County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 4, 2016

To: Supervisor Hilda L. Solis, Chair
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

DAVID AND MARGARET HOME FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of David and Margaret Home Foster Family Agency (the FFA) in May 2015. The FFA has one licensed office in the First Supervisorial District and provides services to the County of Los Angeles DCFS placed children. According to the FFA's program statement, its stated mission is, "in partnership with others, provide therapeutic foster care services to children and families to protect, nurture and advocate on behalf of children and youth who have been abused and/or neglected and are removed from their families."

At the time of the review, the FFA supervised 26 DCFS placed children in 11 Certified Foster Homes (CFHs). The placed children's average length of placement was 10 months and their average age was 10.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe in the FFA CFH, being provided with good care and appropriate services, being comfortable in their environment and being treated with respect and dignity. The Certified Foster Parents (CFPs) reported being supported by the FFA staff in their efforts to provide care and supervision to the children placed in their homes.

The FFA was in full compliance with 7 of 11 areas of CAD's Contract Compliance Review: Certified Foster Homes; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) that were not submitted timely and Community Care Licensing (CCL) citations; Facility and Environment, related to exterior grounds and common areas at the CFHs not being well

maintained, one expired canned good, disaster drills not being conducted and money and clothing allowance logs not being well maintained; Maintenance of Required Documentation and Service Delivery, related to the quarterly reports not being timely or comprehensive; and Personal Needs/Survival and Economic Well-Being, related to not encouraging children with their Life Book/Photo Album which were not being created and/or updated.

Attached are the details of CAD's review.

REVIEW OF REPORT

On May 26, 2015 Vanessa Gutierrez, DCFS CAD and Thomas Manning, Out-of-Home Care Management Division (OHCMD) held an Exit Conference with FFA representatives: Deena Robertson, Program Manager; Irene Harrison, Administrative Assistant; Ana Dominguez, Foster Family Agency Recruiter/Trainer; Shari Steward, FFA Social Worker; and Ryan Ross, FFA Social Worker. The FFA representatives agreed with the review findings and recommendations, were receptive to implementing systemic changes to improve the FFA's compliance with regulatory standards and were in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

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

The FFA provided the attached approved CAP addressing the recommendations noted in this report. The OHCMD provided technical assistance to the FFA on August 14, 2015, to assist the FFA with implementing their CAP.

CAD conducted an on-site follow-up visit on October 19, 2015, to verify implementation of the CAP.

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

PLB:EM:LTI:ea

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Charles C. Rich, LCSW Executive Director, David and Margaret Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

DAVID AND MARGARET HOME FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW SUMMARY

1350 Third Street
La Verne, CA 91750
License Number: 19192787

	Contract Compliance Review	**Findings: May 2015**
I	**Licensure/Contract Requirements** (7 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Timely, Cross-Reported SIRs	2. Improvement Needed
	3. Runaway Procedures in Accordance with the Contract	3. Full Compliance
	4. Are there CCL Citations/OHCMD Safety Reports	4. Improvement Needed
	5. If Applicable, FFA Ensures Complete Required Whole Foster Family Home Training	5. Full Compliance
	6. FFA Pays Certified Foster Parents (CFP) Whole Foster Family Home Payments	6. Full Compliance
	7. FFA Conducts an Assessment of CFP Prior to Placement of Two (2) or More Children	7. Full Compliance
II	**Certified Foster Homes (CFHs)** (12 Elements)	
	1. Home Study and Safety Inspection Conducted Prior to Certification	Full Compliance (All)
	2. Agency's Inquiry with OHCMD for Historical Information Prior to Certification	
	3. Timely Criminal Clearances (FBI, DOJ,CACI) Prior to Certification	
	4. Timely, Completed, Signed Criminal Background Statement	
	5. Health Screening & TB Test Prior to Certification	
	6. All Required Training Prior to Certification	
	7. Certificate of Approval on File/Including Capacity	
	8. Safety Inspection Completed At Least Every Six Months or Per-Approved Program Statement	
	9. Completed Annual Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates	
	10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers	
	11. Criminal Clearances and Health Screening/CDL/CPR/FBI/DOJ/CACI/Auto Insurance for Other Adults in the Home	
	12. FFA Assists CFPs in Providing Transportation Needs	

