guardian Ad Litem/Court Appointed Special Advocate and the Idaho Health and Social Services Ombudsman.
- Youth have the right to access grievance procedures to address any concerns or complaints.

3. RIGHT TO VISITATION & CORRESPONDENCE

- Youth have the right to regular visitation with family members and friends, subject to reasonable scheduling and security measures.
- Every child has the right to maintain regular contact with their family, unless it is deemed not in their best interest.
- Youth have the right to communicate by telephone with family members and friends, with reasonable access provided.
- Youth have the right to send and receive mail from family members and friends. Any restrictions on mail, including electronic mail, must be clearly communicated and justified.

4. RIGHT TO PRIVACY

- Every child has the right to privacy in their personal space, communications, personal belongings and personal information.

5. RIGHT TO EDUCATION

- Every child has the right to access education that meets their individual needs and supports their academic growth.

6. RIGHT TO HEALTH CARE

- Every child has the right to receive appropriate medical, dental, and mental health care.
- Youth with primary medical needs have the right to a plan for providing necessary health-care services.

7. RIGHT TO PARTICIPATE IN DECISIONS

- Every child has the right to participate in decisions affecting their care and treatment, in a manner appropriate to their age and understanding.
- Youth 16 years of age or older have the right to access existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and post-secondary educational programs and information regarding financial aid for post-secondary education. Youth 16 years of age or older have the right to information about independent living services provided by the Department of Health and Welfare and the facility programming.

8. RIGHT TO RECREATION AND LEISURE

- Every child has the right to engage in recreational and leisure activities that promote their well-being and development.

9. RIGHT TO CULTURAL AND RELIGIOUS PRACTICES

- Every child has the right to practice their cultural and religious beliefs, and to have those practices respected and accommodated.

DRAFT

Therapeutic and Residential Programs (TRP)
The Division of Licensing and Certification (L&C)

Subject: Trend Analysis in Children Program’s Policy		
Effective Date: 09/01/25	Approved by: Laura Stute, L&C DA Frede’ Trenkle, TRP PM	Approved Date: 08/13/25
Annual Review Date: 08/13/26	Responsible Party: Division Administrator, L&C Program Manager, TRP	
Total Pages: 2	Revision History:	

Purpose

The Therapeutic and Residential Program conducts a comprehensive trend analysis on children’s residential care facilities to identify incident patterns or emerging risks of potential systemic issues and ensure compliance with all applicable safety and operational standards. This process goes beyond individual incident investigations or annual inspections to uncover recurring problems or trends that may necessitate formal investigation, corrective action, and ongoing monitoring to enhance overall safety and compliance within the organization.

Critical Incident Reporting Requirements

Children’s residential care providers are required by rule to report the following critical incidents to Licensing and Certification (L&C) within required timelines:

- **Fire:** A fire that requires the services of a fire company or when children are relocated
- **Hospitalized Child:** Any illness, injury, or behavioral health crisis that requires admittance to the hospital
- **Law Enforcement Authorities:** When a child is detained, arrested or charged by law enforcement authorities
- **Suicide Attempt:** A child’s attempt to commit suicide that requires an external emergency response or emergency room visit
- **Missing or Runaway Child:** When a child is missing or has eloped and is not within the child’s supervision needs
- **Death of a Child:** If sudden death, or if the death occurs because of a crime or accident, the appropriate law enforcement agency must be contacted immediately
- **Abuse:** Suspected incident of child abuse, neglect or abandonment against a staff, volunteer, or contractor

Procedure

On a monthly basis, the Program Manager will review all incident data collected through mandated reports, CPS reports, and complaints to determine if there are patterns, clusters, or increases in

concerning incidents. All reported incident, including those screened in for an investigation are included in this analysis.

If the data shows any pattern, spike, or repeated issue of concern, the Program Manager will:

1. Document the identified pattern in writing.
2. Review the pattern with the lead surveyor within 5 business days.
3. Determine if further investigation is required based on the following criteria:
 - Severity and frequency of violations.
 - Additional details on specific incidents included in the pattern.
 - Common causes or contributing factors.
 - Whether the pattern involves a specific resident (indicating an individualized risk) or multiple resident (indicating a systemic issue). Whether the pattern involves a specific staff member.
 - Whether the pattern occurs during a specific shift or location.
 - Potential systemic failures in policy, staffing, or environment that contribute to recurrence.

