PHILIP L. BROWNING
Director

# County of Los Angeles
# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 19, 2015

To: Supervisor Michael D. Antonovich, Mayor
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From: Philip L. Browning
Director

## CHILDHELP USA GROUP HOME CONTRACT MONITORING COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contract Administration Division (CAD) conducted a review of Childhelp USA Group Home (the Group Home) in November 2014. The Group Home has four sites; one site located in Riverside County and three sites located in Orange County. The Group Home provides services to County of Los Angeles DCFS placed children and youth, as well as children from other counties. According to the Group Home's program statement, its purpose is "to provide quality individualized treatment services delivered via a multi-disciplinary Treatment Team model to each child admitted to the program."

The Group Home has one 84-bed site and three 6-bed sites and is licensed to serve a capacity of 102 male and female children, ages 6 through 17. At the time of review, the Group Home served 28 placed DCFS children. The placed children's overall average length of placement was 11 months and their average age was 14.

## SUMMARY

During CAD's review, the children interviewed generally reported feeling safe at the Group Home, having been provided with good care and appropriate services.

The Group Home was in full compliance with 3 of 10 areas of our contract compliance review: Facility and Environment, Psychotropic Medication, and Personal Needs/Survival and Economic Well-Being.

CAD noted deficiencies in the areas of: Licensure and Contract Requirements, related to Vehicles not being maintained in good repair, Special Incident Reports (SIRs) not submitted timely or cross reported, comprehensive monetary allowance logs were not maintained and Community Care Licensing Division (CCL) citations, Maintenance of Required Documentation and Service Delivery, related to not obtaining the County Worker's authorization to implement the Needs and Services Plans (NSPs), NSPs not being discussed with Group Home staff, recommended assessments/evaluations not being implemented, County Worker's monthly contacts not being

documented, and not developing timely, comprehensive, initial and updated NSPs; Education and Workforce Readiness, related to the Group Home not documenting efforts to ensure a child's school attendance increased; Health and Medical Needs, related to untimely follow-up medical and dental examinations; Personal Rights and Social/Emotional Well Being, related to children reporting not feeling safe, children reporting not being treated with respect and dignity, not having a fair rewards and discipline system, children not being informed about their medication and their right to refuse medication; Discharged Children, related to children placed at least 30 days not making progress towards meeting their NSP goals; and Personnel Records, related to untimely signed criminal background statement, untimely employee health screening/TB clearance, and employees not receiving all required training.

Attached are the details of our review.

## REVIEW OF REPORT

On December 15, 2014, Lorena Moya-Rivas, DCFS CAD, and Kirk Barrows, Out-of-Home Care Management Division (OHCMD) held an Exit Conference with Childhelp USA representatives: Diana Correa, Executive Director; Kurt Kozma, Director of Clinical Treatment; Gloria Dominguez, Executive Assistant; and Angelique Yoshikawa, Quality Improvement Manager. The Group Home representatives were in agreement with most of the review findings and recommendations. The Group Home Representatives did not agree with the findings regarding some of the children's statements pertaining to their personal rights, which include: not feeling safe in the Group Home, not being treated with dignity and respect, an unfair rewards and discipline system in place, and children not being informed about their right to refuse medication.

During the exit conference, the Group Home representatives stated they had policies in place to allow the children an opportunity to file a grievance. Further, the Group Home representatives stated they have children complete client surveys while participating in individual therapy to allow them to report any dissatisfaction/concerns with the program. The Group Home was receptive to implementing systemic changes to improve compliance with regulatory standards and to address the noted deficiencies in the Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor Controller and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

On April 21, 2015, CAD conducted a follow-up visit to ensure the Group Home's implementation of its Corrective Action Plan (CAP). During the visit, two additional children were interviewed to assess the overall safety of the children in the Group Home. The children reported feeling safe and no concerns were reported. CAD will continue to verify that these recommendations have been implemented during the next contract compliance review.

If you have any questions, your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM
LTI:lmr

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Diana Correa, Executive Director, Childhelp USA
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

**CHILDHELP USA GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**14700 Manzanita Park Road**
**Beaumont, CA 92223**
**License # 330902381**
**Rate Classification Level: 12**

**250 Joann Street**
**Costa Mesa, CA 92626**
**License # 306000902**
**Rate Classification Level: 12**

**1597 Baker Street**
**Costa Mesa, CA 92626**
**License # 306000509**
**Rate Classification Level: 12**

**3068 Johnson Street**
**Costa Mesa, CA 92626**
**License # 9060009011**
**Rate Classification Level: 12**

| | **Contract Compliance Monitoring Review** | **Findings: November 2014** |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements) | |
| | 1. Timely Notification for Child's Relocation | 1. Full Compliance |
| | 2. Transportation Needs Met | 2. Full Compliance |
| | 3. Vehicle Maintained In Good Repair | 3. Improvement Needed |
| | 4. Timely, Cross-Reported SIRs | 4. Improvement Needed |
| | 5. Disaster Drills Conducted & Logs Maintained | 5. Full Compliance |
| | 6. Runaway Procedures | 6. Full Compliance |
| | 7. Comprehensive Monetary and Clothing Allowance Logs Maintained | 7. Improvement Needed |
| | 8. Detailed Sign In/Out Logs for Placed Children | 8. Full Compliance |
| | 9. CCL Complaints on Safety/Plant Deficiencies | 9. Improvement Needed |
| II | **Facility and Environment** (5 Elements) | |
| | 1. Exterior Well Maintained | Full Compliance (All) |
| | 2. Common Areas Well Maintained | |
| | 3. Children's Bedrooms Well Maintained | |
| | 4. Sufficient Recreational Equipment/Educational Resources | |
| | 5. Adequate Perishable and Non-Perishable Foods | |
| III | **Maintenance of Required Documentation and Service Delivery** (10 Elements) | |
| | 1. Child Population Consistent with Capacity and Program Statement | 1. Full Compliance |
| | 2. County Children's Social Worker's Authorization to Implement NSPs | 2. Improvement Needed |
| | 3. NSPs Implemented and Discussed with Staff | 3. Improvement Needed |
| | 4. Children Progressing Toward Meeting NSP Case Goals | 4. Full Compliance |
| | 5. Therapeutic Services Received | 5. Full Compliance |
| | 6. Recommended Assessment/Evaluations Implemented | 6. Improvement Needed |

