PROGRAM INFORMATION If you have questions about this report, please contact: Natalee Townsend at (270)-904-2451

1990 Louisville Road Suite 103 Bowling Green, KY 42101 **Phone:** (270) 904-2451 **Fax:** (270) 904-3173

Years Operating: 6

AgencyWebsite: www.heritagefostercare.com

Referral Contact: Brionna Pigram General Referral Email: natalee@heritagefostercare.com

Referral Phone: (270) 904-2451 Child Caring License(s): None

Child Placing License(s): Independent Living; Foster Care; Therapeutic Foster Care; Medically Fragile Foster Care;

Setting: No Data On Site School: No

Male Operational Bed Capacity: 0 County(s) of Allen; Barren; Butler; Grayson; Monroe; Ohio; Warren;

Female Operational Bed Capacity: 0 Program or Either Sex Operational Bed Capacity: 100 Foster Homes:

Supplemental Information

Heritage Children Services is a locally owned and operated foster care agency; we are Kentuckians serving Kentuckians. As community members, we have a vested interest in the well-being and future of Kentucky's children. Heritage Children Services is committed to providing the best training and support to our foster parents to promote a loving, safe and structured home environment that respects children and instills values that empower and encourage hope, health, happiness, purpose, productivity, respect, and responsible citizenship.

Included/Excluded Populations

Gender Accepted: Both Age Range Accepted: 0 to 21 LOC Range Accepted: 1 to 3 Minumum IQ Accepted: 60

Client History at Admission

Citent History at Aan	nission_						
Average Age at Date U	Updated: 13	3.6 Average LOC at Intake	2.6		Number IQ 0 - 59:	1	
Number of Residents:		52 LOC Unknown:	2		Number IQ 60 - 69:	1	
Number of Males:		25 Number LOC 1:	0		Number IQ 70 and above:	1	
Number of Females:		27 Number LOC 2:	27		Number IQ Unknown:	49	
		Number LOC 3:	20				
		Number LOC 4:	1				
		Number LOC 5:	2				
Number of Current Res	sidents Inc	luded in Risk Indicator Percen	tage	51			
Animal Abuse:	2%	Low Functioning:		0%	Substance Abuse:	0%	
Aggressive Acts:	24%	Runaway:		0%	Suicidal Gestures:	0%	
Destroys Property:	4%	Self Abusive:		6%			
Fire Setting:	0%	Sexual Perpetration:		0%			
Failure to Comply:	2%	Dangerous Impulsivity:		6%			
Homicidal Gestures:	0%	Sexual Acting Out:		0%			

STAFF INFORMATION

	<u>Number</u>	High School	Some College	BA	MA or Higher
Administration:	8	0%	13%	63%	25%
Case Management Staff:	9	0%	0%	100%	0%
Clinical Staff:	1	0%	0%	0%	100%
Direct Care Staff:	0	0%	0%	0%	0%
Average Number of Mon	ths Foster	r Parents have	Fostered for the	Agency:	34.3
Treatment Director: Ang	ela Samso	on			

Psychiatric Services

Each youth are referred and scheduled with one of the local psychiatrist in the area as needed.

SERVICES AND OUTCOMES

Safety

Number of Substantiated Abuse Allegations in the Past Year: 0								
Total # of Bedrooms:	34	Percentage of D	irect Care	Staff Trained in Physical Management	N/A			
Single Bedrooms:	11							
Double Bedrooms:	11	Percent of Foste	er Families	with 2 or more Children:	57.7%			
3+ Bedrooms:	12	Percent of Fami	lies with 2	or more Children and a Sibling Group:	19.2%			
Critical Incident and Physical Management ratios are compiled for the period 12/1/2022 through 11/30/2023								
Deadly Weapon Per 10	0 Resid	ent Days	0.00	NO INCIDENTS DURING REPORTING	PERIOD	Number of Months		
Serious Injury Per 100	Reside	nt Days	0.02	WITHIN AVERAGE RANGE		Data Received:		
AWOL Per 100 Resider	nt Days		0.12	WORSE THAN AVERAGE RANGE		12 of 12		
Suicide Attempt Per 100	0 Resid	ent Days	0.03	WORSE THAN AVERAGE RANGE				
Criminal Activity Per 10	0 Resid	lent Days:	0.13	WORSE THAN AVERAGE RANGE				
Injury to Other Per 100	Reside	nt Days:	0.01	WITHIN AVERAGE RANGE				
Sexual Acting Out Per 1	100 Res	sident Day	0.02	WITHIN AVERAGE RANGE				
Total Critical Incidents I	Per 100	Resident Days:	0.32	WORSE THAN AVERAGE RANGE				
Physical Managements	Per 100	0 Resident Days:		N/A				

Permanency

Length of stay and discharge data are calculated on discharges between 12/1/2022 through 11/30/2023							
<u>Measure</u>	<u>Number</u>	<u>Percent</u>	Length of Stay	<u>Outlier</u>			
Child Progress toward Permanency Discharges	23	40.4%	230.5	WITHIN AVERAGE RANGE			
Progress Discharge to Home Like Placement	22	38.6%	239.6	WITHIN AVERAGE RANGE			
Progress Discharge to Less Restrictive Placement	17	29.8%	205.4	WORSE THAN AVERAGE RANGE			
Child Behavioral Difficulty Discharges	33	57.9%	101.9	WORSE THAN AVERAGE RANGE			
Runaway Discharges	4	7.0%	245.5	WITHIN AVERAGE RANGE			
Psychiatric Discharges	12	21.1%	73.9	WORSE THAN AVERAGE RANGE			
Agency/System Discharges	1	1.8%	7.0	WITHIN AVERAGE RANGE			
Caretaker Incapacity Discharges	0	0.0%		WITHIN AVERAGE RANGE			
Caretaker Failure Discharges	0	0.0%		WITHIN AVERAGE RANGE			
Caretaker Investigation Discharges	0	0.0%		WITHIN AVERAGE RANGE			

Well Being

Does this program have a PCC Foster to Adopt Agreement?	Yes	Educational Disruptions in the Past Year:	13
Adoptions by the Program's Foster Homes in the Past Year:	0	School Changes in the Past Year:	0

Describe How the Program Supports Family Connections

Heritage Children Services requires all foster families to support biological family involvement as allowed and approved by DCBS. HCS provides our youth numerous opportunities to maintain contact with biological family members. These opportunities may include biological family visitations, telephone calls, writing letters and family therapy. Additionally, HCS invites and encourages biological family participation in treatment team meetings, medical appointments, and school meetings. HCS is committed to supporting family connections as they play a vital role in our youth's treatment and, potentially, family reunification.

Special Interventions Available Internally

In addition to ongoing case management and clinical services, HCS provides on call/crisis management support 24-hours a day, every day of the year. HCS is committed to providing our professional foster parents with specific training to meet the needs of the youth placed in their home on an individual basis. Heritage Children Services works closely with state social workers, CDWs, school staff, medical providers, and others to provide the best services and outcomes possible to the youth we serve.