Escalation to Investigation

If the review indicates a pattern that meets escalation criteria (e.g., repeated serious violations, systemic safety risks, potential ongoing abuse, or failure to follow required safety protocols), the case will be moved to a formal investigation.

Reporting and Oversight

All monthly pattern analysis reports will be uploaded to a shared repository for review by:

- CYFS Bureau Chief
- Program Manager of CYFS Contract Monitors
- CYFS Congregate Care Unit Supervisor

Bi-Monthly Collaboration

These reports are reviewed and discussed at the bi-monthly collaboration meeting between L&C and CYFS, with a focus on:

- Tracking progress on previously identified patterns.
- Evaluating the effectiveness of corrective actions.
- Identifying emerging risks before they escalate.

Therapeutic and Residential Programs (TRP)
The Division of Licensing and Certification (L&C)

Subject: Children’s Residential Care Response Priorities		
Effective Date: 09/15/25	Approved by: Laura Stute, L&C DA Frede’ Trenkle, TRP PM	Approved Date: 09/15/25
Annual Review Date: 09/15/26	Responsible Party: Division Administrator, L&C Program Manager, TRP	
Total Pages: 4	Revision History:	

Purpose

The Division of Licensing & Certification (L&C) investigative survey staff are responsible for responding appropriately to all critical incident reports, complaints, and allegations of abuse in children’s residential care facilities.

1. Concerns or allegations may be:
 - a. Reported directly to Child Protective Services (CPS)
 - b. Submitted to L&C via phone, email, or portal
2. Critical Incident Reports, as defined in IDAPA 16.04.18 must be submitted by the facility administrator through the portal by the next business day, and include:
 - a. Fire
 - b. Hospitalized child
 - c. Child detained by law enforcement
 - d. Suicide attempt
 - e. Missing or Runaway
 - f. Death of a child
 - g. Employee under investigation for abuse

L&C uses a standardized screening process to evaluate each report or complaint. Based on the information received, the case is either screened out or screened in and assigned a **response priority level**, determined by the severity of harm or risk of harm to the resident.

Procedures

1. Screening of CPS Reports

1. Allegations made to the CPS hotline concerning a licensed residential care facility are referred to L&C and local law enforcement.
2. The CPS report is forwarded to the Program Manager and assigned licensing staff.

3. Reports are reviewed as soon as possible, no later than one business day.
4. If the information in the report is insufficient, licensing staff attempt to contact the reporter for clarification or additional details.
5. All screening decisions are documented, including justification and supporting evidence such as correspondence with the reporter or facility administrator.
6. All reports screened in are assigned to respond within the required timeframe based on the established priority level.

Screen In:

- Reasonable suspicion that the allegations meet the statutory definition of abuse or neglect by facility staff or another resident.
- Allegations allege concerns about facility practices, policies, or conditions (e.g., inappropriate discipline, misuse of restraints/seclusion, lack of supervision, unsafe environment).

Screen Out:

- The reported allegations do not meet the statutory definition of abuse/neglect or other licensing requirement.
- The reported allegations did not occur while the child was residing in the facility.

2. Screening of Complaints & Facility-Submitted Critical Incident Reports

1. Complaints submitted via phone, email or portal are reviewed by the lead surveyor as soon as possible or no later than 2 business days.
2. Facility-submitted Critical Incident Reports (via portal) must be reviewed within two business days.
3. When reports lack sufficient information, staff attempt to follow up with the reporter.
4. All screening decisions are documented, including justification and supporting evidence such as correspondence with the reporter or facility administrator.
5. All reports screened in are assigned to respond within the required timeframe based on the established priority level.