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|---|---|---|
| | 7. County Worker's Monthly Contacts Documented<br>8. Children Assisted in Maintaining Important Relationships<br>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation<br>10. Development of Timely, Comprehensive Updated NSPs with Child's Participation | 7. Improvement Needed<br>8. Full Compliance<br>9. Improvement Needed<br>10. Improvement Needed |
| IV | **Educational and Workforce Readiness** (5 Elements)<br>1. Children Enrolled in School Within Three School Days<br>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals<br>3. Current Report Cards/Progress Reports Maintained<br>4. Children's Academic or Attendance Increased<br>5. GH Encouraged Children's Participation in YDS/Vocational Programs | 1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Improvement Needed<br>5. Full Compliance |
| V | **Health and Medical Needs** (4 Elements)<br>1. Initial Medical Exams Conducted Timely<br>2. Follow-Up Medical Exams Conducted Timely<br>3. Initial Dental Exams Conducted Timely<br>4. Follow-Up Dental Exams Conducted Timely | 1. Full Compliance<br>2. Improvement Needed<br>3. Full Compliance<br>4. Improvement Needed |
| VI | **Psychotropic Medication** (2 Elements)<br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review | Full Compliance (All) |

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|---|---|---|
| VII | **Personal Rights and Social/Emotional Well-Being** (13 Elements)<br><br>1. Children Informed of Group Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Appropriate Staffing and Supervision<br>4. GH's Efforts to Provide Meals and Snacks<br>5. Staff Treat Children with Respect and Dignity<br>6. Appropriate Rewards and Discipline System<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend or Not Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed About Their Medication and Right to Refuse Medication<br>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care<br>12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)<br>13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) | 1. Full Compliance<br>2. Improvement Needed<br>3. Full Compliance<br>4. Full Compliance<br>5. Improvement Needed<br>6. Improvement Needed<br>7. Full Compliance<br>8. Full Compliance<br>9. Full Compliance<br>10. Improvement Needed<br>11. Full Compliance<br>12. Full Compliance<br>13. Full Compliance |
| VIII | **Personal Needs/Survival and Economic Well-Being** (7 Elements)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity and Quality of Clothing Inventory<br>3. Children Involved in Selection of Their Clothing<br>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items<br>5. Minimum Monetary Allowances<br>6. Management of Allowance/Earnings<br>7. Encouragement and Assistance with Life Book/Photo Album | Full Compliance (All) |
| IX | **Discharged Children** (3 Elements)<br><br>1. Children Discharged According to Permanency Plan<br>2. Children Made Progress Toward NSP Goals<br>3. Attempts to Stabilize Children's Placement | 1. Full Compliance<br>2. Improvement Needed<br>3. Full Compliance |

| | | |
|---|---|---|
| X | **Personnel Records**<br>(7 Elements)<br><br>1. DOJ, FBI, and CACIs Submitted Timely<br>2. Signed Criminal Background Statement Timely<br>3. Education/Experience Requirement<br>4. Employee Health Screening/TB Clearances Timely<br>5. Valid Driver's License<br>6. Signed Copies of Group Home Policies and Procedures<br>7. All Required Training | <br><br>1. Full Compliance<br>2. Improvement Needed<br>3. Full Compliance<br>4. Improvement Needed<br>5. Full Compliance<br>6. Full Compliance<br><br>7. Improvement Needed |

# CHILDHELP USA GROUP HOME
# CONTRACT COMPLIANCE MONITORING REVIEW
# FISCAL YEAR 2014-2015

## SCOPE OF REVIEW

The following report is a based on a "point in time" review. This compliance report addresses findings noted during the November 2014 review. The purpose of this review was to assess Childhelp USA Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, seven Department of Children and Family Services (DCFS) placed children were selected. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, the seven children selected for the sample were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of psychotropic medication authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements and conducted site visits to assess the provision of quality of care and supervision provided.

## CONTRACTUAL COMPLIANCE

CAD found the following seven areas out of compliance.

### Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

Two of the Group Home vehicles were in need of repair. Each vehicle had one non-operational seatbelt. This was brought to the immediate attention of the Group Home representative, who ensured the seatbelts were repaired on site that same day.

- Special Incident Reports (SIRs) were not submitted timely or appropriately cross-reported.

A review of 20 SIRs determined that 13 SIRs were not submitted timely in the I-Track database. Six of the 20 SIRs were not cross-reported to all required parties in compliance with the SIR Reporting Guide. During the review, the Group Home representatives stated they were following the reporting time frames as instructed by the Community Care Licensing (CCL) analyst and was not aware that there were different reporting time frames and reportable incidents. CAD provided the Group Home representative with a copy of the Special Incident Reporting Guide for Group Homes.

- Comprehensive monetary allowance logs were not maintained.

In all four Group Home sites, it was found that the allowances were not issued timely. There were several instances in which the children's allowance was deposited in the children's savings, administered by the Group Home, months after it was due. In other instances, the Group Home issued lump sums of allowance on a monthly basis rather than issuing the allowance on a weekly basis. During the review, the Group Home representatives stated they would ensure that allowances are issued/deposited in a timely manner.

- CCL cited the Group Home as a result of deficiencies and findings.

On August 12, 2013, CCL cited the Group Home as a result of deficiencies and findings noted during a complaint investigation and evaluation of a certified home on June 28, 2013. According to the report, CCL substantiated the allegation of incorrect dosage of medication having been administered to a 13 year old female youth. The facility and the public health nurse were administering incorrect dosage during August 2012 through June 2013. Out-of-Home-Care Investigations Section (OHCIS) and the Child Protection Hotline were not notified as to this incident.