III	**Facility and Environment** (7 Elements)	
	1. Exterior/Grounds Well Maintained	1. Improvement Needed
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms/Interior Well Maintained	3. Full Compliance
	4. Sufficient and Appropriate Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Food	5. Improvement Needed
	6. CFP Conducted Disaster Drills and Documentation Maintained	6. Improvement Needed
	7. Money and Clothing Allowance Logs Maintained	7. Improvement Needed
IV	**Maintenance of Required Documentation/Service Delivery** (10 Elements)	
	1. FFA Obtains or Documents Efforts to Obtain County Children's Social Worker's (CSW's) Authorization to Implement NSPs	1. Full Compliance
	2. CFPs Participated in Development of the NSPs	2. Full Compliance
	3. Children Progressing Towards Meeting NSP Goals	3. Full Compliance
	4. FFA Social Workers Develop Timely, Comprehensive Initial NSP with Child's Participation	4. Full Compliance
	5. FFA Social Workers Develop Timely, Comprehensive Updated NSPs with Child's Participation	5. Full Compliance
	6. Therapeutic Services Received	6. Full Compliance
	7. Recommended Assessments/Evaluations Implemented	7. Full Compliance
	8. County Children's Social Workers Monthly Contacts Documented in Child's Case File	8. Full Compliance
	9. FFA Social Workers Develop Timely, Comprehensive Quarterly Reports	9. Improvement Needed
	10. FFA Social Workers Conduct Required Visits	10. Full Compliance
V	**Education and Workforce Readiness** (5 Elements)	
	1. Children Enrolled in School Within Three School Days	Full Compliance (All)
	2. Children Attend School as Required and FFA Facilitates in Meeting Children's Educational Goals	
	3. Current Children's Report Cards/Progress Reports Maintained	
	4. Children's Academic Performance and/or Attendance Increased	
	5. FFA Facilitates Child's Participation in YDS or Equivalent Services and Vocational Programs	

VI	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VII	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VIII	**Personal Rights and Social Emotional Well-Being** (10 Elements) 1. Children Informed of Agency's Policies and Procedures 2. Children Feel Safe in the CFP Home 3. CFPs' Efforts to Provide Nutritious Meals and Snacks 4. CFPs Treat Children with Respect and Dignity 5. Children Allowed Private Visits, Calls and to Receive Correspondence 6. Children Free to Attend or Not Attend Religious Services/Activities of Their Choices 7. Children's Chores Reasonable 8. Children Informed About Their Medication and Right to Refuse Medication 9. Children Aware of Right to Refuse or Receive Medical, Dental and Psychiatric Care 10. Children Given Opportunities to Participate in Extra-Curricular Activities, Enrichment and Social Activities	Full Compliance (All)
IX	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. Clothing Allowance Provided in Accordance with FFA Program Statement 2. Ongoing Clothing Inventories of Adequate Quantity and Quality 3. Children Involved in the Selection of Their Clothing 4. Provision of Sufficient Supply of Clean Towels and Personal Care Items Meeting Ethnic Needs 5. Minimum Weekly Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement/Assistance with Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

X	**Discharged Children** (3 Elements) 1. Completed Discharge Summary 2. Attempts to Stabilize Children's Placement 3. Child Completed High School (if applicable)	Full Compliance (All)
XI	**Personnel Records** (9 Elements) 1. Criminal Clearances (FBI,DOJ, CACI) Signed and Submitted Timely 2. Timely, Completed, Signed Criminal Background Statement 3. FFA Social Workers Met Education/Experience Requirements 4. Timely Employee Health Screening/TB Clearances 5. Valid CDL and Auto Insurance 6. FFA Employees Signed Copies of FFA Policies and Procedures 7. FFA Employees Completed All Required Training and Documentation Maintained 8. FFA Social Workers Have Appropriate Caseload Ratio 9. FFA Maintained Written Declarations for Part-Time Contracted FFA Social Workers Caseloads Not to Exceed a Total of 15 Children	Full Compliance (All)

DAVID AND MARGARET HOME FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the May 2015 review. The purpose of this review was to assess David and Margaret Home Foster Family Agency's (the FFA's) compliance with the County contract and State regulations and included a review of the FFA's program statement as well as internal administrative policies and procedures. The compliance review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- 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,
- Personnel Records.