Screen In:

- Reasonable suspicion of abuse or neglect by staff or another resident.
- Allegations suggest a licensing rule violation, even if not meeting the statutory abuse/neglect definition.
- Information in the facility critical incident report reasonably suggests the facilities policies, procedures or conditions contributed to the event.

Screen Out:

- Allegations do not meet statutory definitions or licensing requirements.
- Critical Incident reports that are screened out are tracked and reviewed by Program Manager during monthly trend analysis.

3. Response Priority Levels

Response priorities are assigned based on the potential or actual harm to residents. While certain reports clearly mandate a response priority be used, other reports are less detailed and require a certain level of training, judgment and expertise on the part of the lead surveyor or supervisor to determine the risk. Certain factors specific to the situation, when applied to the allegations may further define the risk, therefore licensing staff may use the following criteria when assigning a priority level:

- **Timing of Alleged Events:** Allegations occurred months or years before the report or have been previously reported or investigated.
- **Current location of alleged perpetrator:** The allegations involve staff that are no longer employed at the facility or residents that are no longer living in the facility.
- **Physical or Cognitive Capacity of Residents:** The situation can be immediately resolved by physical separation if the allegations involve an event between two residents.

Priority Level	Timeline	Definition	Criteria / Notes
Priority 1 – Immediate Response	Investigate immediately, on-site within 2 business days, unless contraindicated by law enforcement.	Allegations that have caused, or are likely to cause, serious physical or psychosocial harm, injury, or death.	<ul style="list-style-type: none"> • Contact administrator immediately to ensure separation of alleged victim and abuser • Contact law enforcement to coordinate investigative procedures • Contact CYFS for escalation plan & ensure parent or guardian have been notified.
Priority 2 – Medium	Investigate immediately, on-site within 5 business days; or conducted via records/video review if indicated.	Allegations that may have caused physical or psychosocial harm, but immediacy is removed.	<ul style="list-style-type: none"> • Contact administrator immediately for safety plan • Request records or video • Contact CYFS for escalation plan & coordinate with law enforcement as indicated.

			<ul style="list-style-type: none"> • Ensure parent or guardian have been notified.
Priority 3 – Low	Investigation completed at next survey; or conducted within 90 days via records/video review if indicated.	Allegations caused no actual harm or appear isolated or resolved.	<ul style="list-style-type: none"> • Ensure no immediate danger • Monitor for patterns or trends • Review at monthly trend analysis.

Child Youth and Family Services
Pre-Contract Site Visit
Idaho Department of Health and Welfare

Name of Facility:		Date of site visit:	
Address:		Type of Facility: Choose an item.	
Name of facility point of contact; contact information:			
Name of DHW staff completing site visit: Choose an item.			
Policies Reviewed/Received			
<input type="checkbox"/> Suicidal precautions		<input type="checkbox"/> Restraint/behavior management	
<input type="checkbox"/> Incident reporting		<input type="checkbox"/> Resident grievances	
<input type="checkbox"/> Resident/Family Handbook		<input type="checkbox"/> Detailed program description	
Licensure			
Current Licensing status:		License expiration date:	
Licensing entity and their contact information:			
Corrective action plans and/or audit findings:			
Facility Information			
Facility capacity:		Staff ratio:	
Daily rate:		Average LOS:	
Admission/Exclusion Criteria:			
Behavioral management practice/philosophy:			
Educational services offered (including accreditation if any):			
Mental and dental care provided (including distance to offsite providers if applicable):			
Description of building(s) and overall property upkeep:			
Red flags or concerns noted about the physical facility/location:			
Programming/Treatment			

Primary treatment modality and services offered:	
Provider's experience working with multiple state foster systems:	
Provider's ability to work with the youth's family members for discharge planning:	
Conclusion	
Overall impressions:	
DHW contracting recommendation:	

Idaho Department of Health & Welfare
 Child, Youth, & Family Services
Residential Contract Monitoring Tool

Provider:	Date of Review:
Contract Monitor:	Period of Review:
Previous corrective action update:	