On August 12, 2013, CCL requested a Plan of Correction (POC): 1) to ensure that the Group Home provide care and supervision as necessary to meet the client's needs; and 2) staff receives medication administration training, specific communication relating to each child and their medical conditions. The Group Home submitted a POC dated August 20, 2013, which includes: 1) the Group Home supervisor and therapist will ensure all medical professionals are aware of the medication regimens of a child; 2) the Group Home medical supervisor will come to the Group Homes on a monthly basis and as required, to provide medication education to staff and meet with the treatment team to discuss medical treatment of children and review all medical paperwork; 3) the treatment team will meet bi-weekly and/or as needed to discuss all client's medical appointments and health as well, as behaviors; and 4) new and/or continuing medication are to be logged into the medication books.

If any outside facility other than the Group Home is administering medication, the Group Home will continue to create a separate medication log to document and track the medication dispensed. When a child attends any medical appointment, the Group Home staff will take a personal medication record, which lists any and all medication that a child is currently prescribed. This POC was cleared by CCL on August 27, 2013.

**Recommendations:**

The Group Home's management shall ensure that:

1. The vehicles are maintained in good repair.

2. SIRs are cross-reported to all required parties and submitted in the I-Track database timely.

3. Comprehensive monetary allowance logs are maintained.

4. They are in compliance with Title 22 Regulations and free from CCL citations.

**Maintenance of Required Documentation and Service Delivery**

- County Children Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs) was not obtained.

For three of seven children files reviewed, the CSW's signature was not obtained. The Group Home did not have documentation of their attempts to obtain the CSW's signature to authorize the implementation of the NSPs. On January 7, 2015, the Group Home therapists were trained on the importance of making three documented attempts to obtain the CSW's signature for authorization to implement the NSPs.

- The NSPs were not implemented and discussed with staff.

Four NSPs reviewed either did not have dates or there were pre-printed dates next to the staff signatures.

On January 7, 2015, the Group Home provided training to staff who participates in the development of the NSPs.

- Recommended assessment/evaluations were not implemented.

One child had individual therapy recommended at least once a week. The child's case files were reviewed and the child had several individual therapy sessions missing with no documentation to justify the missed sessions. A total of nine individual therapy sessions were missed in a one year period.

On January 7, 2015, clinicians were trained on how to document a recommendation and/or assessment that was not implemented on the children's NSP, including documenting all scheduled sessions with the date of service and any missed sessions with a notation explaining the reason for the missed session.

- County CSW monthly contacts were not documented.

The Group Home missed at least one or more monthly contacts with the CSW for five children. The Group Home therapists were trained on January 7, 2015, to make at least one monthly documented contact with the child's CSW to discuss the status of the child.

- Timely, comprehensive, initial NSPs with child's participation were not developed.

Two sampled children had pre-printed dates next to their signature on the NSP, making it difficult to determine the timeliness.

All Group Home staff who participate in the development of the NSPs was trained on January 7, 2015, to sign and date the NSP signature page on the date the NSP is developed.

- Timely, comprehensive, updated NSPs with the child's participation were not developed.

One child struggled academically; however, there were no goals to address this issue. Another child's updated NSP did not include dates of the telephone contact with the family. Accomplished goals were not documented in the NSP achieved goals section; the goals were modified and combined with other unrelated goals. A behavioral goal previously met was repeated although the child's documented behavior did not support the goal. Further, a child with an identified health issue did not have a goal for this issue, the NSP did not document the plan to implement the physician's recommendations and the NSP had a pre-printed date next to the child's signature.

A training was held on January 7, 2015, for all Group Home therapists to address the deficiencies to document all achieved goals in the achieved goals section of the NSP, how to develop educational goals, and document all dates that children have contacts with family members and outside individuals.

**Recommendations:**

The Group Home's management shall ensure that:

5. The County CSW's authorization to implement the Needs and Services Plan is obtained.

6. NSPs are implemented and discussed with staff.

7. Recommended assessments/evaluations are implemented.

8. County CSW;s monthly contacts are documented.

9. Comprehensive, timely Initial NSPs are developed with child's participation

10. Comprehensive, timely Updated NSPs are developed with child's participation.

**Education and Workforce Readiness**

- Children's attendance did not increase.

One child was absent from class between 8 to 18 days depending on the class and there was no documentation of the Group Home's efforts to address this issue.

Group Home therapists were trained on January 7, 2015, on how to develop educational goals for the NSP to address any school issues.

During the follow-up visit on April 21, 2015, CAD reviewed two children's files and observed educational goals were properly addressed in the children's NSPs.

**Recommendation:**

The Group Home's management shall ensure that:

11. The children's attendance increases.

**Health and Medical Needs**

- Follow-up medical examinations were not conducted timely.

One child was referred to a nutrition class on December 20, 2013. At the time of the review, the child was not yet registered in the class. During the review, a Group Home representative stated that the child refused to attend the nutrition classes; however, there was no documentation that the child had refused the nutrition class or that the Group Home had attempted to schedule the nutrition classes for the child.

During the follow-up visit on April 21, 2015, CAD reviewed two children's files and observed that all follow-up medical appointments were conducted timely.

- Follow-up dental examinations were not conducted timely.

On November 5, 2013, it was documented that a child required a tooth extraction. The Group Home submitted a court declaration to the dental office on November 12, 2013. However, the child was in need of lab services for medical clearance before the dentist could submit the court declaration for court authorization. Lab services were conducted in November 2013 for the child; however, the dentist had some questions for the child's primary physician regarding the child's lab results. The primary physician did not respond to those questions until March 2014. The Group Home made no inquiries with either provider, as to the delay for the medical clearance until March 2014, at which time the primary physician contacted the Group Home, regarding the dentist's questions and provided the medical clearance. The request for court authorization was then submitted on two occasions before the child was finally treated in September 2014. Consequently, the delays in treatment could have led to bone loss.

Another child was seen by the dentist on June 24, 2014, for a root canal. Following the procedure, the child was referred to her primary dentist for final restoration. No documentation was provided to verify that the child had returned for final restoration.

During the review, a Group Home representative stated that she did not agree with the finding, as she felt that the Group Home did not contribute to the delay in treatment. The Group Home representative stated they complied with setting up all follow-up appointments and submitted all required documentation for court authorization for sedation of the child for dental treatment. The Group Home representative did not agree that they should be held accountable for not following up with the child's pediatrician when there was no response regarding the child's medical clearance for sedation.