For the purpose of this review, six placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed 5 of 6 children, as one child was pre-verbal. During the home visits, the children were observed to be comfortable and well cared for in the Certified Foster Homes (CFHs) and their Certified Foster Parents (CFPs) were observed to be attuned to the needs of the children. CAD reviewed six case files to assess the level of care and services the children received. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, six placed children were prescribed psychotropic medication. These children's case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed three CFP files and three staff files for compliance with Title 22 regulations and County contract requirements. Site visits were conducted to the FFA and the CFPs' homes to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following four areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely.

CAD reviewed three SIRs and noted that one of the FFA's internal reports was not submitted via the I-Track database. The incident report documented an incident of assaultive behavior at school between a Department and Family Services (DCFS) placed child and their peer wherein the placed

child threw food at other children, chased one child from the group who fled the scene and laughed when this same child tripped, fell and injured their knee.

During a CAD follow-up visit on October 19, 2015, CAD reviewed SIRs since May 2015 and found that SIRs are being timely submitted and appropriately cross-reported, according to SIR reporting guidelines.

- Community Care Licensing (CCL) citations.

CCL cited the FFA as a result of deficiencies and findings during a routine case management visit on July 24, 2014. According to the report dated July 24, 2014, the Licensed Program Analyst (LPA) observed a male adult in the home on this day that was a frequent visitor in the CFH but did not have the proper criminal clearances on file. A civil penalty of $500.00 was assessed and CCL requested a Plan of Correction (POC) requiring proof of this person completing the live-scan and criminal clearance process that was due by July 25, 2014. CCL cleared the POC on July 25, 2014.

CCL cited the FFA as a result of an incident that occurred on January 4, 2014. According to the report dated July 24, 2014, CCL substantiated a personal rights violation against a CFP that reportedly grabbed and pushed a placed child and threw the child's belongings out of the home. According to the Out-of-Home Care Investigations Section (OHCIS) report dated May 14, 2014, the referral dated January 4, 2014, was investigated by the DCFS Emergency Response (ER) Children's Social Worker (CSW) and the allegations of General Neglect were deemed inconclusive. On May 1, 2014, the FFA decertified the home. The FFA provided documentation of the CFP's decertification on May 6, 2014. On May 14, 2014, OHCIS placed an "Indefinite Hold" on the CFH and determined the CFP will no longer be used as a placement resource for DCFS placed children.

CCL cited the FFA as a result of an incident that occurred on July 21, 2014. According to the report dated September 4, 2014, CCL substantiated a personal rights violation against a CFP that constantly yelled at the placed children in her care. According to the OHCIS report dated December 5, 2014, the referral dated July 18, 2014, was investigated by the DCFS ER CSW and the allegations of Emotional Abuse was deemed unfounded. CCL requested a POC with a due date of October 3, 2014, that required the CFP be trained on personal rights, appropriate discipline and parenting for small children. The OHCIS report stated that copies of the FFA's POC were reviewed and included the CFP's completed training in Prudent Parent Standard and Trauma Informed Treatment for Children with Challenging Behaviors, as well as a review of Personal Rights. The CFPs were assigned to read books regarding parenting techniques in their language. The OHCIS approved a Corrective Action Plan (CAP) that included the FFA reducing the CFH's capacity from four to three children.