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
REVIEW OF DOCUMENTATION						
The provider is licensed by the applicable state's residential facilities licensing authority. ^{IA2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through documentation, discussion with the provider, licensing, and applicable online resources.		
The provider is accredited through COA, Joint Commission, or CARF. ^{VIIIA4}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of accreditation certificates. <i>N/A if the provider is not a QRTP.</i>		
The provider documents the reason for denying a placement and provides it to the department-assigned worker and the contract monitor. ^{IVB}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation.		
If needs are identified outside of the expectations of the contract or the child's service plan, written notice detailing the needs, projected costs, and projected timelines for services is provided to the worker and the contract monitor within 3 calendar days of the identified need. ^{VD1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation.		
Services identified above are added to the individualized services plan and pre-approved by the department regional program manager or designee. Additionally, an updated copy of the service plan and approval documentation is provided to the worker and the contract monitor. ^{VD1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
If determined that a 1:1 ratio is necessary, the provider schedules a staffing with the regional program manager to discuss the specific needs of the youth. ^{VD2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation from the provider with the program manager's approval.		
If 1:1 services are being utilized, a weekly progress note and hour log is provided to the worker and the contract monitor. ^{VD2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation.		
In the event of an early or unanticipated discharge date of a child, the provider notifies the department worker and contract monitor, in writing, 14 days prior to discharge. Documentation includes concerns, justifying incident reports, and recommendations for intervention. ^{VE5a}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation. Exemptions to the 14 days include acute suicidal or homicidal ideation, sexual abuse, or major property damage.		
At least 1 on-site official per facility location is designated to be the caregiver who is authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the child in age or developmentally appropriate activities, and who is provided with training in how to use and apply the reasonable and prudent parent standard. ^{XA1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt/review of this documentation from the provider.		
Every 90 days, a Quality Assurance Quarterly Report is provided to the department. ^{XIA}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation from the provider.		
The Quality Assurance Quarterly Report includes a quarterly summary of significant issues or concerns for the period, including: a. A listing of all difficulties identified in Contract operational processes for the quarter b. An informative narrative summary of significant issues or concerns for the quarter c. A listing of all complaints from participants, contractor staff, Department staff and others d. The Contractor's recommendations for addressing concerns listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of the Quality Assurance Quarterly Report from the provider.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
e. A narrative summary of the Contractor's perception of the results of any actions taken to address previous quality assurance issues and remedies ^{XIA1}						
The Quality Assurance Quarterly Report includes: a. A description of on-going efforts to assure quality for all services required in the Scope of Work b. A review of the types, numbers and content of Critical Incident Reports, unplanned discharges, and average length of stay for residents discharged during the quarter c. The contents of the quarterly summary must be used as a guide for discussions between representatives of the Contractor and the Department assigned contract monitor to address identified concerns ^{XIA2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of the Quality Assurance Quarterly Report from the provider.		
Progress Reports						
A written progress report is provided to the department-assigned worker and contract monitor for each child every 30 days. ^{VC3}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation of a minimum of 5 progress reports.		
Written progress reports include: a. Child's name and age b. Length of placement c. Services provided during care d. Documentation of progress toward identified goals e. Assessed needs which remain to be met f. Recommendations of the services needed to meet these goals g. Family participation h. Discharge planning, including barriers to discharge ^{VC3}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation of a minimum of 5 progress reports.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
Discharge planning begins at the time of admission and is addressed throughout the treatment process. ^{VE1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of monthly progress reports.		
Access to individual therapy for the child, family therapy, and visitation, as specified in the individualized service plan, is provided/facilitated. ^{VG1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of progress reports and discussion with case worker.		
Monthly documentation of family involvement includes: a. Facilitation of regular contact between the youth and family, including siblings, and all attempts to do so b. Ways in which family was actively involved and any support provided to the family of youth c. Plans to provide outreach and 6 months of aftercare support for the youth and the family d. Outreach with any known biological family and fictive kin of the youth, how this outreach is made, and contact information for any known biological family and fictive kin of the youth. ^{VIIIB1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt and review of monthly progress reports from the provider. <i>N/A if the provider is not a QRTP.</i>		