Group Home representatives agreed to establish a medical appointment log to ensure that any follow-up appointments are properly documented. Staff will be required to complete the log immediately following any dental appointment and the supervisors/program manager will follow up daily to ensure that all follow-up appointments are made timely.

During the follow-up visit on April 21, 2015, CAD reviewed two children's files and observed that all follow-up dental appointments were conducted timely.

**Recommendations:**

The Group Home's management shall ensure that:

12. Follow-up medical examinations are conducted timely.

13. Follow-up dental examinations are conducted timely.

**Personal Rights and Social/Emotional Well-Being**

- Children reported not feeling safe in the Group Home.

One youth stated that staff restrained her and one of her peers harshly. The child could not recall when the incidents involving her occurred, but was able to report that her peer was restrained inappropriately by staff on November 13, 2014. The child stated the staff was under the impression that she and her peer wanted to engage in a physical altercation with another peer. The child stated the staff got in her peer's face and grabbed her by the shirt to take her outside. The child stated that her peer hit the staff in the face and was then taken down by the staff. The child further stated that the incident was caught on video as the Group Home cottage is equipped with video surveillance in common areas.

CAD immediately brought the child's concerns to the attention of the Group Home representatives. Further, CAD contacted the DCFS Child Protection Hotline (CPHL) to generate a referral. Subsequently, the DCFS Emergency Response (ER) CSW deemed the allegation of physical abuse inconclusive, as the child denied being hurt by staff. The ER CSW stated she attempted to interview another child who was present during said incident on November 13, 2014; however, the child refused to be interviewed. OHCIS was also contacted for information regarding the referral and the investigation results remain pending as of the completion of this report. The Group Home representative stated law enforcement also investigated the incident and did not find an incident of child abuse by the staff.

The Group Home representatives stated the child was temporarily moved to another cottage, as the child stated she did not feel safe. Further, the staff was initially moved to another cottage following the complaint and was suspended until further notice. However, after the video surveillance was reviewed and found that the staff did not follow the protocol to de-escalate the situation, the Group Home terminated the staff on December 12, 2014.

CAD contacted CCL for further information as to the investigation of the child's complaints. CCL stated they had reviewed the video surveillance and found the staff to have inappropriately restrained the child. Further, CCL stated the staff was interviewed and admitted to cursing at the

child during the incident. CCL stated the incident remains under investigation as there were additional interviews pending. As of August 10, 2015, CCLs investigation remains pending.

During the review, the Group Home representatives stated they disagreed with the finding of a child not feeling safe. The child who made the statement completed a client survey on October 29, 2014, in which she stated she felt safe. Further, the Group Home stated both law enforcement and child protective services in Los Angeles County and Riverside County conducted an investigation and concluded that there was no evidence of abuse. CAD explained that the child completed the client survey before the incident occurred (November 13, 2014). In addition, CAD reiterated that the Group Home had terminated a staff member based on the concerns shared by the child and the Group Home's own investigation of the staff's actions.

The therapist will conduct safety checks at the beginning of each session in which the child is asked every session if they are feeling safe in the Group Home. The Group Home will continue to address child safety in the cottage team meetings on a bi-weekly basis. Information and a flyer about the Group Home's ombudsman are posted in the Group Homes.

On April 21, 2015, CAD conducted a follow-up visit and none of the children had any concerns regarding their safety. During the visit, two additional children were interviewed to assess the overall safety of the children in the Group Home. The children reported feeling safe in the Group Home. Each child reported that there is enough staff present to address their needs and stated that there is adequate supervision by the staff on duty.

- Staff is not treating children with respect and dignity.

Two of the seven children reported that they did not feel they are treated with respect and dignity. One child did not like how the staff communicates with the children. Another child stated that staff interrupts the children when they want to talk. Both children thought the Group Home staff respected their ideas.

During the review, the Group Home representatives disagreed with this finding and provided CAD with copies of client surveys completed by the children on October 27, 2014 and October 29, 2014, in which both children reported feeling respected by staff.

The Group Home will continue to provide staff training in client sensitivity. The Group Home will also continue to conduct client surveys and encourage the children to utilize the grievance process.

- Children reported that the rewards and discipline system is not appropriate.

Three children reported that the rewards and discipline system were not fair. One child reported she did not feel it was fair that everyone else in the Group Home was punished if one person did something wrong. Another child stated she felt that some children get away with breaking the rules, including her, and felt that staff should be fair with everyone. A third child reported that the Group Home does not issue rewards when she does something right. Further, the child also felt the discipline was not fair in the Group Home as she was previously disciplined for allegedly saying something negative about another peer and staff did not verify that the complaint was true.

During the review, the Group Home representatives disagreed with this finding. The Group Home provided CAD with a client survey completed by one child dated October 29, 2014, stating that she felt the discipline and reward system was fair. For another child, the Group Home provided a Notification Report stating staff overheard the child say something negative about a peer and was asked to write an apology letter to her peer; therefore, the Group Home felt that further inquiry was not needed at that time.

On April 21, 2015, CAD conducted a follow-up visit. Two additional children were interviewed to assess their perception of the rewards and discipline system. During their interview, the children reported that the rewards and discipline system was appropriate. The children discussed being placed in a level system, allowing them to have certain privileges and restrictions depending on their respective level.

- Children are not free to refuse voluntary psychiatric care.

One child reported the Group Home staff told her she had to take her medication or it would affect her placement and denied knowing what her medication was for.

During the review, the Group Home representatives stated they disagreed with this finding and only provided documentation dated November 3, 2014 that verified that the child knew what medication she was on and what it was for. The Group Home did not address the child's statement with regard to her knowing about her right to refuse medication.

Therapists and house supervisors will review client medication monthly with each client. The therapist will document this in case management notes and house supervisors will document this on client supervision forms, which will both be signed and dated by the child.

On April 21, 2015, CAD conducted a follow-up visit. During the visit, two additional children were interviewed to assess the overall safety of the children in the Group Home. During their interviews, the children reported they felt free to reject voluntary medical, dental and psychiatric care. The children stated when they refused medication, it would be documented in their file and the psychiatrist would discuss any concerns. Both children denied receiving consequences for any refusal to medication.