The provider completes the youth's discharge plan no later than 3 business days prior to discharge, including what aftercare services will be provided and how they are individualized to the child's needs. ^{VE3}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of the discharge and aftercare plan from the provider.		
The youth's discharge plan includes information on how to access additional supports from the program and community providers, including contact information and steps to access them. ^{VIIIA9d}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt and review of the discharge and aftercare plan from the provider. <i>N/A if the provider is not a QRTP.</i>		
Incident Reports						
The provider documents all instances of the use of physical restraint techniques in a written critical incident report, which is sent to the worker and the contract monitor within 2 calendar days of the occurrence. ^{VJ3}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of written critical incident reports.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
The provider notifies local law enforcement and the department in the event of: a. Death of a child b. Crimes committed by children, including serious destruction of property, physical assault resulting in injury, or sexual incident perpetrated against another c. Crimes committed upon children, whether by other children or adults ^{VIA} d. Allegations of physical abuse, neglect, or inappropriate touching by the provider's staff ^{VIB} e. Determining that a child has run away, is missing, or has returned from being missing ^{VIF1,2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of incident reports and discussion with the provider.		
The provider notifies the department in the event of: a. Life threatening critical incidents b. Significant medical difficulties which require hospitalization or treatment at an emergency room or clinic c. Significant medical difficulties which do not require hospitalization or treatment at an emergency room or clinic ^{VIC}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of incident reports and discussion with the provider.		
A written critical incident report is provided to the department worker and contract monitor within 24 hours of all Runaway/Missing Child events. ^{VID}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of incident reports.		
Critical incident reports documenting use of physical restraint techniques are provided to the department within 2 calendar days. ^{VIE}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of incident reports.		
The provider does not use chemical restraints or intramuscular injections. ^{VJ4}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of incident reports and discussion with the provider and staff.		
Following a disastrous event or evacuation, the provider immediately contacts the department worker and contract monitor to provide a verbal update on the status of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the provider and any notifications received.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
child(ren) and update regarding the facility. The update includes: a. Names of all the department's foster children placed at the facility b. The current location of the children c. Any identified injuries or urgent service needs d. Contact telephone numbers e. Any plans to change locations f. The facility's continued operations plan <small>VIIC</small>						
Child Files						
The provider ensures children attend either: a public school, an accredited public alternative school, or a non-public accredited private school. <small>IIIC1</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the provider, the case worker, and review of 5 child files.		
The provider ensures that all children in placement receive health and dental exams and services. <small>IIIB1/2</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of 5 child files.		
Documentation of all health and dental services for each child is provided to the department. <small>IIIB3</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the case workers and through review of 5 child files.		
The provider does not stop, change, or add prescribed medication without consulting a qualified medical professional. <small>VH2</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultations must be documented. Verify through review of 5 child files.		
The provider obtains a signed consent for release of information. <small>IXA</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of review of 5 child files.		
The individualized services plans detail specific treatment and services that address the goals and objectives defined by the referral. <small>VB1a</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of 5 child files.		
The individualized services plans include a section focused on discharge planning. <small>VB1a</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of 5 child files.		
The individualized services plans are reviewed and updated every 30 days at a minimum. <small>VB1b</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of 5 child files.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
The individualized service plans include tasks for family members (unless determined otherwise by the department). ^{VB1d}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of 5 child files. Service plans not including this are discussed with the case worker to determine compliance.		
A copy of the individualized service plan is finalized no later than 30 days after placement and provided to the child's department-assigned worker. ^{VB1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the case workers and through review of 5 child files.		
The provider documents how family outreach is made, how family and sibling connections are maintained while the youth is placed in the program (including contact information for family and siblings), and how the youth's family is integrated into the youth's treatment program (including post-discharge). ^{VIII A6d}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through documentation provided by the provider. <i>N/A if the provider is not a QRTP.</i>		
Personnel Files						
The provider ensures staff are trained in cultural competency, as described in III E2. ^{III E2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is monitored through L&C for Idaho providers. For OOS providers, review 5 personnel files.		
The provider ensures all staff are trained in and use crisis management techniques that employ verbal de-escalation methods and non-violent physical intervention strategies. ^{VJ2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of 5 personnel files.		
The provider ensures all employees obtain the full Enhanced Background Clearance or the Notice of Application Status from the BCU indicating that the state, local and FBI criminal history background check has been completed. ^{IA6}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review 5 recently hired (within 6 months) personnel files. If the provider is a QRTP, also review the background check compliance form.		
The provider maintains documentation for each employee of the facility utilizing the background clearance form provided by the Department, and updates the form each time a new employee is hired. ^{IXA2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of 5 personnel files.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
All therapy provided by the contractor is provided by a licensed master's level behavioral health professional. ^{VG1a &b}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of credentials from the provider, or review of personnel files (specific LCSW not required).		
DISCUSSION WITH CASE WORKERS, CHILDREN, AND THE PROVIDER						
The provider transports children to medical, dental, counseling, family therapy, and family visitation appointments. ^{IID1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the case workers.		
The provider notifies the department-assigned worker of clothing or shoes needs for children. ^{IIIF2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the case worker and with currently placed children.		
The Contractor collaborates with the Department-assigned worker regarding the child's case status, treatment, education, medical, developmental, and permanency needs. ^{VB1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the case worker.		
The provider participates in individual case consults every 30 days with the department. ^{VC2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the case workers.		
Individualized service plans and any proposed updates are submitted to the department-assigned worker for review during each monthly consultation. ^{VB1b}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the case workers. A <i>pattern</i> of non-compliance would result in necessary corrective action.		
The provider does not discharge early solely because of a child's use of alcohol/drugs, runaways, or delinquent behaviors except when the severity of the specific concern endangers other residents or presents a significant public risk. ^{VE4c}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of documentation and through discussion with the case worker.		
The provider's plan for family visitation and contacts is approved by the worker. ^{VG2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of the service plan and discussion with the case worker.		
A child's behavioral status or progress in treatment does not limit or discontinue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the provider, staff, and case worker.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
visitation or phone calls (unless specified in the individualized service plan). ^{VG2d}						
Family-based aftercare services are provided for all youth discharged from the program to family-based settings, including family, kinship, foster home, and independent living settings. ^{VIIIA7}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the provider and the caseworker. <i>N/A if the provider is not a QRTP.</i>		
Aftercare services are provided at least 6 months post discharge, as appropriate, to promote continuity of care. ^{VIIIA9}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the provider and the caseworker. <i>N/A if the provider is not a QRTP.</i>		
Aftercare services are individualized and include education of caregivers about the youth's current needs, current medication and uses, and strategies to prevent placement disruption. ^{VIIIA9a}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through discussion with the provider and the caseworker. <i>N/A if the provider is not a QRTP.</i>		
Aftercare services include at least monthly contact with the child and caregivers to promote engagement and a means to regularly re-evaluate the youth's and family's needs. ^{VIIIA9b}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of provider documentation and through discussion with the provider and the caseworker. <i>N/A if the provider is not a QRTP.</i>		
A space for family visitation is provided within the facility that allows privacy from other families visiting at the same time. ^{VG2b}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through viewing family visitation space within the facility, and through interview with the child.		
ANNUAL REVIEW OF POLICIES (Only applicable annually after initially contracting with the provider).						
The provider has a non-punitive discharge policy that states a child will only be discharged from the facility when: - The child has completed treatment at the facility and is ready for a planned discharge and or aftercare, - The provider is unable to provide services sufficient to address a child's therapeutic needs, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of the provider's discharge policy.		