**Recommendations:**

The Group Home's management shall ensure that:

14. Children feel safe in the Group Home.

15. Staff treats children with respect and dignity.

16. Appropriate rewards and discipline system is in place.

17. Children are informed about their right to refuse medication.

**Discharged Children**

- Children placed at least 30 days did not show progress towards meeting their NSP goals.

One child did not make progress towards meeting her NSP goals. The child's discharge summary stated the child did not meet her goals and was subsequently discharged to a relative, so that the child may be admitted to a higher level of care facility located out of state. The child had been placed at the Group Home for approximately 10 months and had not made progress in meeting her NSP goals.

During the review, the Group Home representatives disagreed with this finding, as they did not recommend the child's discharge. The Group Home representatives stated they were willing to continue to work with the child in meeting her goals; however the County CSW made the decision to have the child discharged to a family member, who made arrangements to place the child in a higher level of care facility. CAD explained that it was not uncommon for a child to be discharged and placed in a higher level of care facility when the Group Home is unable to meet the child's needs.

On January 7, 2015, therapists were trained to document all progress a child makes at the time of discharge in the discharge summary.

**Recommendations:**

The Group Home's management shall ensure that:

18. Children placed at least 30 days make progress toward meeting their NSP goals.

**Personnel Records**

- Signed criminal background statements were not timely.

One staff member signed the criminal statement form two days after the hire date.

The criminal statement form is being added to the application packet. Candidates are required to complete the form along with the application and affirmative action identification documents.

- Employee health screening/tuberculosis (TB) clearance was not timely.

One staff member did not receive a health screening and TB clearance in a timely manner. The staff member's health screening and TB clearance was seven days late.

TB tests will be performed for candidates prior to the start date. All candidates must have negative results from the test and X-ray, if applicable, within seven business days of hire(not including holidays).

- All required training was not provided.

Three employees did not complete all required annual training. One employee met the 40 hours of training during her first year of employment; however, 4 of the 40 hours were not provided by an outside agency. Two employees had completed the 20 hours of on-going annual training; however, 5 of 20 hours were not provided by an outside agency.

During the review, the Group Home representatives stated that all three employees have previously received and completed a 3-hour training on February 5, 2014, on the subject of Sex-Trafficking of Minor Children along with 2-hour training on Child Abuse Reporting on April 2, 2014.

The Group Home provided the sign-in sheet for the training held on February 5, 2014. No sign-in sheet was submitted for the April 2, 2014 training. Additional training documentation for another sampled employee determined that the Child Abuse Reporting training on April 2, 2014, for only 50 minutes.

The Group Home will ensure that all direct care staff have the appropriate hours of outside training. The Group Home has contracted Riverside County Foster and Kinship Care Education to conduct their outside training and have several trainings scheduled for 2014-2015.

**Recommendations:**

The Group Home's management shall ensure that:

19. Signed criminal background statements are timely.

20. Employee health screenings/TB clearances are timely.

21. Employees receive all required training.

**PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD'S)GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The OHCMD's last compliance report, dated November 27, 2013, identified 5 recommendations.

**Results**

Based on our follow-up, the Group Home fully implemented 3 of the 5 recommendations for which they were to ensure that:

- Common quarters are well maintained.

- Sufficient educational resources and supplies, including computers are maintained in good repair and are available for the children's use.

- All children are discharged according to their permanency plan.

The Group Home did not fully implement two recommendations for which they were to ensure that:

- All Group Home sites remain in compliance with Title 22 regulations and free from CCL citations.

- Children placed at least 30 days make progress toward meeting their NSP goals.

**Recommendation:**

22. The outstanding recommendations from the November 27, 2013, report, which are noted in this report as recommendations 4 and 18, are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements.

A follow up visit was conducted on April 21, 2015, by CAD and the Group Home had implemented all recommendations noted in this report. During the follow-up visit, CAD reviewed two children's files and found that the NSPs had significantly improved, as the NSPs included all attempts to obtain the CSW's signature for implementation of the children's NSP.

The two NSPs reviewed included all therapy dates (both individual and group). The Group Home was also documenting the timely distribution of the children's weekly allowance. CAD reviewed five SIRs which were all timely submitted and appropriately cross reported. OHCMD will provide on-going technical assistance prior to the next review.

**MOST RECENT FISCAL REVIEW CONDICTED BY THE AUDITOR-CONTROLLER**

A fiscal review of the Group Home has not been posted by the Auditor-Controller.

The Group Home has an outstanding debt of $514.00 and is making payments in accordance with invoice dates.

Childhelp®

Founded in 1959
by Sara O'Meara and Yvonne Fedderson
PREVENTION *and* TREATMENT *of* CHILD ABUSE

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Revised 03/12/15

**To:** Lorena Moya-Rivas,Contracts Administration Divison (CAD)
**Date:** December 22nd 2014
**Subject:** Home Monitoring Review Field Exit Summary, Dated January 14th 2015
**Facility:** Childhelp Inc. –Village and Costa Mesa Group Homes
License Numbers: 330902381, 30600901, 30600902, 30600509
Diana Correa, Executive Director of Program Operations-CA Diana Correa
Manny Barragan, Assistant Director
Angelique Yoshikawa, Quality Improvement Manager A Yoshikawa
Suzan Abou-Hebeish, Program Manager

**I.3. Does the group home maintain vehicle in which the children are transported in good repair?**

**Seat belts were not functional for 2 vans (6PAX708 & 6HJP647)**

**Plan of Correction:** Childhelp's Fleet Coordinator is utilizing the existing Vehicle Checklist. The Duty Officers, Luis Duran, Eric Barnes, Vance Carr and Latonya Ware are responsible to ensure all of the Lights and Safety issues are reviewed at the time a vehicle is assigned and returned by staff. Duty Officers will document areas of concern and submit the information to the Fleet Coordinator. Vehicles will continue to be taken off line until areas of concern are corrected. The Fleet Coordinator will coordinate and ensure the Under the Hood inspection which will include all mechanical and any safety issues or corrections are made prior to a vehicle being released to the fleet. See Attachment 1a-1b
**Please note that the two vehicles cited for seatbelts that were not functioning properly were repaired immediately on site at the time of the audit.**

**I.4. Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?**

**Site 4 has not provided supporting documentation to show that they cross reported the incidents to CCL and/or CSW and OHC. Site admin stated she needed to pull the emails, however email was down during the audit**
**On 11/29/13 child was punched by another resident. No cross report**
**On 12/8/13 a child engaged in a physical altercation with another resident. Was not cross reported to CCL, OHC and CSW until 12/11/13 (late).**
**6 SIRs were not cross reported as the site did not have any documentation to show that the SIR's were cross reported to the appropriate agencies.**

**Plan of Correction:** Childhelp reporting designee will ensure all Special Incidents are reported timely to DCFS Out–of-Home Care Management Division Monitor (OHCMDM), Children's Social Worker (CSW), and Community Care Licensing (CCL) via the I-Track web-base system as specified in Group Home Exhibit A-VIII.
*It is important to note that Childhelp does not report to Community Care Licensing Via I-Track per Licensing Program Analyst, Belinda Torres' request.

**I.7. Are appropriate and comprehensive monetary and clothing allowance logs maintained?**

**The children's allowance is not issued timely. Allowance is often times issued into their savings months after they should have been issued. None of the children handle their own allowance although the children's 709 states they can handle their own allowance.**

**Plan of Correction:** Childhelp will distribute allowances on a weekly basis by the Accounting Department. Children will have the opportunity to handle their own funds. See Attachment 2a-2b

**I.9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review**

**(1) Site #4 has 1 substantiated report dated 8/11/13 for issuing incorrect dosage of medication to a child**

**Plan of Correction:** August 26, 2013CAP for this citation was given to Lorena Moya-Rivas during the audit Childhelp developed a policy on how to cross communicate medical information to medical professionals. See Attachment 4a-4b.

"For The Love of A Child"

**III.16 "Did the group home obtain or document efforts to obtain the County Worker's authorization to implement the Needs and Services Plan?"**

a. **"Child #1 initial NSP and NSP's dated 1/18/14 and 4/18/14 are missing CSW signatures. 3 attempts not made for NSP dated 4/18/14, no signature page for NSP dated 1/18/14. GH created their own signature page for said NSP."**
b. **"Child #2 has no CSW signature on the initial NSP and only 1 attempt to obtain signature."**
c. **"Child #3- there is no CSW signature on NSP dated 6/10/14 (made only 2 attempts (6/11/14 & 7/29/14).**

**Plan of Correction:** Childhelp Therapists have been trained to obtain the CSW's authorization to implement all NSPs. They have also been trained to make three documented attempts at obtaining this authorization. They were re-trained on the applicable protocol on 1/7/15: The attempts are to be made by three different modes of contact (e-mail, telephone and fax) on three different dates. Each attempt is documented at the bottom of the NSP signature page as well as printed documentation of the attempts being attached to the NSP. See Attachment 5

To ensure that this protocol is followed, the Records Department will only accept NSPs for filing if they have the CSW's authorization or if they have three documented attempts at obtaining the CSW's authorization. In addition the Clinical Director, Kurt Kozma, is responsible for auditing all reports to ensure that the Therapists are complying to Childhelp protocol.

**III.17 "Are NSPs implemented and discussed with the group home staff?**

a. **"Child #1 initial NSP does not have staff signature-just has the author's signature with a date and the Clinical Director's signature with a pre-printed date."**
b. **"Child #2- NSP dated 4/14/14 does not have staff signature- just has the author's signature without a date and the Clinical Director's signature with a pre-printed date."**
c. **"Child #3- NSPs dated 1/10/14 and 3/10/14 have no dates for group home staff signature, just the author's signature with no dates."**
d. **"Child #4- NSP dated 4/4/14 and 6/4/14 do not have staff signature- just the author's signature without a date."**

**Plan of Correction:** All Childhelp staff who participates in the development of the NSP were trained on 1/7/15 to sign and date the LA County NSP signature page in the appropriate place. See Attachment 6

The Clinical Director, Kurt Kozma, as well as the Records Department, is responsible to audit all reports to ensure that they are appropriately signed.

**III.20 "Are recommendations on required and/or recommended assessments/evaluations implemented (psychological, psychiatric, medical evaluations/assessments)?**

a. **"Child #6- has missing therapy sessions for the months of Feb 2014, Mar 2014, Apr 2014, June 2014, July 2014 (individual- 9 session)."**

**Plan of Correction:** Childhelp Therapists were trained on 1/7/15 to provide at least one session of individual therapy and one session of group therapy each week for each client. A Progress Note is to be written for each session and dated the date the service was rendered. If the client is not available to participate in a session or they refuse to participate, a note is to be written explaining the reasons for that client missing the session. Attempts are to be made to reschedule any individual or group sessions a client misses during a week when possible. See Attachment 7

All Progress Notes are submitted to the Billing Department on a weekly basis. The Billing Department audits all notes to ensure that notes have been submitted for each child and that they are signed and properly dated. The Clinical Director, Kurt Kozma, is also responsible to audit client files to ensure that all notes have been properly completed and filed. In addition, a tool will be used to log the submission of all Progress Notes to ensure their proper completion.

**III.21 "Are County Workers contacted monthly by the GH and are the contacts appropriately documented in the case file?**

a. **"Child #1 has a CSW contact missing for the month of Jan & Feb 2014".**
b. **"Child #3 has CSW contact missing for Jan, April and May 2014".**
c. **"Child #4 no dates of when GH contacted CSW, just noted dates CSW visited with child (on nsp dated 6/4/14)."**
d. **"Child #5 has CSW contact missing for March and April 2014."**
e. **"Child #6 has CSW contact missing for May 2014."**

**Plan of Correction:** Childhelp Therapists were trained on 1/7/15 to make at least one documented contact with the child's CSW per month to discuss the status of the case. These contacts are to be documented in the Therapist's Case Management notes as well as in the client's NSP. See Attachment 8

The Clinical Director, Kurt Kozma, is responsible for auditing all reports to ensure that the Therapists are properly documented their contacts with the client's CSW.