Contract Requirement	Compliance			Guidance	Comments	Corrective Action
	Yes	No	N/A			
- The provider is unable to assure the child's safety and that of other children in care due to the child's behavior(s). ^{VE4a}						
The provider's trauma informed treatment model fully integrates knowledge about trauma into policies, procedures, and practices. ^{VIII A2a}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of any relevant policies. <i>N/A if the provider is not a QRTP.</i>		
The provider's trauma informed treatment model is applicable to the population of youth served. ^{VIII A2b}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through review of the provider's entrance and exclusionary criteria. <i>N/A if the provider is not a QRTP.</i>		
Proof of completion of annual reasonable and prudent parent standard training is provided to the contract monitor. ^{XA1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify through receipt of this documentation from the provider.		
Summary of collateral contacts:						
Summary of tour observations:						

Proposed Tracking Framework for Ideal Placement Types in Residential Care

In response to the recent OPE legislative meeting request, we propose implementing a tracking system to monitor and evaluate the ideal placement types for Idaho youth matched to in-state and out-of-state residential programs. This system will allow us to assess alignment between youth needs, program offerings, and treatment outcomes over time.

1. Data Sources & Determination Process

- **CANS Assessment** – Used to determine the youth’s Level of Care (LOC) and core needs.
- **Program Treatment Modalities** – Each program’s therapeutic approach is reviewed (e.g., trauma-focused CBT, DBT, TBRI, experiential therapy, family therapy integration).
- **Program Performance History** – Analysis of prior treatment timeframes, discharge success rates, and post-discharge stability.
- **Specialized Supports** – Identification of unique services (e.g., substance use treatment, sexual behavior treatment, neurodevelopmental support) relevant to youth’s profile.

2. Key Tracking Elements

For each youth placement, we will record the following:

- **Youth Profile**
 - Age, gender, primary diagnoses, CANS LOC score
 - Key treatment needs (top 3-5 identified from CANS)
- **Placement Details**
 - Program name & location (in-state or out-of-state)
 - Program’s primary treatment modalities
 - Specialized services offered
 - Anticipated treatment timeframe
- **Matching Rationale**
 - Summary of why this program was selected as the ideal fit
 - Alignment between youth needs and program strengths
- **Outcome Tracking** (6–12 months post-placement)
 - Treatment completion status (completed, early discharge, transfer)
 - Improvement in CANS scores
 - Stability in subsequent placement(s)
 - Recidivism to higher LOC care

3. Reporting & Review

- Quarterly review of aggregated data to identify:
 - The most frequently used treatment modalities for successful outcomes
 - Trends in in-state vs. out-of-state placements
 - Gaps in available program types or services
- Annual report to stakeholders summarizing outcomes, gaps, and recommendations for system improvement.

4. Long-Term Goal

Over time, this tracking system will:

- Strengthen our ability to predict which placement types produce the best outcomes for specific youth profiles
- Inform strategic development of in-state residential program capacity
- Provide data-driven recommendations to improve Idaho foster youth treatment matching and long-term stability

Keys to Matching Rationale

In the "**Matching Rationale**" column, you would briefly explain **why** a particular program was chosen for that youth, tying together the youth's assessed needs (from the CANS and other assessments) with the program's strengths, services, and track record.

It should answer the question:

"Why is this program the ideal placement for this youth at this time?"

Key Elements to Include in Matching Rationale:

1. **Primary Needs Identified** – Top issues the youth is facing (e.g., trauma recovery, substance use, behavioral regulation, family reunification work).
2. **Treatment Modalities Alignment** – How the program's approaches directly address those needs (e.g., "Program offers DBT and trauma-focused CBT, matching youth's treatment plan goals").
3. **Specialized Supports** – If the youth has unique needs met by the program (e.g., neurodevelopmental support, cultural considerations, gender-specific programming).
4. **History & Outcomes** – If the program has a proven record of positive outcomes with similar youth profiles.
5. **Placement Practicalities** – Considerations like keeping the youth in-state, proximity to family for visits, or continuity with existing providers.

Example Matching Rationales:

- *"Youth presents with high trauma history and emotional dysregulation; program offers TBRI and DBT in a gender-specific setting with family therapy integration, matching treatment goals. Located in-state to allow for regular family visits."*
- *"Youth requires substance use treatment alongside trauma work; program offers dual-diagnosis care, on-site education, and aftercare planning. Provider has strong outcomes for similar profiles and a 9–12 month completion rate."*
- *"Youth has autism spectrum disorder and anxiety; program specializes in neurodevelopmental supports, sensory integration therapy, and small class sizes for education."*