**III.23 "Did the treatment team develop timely, comprehensive initial NSPs with the participation of the developmentally age-appropriate child"**

a. **Child #6 & #7- unable to determine timeliness due to pre-printed dates on signature page of the initial NSP."**

**Plan of Correction:** All Childhelp staff who participates in the development of the NSP was trained on 1/7/15 to sign and date the LA County NSP signature page on the date the NSP is developed. Pre-printed dates are never to be used. See Attachment 5

The Clinical Director, Kurt Kozma, is responsible for auditing all reports to ensure that the Therapists are complying with Childhelp protocol and that they are properly signing and dating all forms.

**III.24 "Did the treatment team develop timely, comprehensive updated NSPs with the participation of the developmentally age-appropriate child"**

a. **"Child #1- all NSPs document the child's struggle with school and homework but there are no goals addressing this issue.**
b. **"Child #4- No dates of telephone contact with family on NSP dated 6/4/14.**
c. **"Child #5- achieved goal is not documented correctly. Achieved Goal was modified with another goal instead of listing it in the Achieved Goals section of NSP. Pre-printed dates on signature page. No dates of when CASA met with child for reported quarter. No educational goals, although child struggled academically."**
d. **"Child #6- Missing therapy dates on NSP. No academic goals on NSP dated 4/17/14. Pre-printed dates on signature page for all updated NSPs. Some therapy dates are not listed on the updated NSPs yet there are Progress Notes for the missing dates on NSP."**
e. **"Child #7- no goal for diet despite health issues (type 2 diabetes) and no goal to address nutrition classes recommended by Dr. and pre printed dates on signature page of updated NSPs."**

**Plan of Correction:** All Childhelp Therapists were trained on 1/7/15 to include an Educational Goal in the client's NSP that addresses any issues or concerns the client is having in school.

A training was held on January 7, 2015 for all Childhelp Therapists. At this meeting, the Therapists were trained by the Clinical Director, Kurt Kozma, on how to develop Educational Goals for the NSP which will address any school issues that may be pertinent to the client's treatment. Following this training, Kurt Kozma is responsible to audit all reports to ensure that the Therapists are addressing school issues in the NSP.

All Childhelp Therapists were trained on 1/7/15 to document all achieved goals in the Achieved Goals section. Pre-printed dates are never to be used. All Childhelp Therapists are trained to document all dates that children have contacts with family members and outside individuals (including CASAs). The dates and details of these contacts are to be documented in the child's NSP. All Childhelp Therapists were trained to include an Educational Goal in the client's NSP that addresses any issues or concerns the client is having in school.

All Childhelp Therapists were trained on 1/7/15 to document all dates that children have contacts with family members and outside individuals. The dates and details of these contacts are to be documented in the child's NSP. All Progress Notes for therapy are to be dated the date that the service is rendered. This same date is then to be documented in the client's NSP.

If any client is performing below average in school or has a major medical issue that requires a special diet and/or exercise per doctors orders then the therapist shall address this as a goal in the Needs and Service Plans. See Attachment 5 and 6 and 9

The Clinical Director, Kurt Kozma, is responsible for auditing all reports to ensure that the client's contacts with family members and all outside individuals are properly dated and documented in the NSP.

The Clinical Director, Kurt Kozma, will be responsible for auditing all reports to ensure that all Achieved Goals are properly documented, that reports are properly signed and dated and that all contacts are dated and documented. In addition, a training was held on January 7, 2015 for all Childhelp Therapists. At this meeting, the Therapists were trained by the Clinical Director, Kurt Kozma, on how to develop Educational Goals for the NSP which will address any school issues that may be pertinent to the client's treatment. Following this training, Kurt Kozma is responsible to audit all reports to ensure that the Therapists are addressing school issues in the NSP.

**IV. 28. Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)**

**Child #1 Absences range from 8-18 depending on class. No documentation to address this.**

**Plan of Correction:** A training was held on January 7, 2015 for all Childhelp Therapists. At this meeting, the Therapists were trained by the Clinical Director, Kurt Kozma, on how to develop Educational Goals for the NSP which will address any school issues that may be pertinent to the client's treatment. Following this training, Kurt Kozma is responsible to audit all reports to ensure that the Therapists are addressing school issues in the NSP. See Attachment 6

**V.31. Are required follow-up medical examinations conducted timely ?**

**Child #7 was referred to a nutrition class on 12/20/13 and for a follow up appt. to review her weight in 2 months. A phone number was provided to enroll the child in a nutrition class. There was no appt for the follow up appt and no documentation that the child attended a nutrition class**

**Plan of correction:** The attached Medical Appointment Log will be used to ensure that any follow up appointments are properly documented. Staff will be required to fill this out immediately following any doctor's appointment and Supervisors/Program Manager will follow up daily to ensure that all follow up appointments are made timely. **See Attachment 6**

**V.33. Are required follow-up dental examinations conducted timely?**

a. **Child #1 dentist note on 5/7/14 states that child needs 3 extractions and that he should be referred to the dental office in indio. No follow-up paperwork. Patient did not go for consult or treatment for decay in a timely manner. The Gh did not follow up timely, sent a declaration on 11/12/13, then contacted Loma Linda 4 months later for court declaration on 3/19/14 and again 5/5/14. The child's teeth went from decay to frication (bone loss).**
b. **Child #7 child was seen by dentist on 6/24/14 for a root canal. Child was referred to see her primary dentist for final restoration. No documentation was provided to verify that the child had returned for the final restoration.**

**Plan of Correction:** A)Once a request for a court order for dental or medical procedures has been submitted to the provider ie: Loma Linda, Indio Surgery Center, or any other medical doctor we will include the CSW in the fax of the blank document. An email will follow explaining the blank document sent. Once we become aware the court order has been forwarded to the CSW with the required medical information provided by the medical professional, another email will go out to the CSW inquiring if they have received the completed document to file with the court. If the CSW has not confirmed the court order was received within a reasonable time, 14 business days, and if they claim they did not receive a copy of the court order, we will resend it to the CSW and follow up with an email to ensure it was received. If within 30 days the CSW does not get back to us, to confirm the court order was obtained and/or filed with the court, with 3 documented attempts to contact them via telephone call, fax, and email, we will contact the CSW's supervisor and our LA County Consultant, Kurk Barrows, to complete the process.
B) The attached Medical Appointment Log will be used to ensure that any follow up appointments are properly documented. Staff will be required to fill this out immediately following any doctor's appointment and Supervisors/Program Manager will follow up daily to ensure that all follow up appointments are made timely. **See Attachment 10**

**VII. 37. Do children feel safe in the group home?**

**Child #3 stated that she did not feel safe due to the way staff restrains children. Stated she has been restrained harshly as well as one of her peers. Disclosed an incident that occurred in the cottage on 11/13/14 where her peer was restrained roughly. She said she has been restrained roughly on two occasions (no date). Child abuse referral called in on 11/15/14**
**On 12-2-14 the auditor contacted the investigating ER CSW. The ER CSW stated that she would conclude the allegations inconclusive as the child said she did not feel she was assaulted by staff and admitted to assaulting staff in the past. The ER CSW stated the child appeared to minimize what she had said to the auditor. Further, the child stated to the ER CSW staff never hurt her but did not specify if she saw other children hurt. ER CSW stated she attempted to interview another child who was present during the incident on 11/13/14 however the child refused to provide any information.**

**Plan of Correction:**
Childhelp will continue to work on child safety by providing a therapeutic environment for our children. The therapist will continue conduct a safety check, in the beginning of each session, in which the child is asked every session if they are feeling safe in the group home. Childhelp will also continue to address child safety in the cottage team meetings on a bi-weekly bases.

**VII. 40.Do children report being treated with dignity and respect?**

**Child #3 stated, "staff does not know how to communicated with kids", the child stated she and other peers are talked at rather than talked to.**
**Child #4 stated that, "staff cuts us off when we talk. They think their ideas are more important than ours".**

**Plan of Correction:**
Childhelp will continue to provide staff training in "client sensitivity". We will continue to monitor staff to client interactions. We will also continue to conduct client surveys Childhelp will continue to encourage children to use the grievance process. Childhelp will continue to survey (See attachment 11) our children for quality of care on the floor.

**VII. 41. Is a fair rewards and discipline system in place?**

**Child #3 stated she felt it was unfair that everyone is disciplined if 1 peer does something wrong. There is a consequence for everyone. Feels that only the person who broke the rule should be punished.**
**Child #6 stated, "some kids get away with things that other kids can't get away with, including me. It has to be fair for everyone. Only new staff members who know the rules treat everyone the same.**
**Child #7 stated, "there are no rewards when you do something right". The child also added that the discipline was not fair. When asked to elaborate the child stated, "I was asked to write an essay about why I shouldn't talk about someone, when I didn't. Just because the other girl said I did doesn't mean it was true. "the child stated staff did not inquire about whether the allegations were true or not.**

**Plan of Correction:** Childhelp maintains a level system approved by Community Care Licensing, in which all children are equal to staff as voting members in the group process. Our program is outcome based and has proven to be effective in reducing therapeutic issues. However, Childhelp will closely monitor our Discipline System, to ensure fairness.

**VII.45. Are children informed about their medication and their right to refuse medication?**

**Child #7 stated, "staff tells me that I have to take my meds or it affects my placement". Child also stated she didn't know what her meds were for as she was never told."**

**Plan of Correction:** Therapist and House Supervisors will review client medication monthly with each client. Therapist will document this in case management notes and House Supervisors will document this on client supervision forms which will both be signed and dated by the client.

**IX.57 "For children placed at least 30 days, did the child make progress toward meeting their NSP goals?"**

a. **"Child #1- Discharge Summary states child did not meet her goals. The child reunified with her grandmother as the grandmother was going to send the child to a higher level of care facility located in Utah."**

**Plan of Correction:** Childhelp did not recommend this client for discharge because she had not made sufficient progress in her treatment goals. The County Social Worker made the decision to discharge this client to her grandmother before she had completed her treatment with Childhelp.

Childhelp, as an agency, strives for all of our residents to make progress in their treatment before we recommend the client for discharge. On 1/7/15, Childhelp Therapists were trained to document all progress the client has made at the time of discharge in the client's Discharge Summary. See Attachment 15

**X.60. Did appropriate employees sign a criminal background statement in a timely manner?**

**Employee #2 signed the criminal statement 2 days after his hire date.**

**Plan of Correction:** Childhelp staff do not interact with Children until 1 week after their initial hire date. It takes at least 5 days to process new hire paperwork. Childhelp will continue this practice. The Criminal Record Statement form is being added to the application packet. Candidates are required to complete the form along with the application and Affirmative Action identification documents.

**X.62. Have employees received timely health screenings/ TB clearance?**
**Employee #2 was hired on 3/1/10 and completed his TB and health screening on 3/15/10 (over 7 days after hire date)**

**Plan of Correction:** TB Test will be performed for candidates prior to the start date. All candidates must have a negative result from the test, or an x-ray if applicable, within seven business days of hire, not including holidays.

**X.65. Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, first-Aid, required annual, and emergency intervention).**

**Employee #1 meets the 40 hours of training per year, however she does not have at least 5 hours of training provided by an outside agency (per Title XX 80065 (j)(2)(A)**
**Employee #3, #4, and #5 meet the 20 hrs of training per year, however they do not have at least 4 out of 20 hours of training provided by an outside agency (per Title XX 80065 (j)(1)(A)**

**Plan of Correction:** Childhelp will ensure that all direct care staff have the appropriate hours of outside training

Lenier Lee our staff trainer has contracted Dan Crain of Riverside County Foster and Kinship Care Education. We have scheduled six trainings, the topics are expected to be the following topics:

- Working with Traumatized Children
- Stress Management
- Substance Abuse
- Positive Discipline
- Autism Spectrum Disorder
- Strategies to Discourage and Redirect Children with Enuresis and Encopresis diagnosis.