CCL cited the FFA as a result of an incident that occurred on May 12, 2014. According to the report dated September 24, 2014 CCL substantiated a personal rights violation against a CFP that was jerking and shaking the arm of a child in placement. According to the OHCIS report dated September 10, 2014 the referrals dated May 9, 2014 and July 11, 2014, were investigated by the DCFS ER CSWs and allegations of Physical Abuse was deemed unfounded; the allegations of General Neglect was substantiated and the allegations of Emotional Abuse was deemed inconclusive. CCL requested a POC that included training the CFP on Trauma Informed Parenting, Appropriate use of Discipline and Personal Rights. The POC was due on October 24, 2014. The FFA placed the home on an "Indefinite Hold". On September 10, 2014, the OHCIS also placed an

"Indefinite Hold" on the CFH and determined the CFP will no longer be used as a placement resource for DCFS placed children.

Recommendations:

The FFA's management shall ensure that:

1. SIRs are submitted timely.

2. The FFA is in compliance with Title 22 regulations and free of CCL citations.

Facility and Environment

- Exterior grounds were not well maintained.

During the review, CAD noted broken stucco on an outdoor pillar of one CFH. CAD immediately notified the FFA of the required repair. On October 19, 2015 CAD visually confirmed that the stucco on the pillar had been repaired.

- Common areas were not well maintained.

During the review, CAD noted a broken ceiling light fixture and a broken tile in a CFH restroom. CAD immediately notified the FFA of the required repair. On October 19, 2015 CAD visually confirmed that the light fixture and broken tile had been repaired.

- Adequate perishable and non-perishable food was not maintained.

CAD noticed one canned good in the pantry that was expired in one CFH. During a follow-up visit on October 19, 2015 CAD was informed by the FFA representatives that adherence to food expiration dates was reviewed with all CFPs by FFA social workers at subsequent home visits.

- Disaster drills were not conducted as required.

Two CFPs did not conduct disaster drills every six months. At the Exit Conference, the FFA representatives acknowledged this deficiency and agreed to conduct additional training for the CFPs regarding conducting disaster drills in the CFHs.

During a follow-up visit on October 19, 2015, the FFA provided documentation to CAD verifying that disaster drills and drill timeline training was held for the CFPs on July 21, 2015. CAD noted that since the last review the subsequent disaster drills were conducted as required.

- Appropriate monetary logs were not maintained.

One child received an allowance that was missing 50 cents for the month of August 2014. At the Exit Conference, the FFA representatives acknowledged this deficiency and agreed to immediately follow-up with the CFP to ensure that the child was reimbursed the 50 cents. The CFP stated to the FFA that this was an oversight and the FFA provided documentation to CAD on October 19, 2015, to verify that the child was fully reimbursed. Further, CAD reviewed three additional child files during

the follow-up visit and noted that each child received the appropriate allowance amounts for each month.

Recommendations:

The FFA's management shall ensure that:

3. Exterior grounds are well maintained.

4. Common areas are well maintained.

5. Perishable and non-perishable foods are properly maintained.

6. Disaster drills are conducted as required and logs are maintained.

7. Comprehensive allowance logs are maintained.

Maintenance of Required Documentation/Service Delivery

- FFA social workers did not develop timely, comprehensive quarterly reports.

One of the six sampled quarterly reports due on December 27, 2014, was not sent to the CSW until January 5, 2015. Another report was not comprehensive as it did not include goals that were specific or measurable. In addition, no explanation was provided for a change of therapist for a child and a lapse in therapy for over a month.

At the Exit Conference, the findings were discussed and the FFA representatives acknowledged the need to focus on improving how the FFA develops quarterly reports, including the utilization of Specific, Measureable, Attainable, Relevant, Time-bound (SMART) goals, and more specifically timely development of quarterly reports with the participation of all required parties. The FFA later provided documentation to confirm that all FFA social work staff received training on September 9, 2015, where quarterly report development deadlines and signature timelines were thoroughly reviewed.

On October 19, 2015, CAD conducted a follow-up visit and reviewed three quarterly reports. CAD noted that all of the documents were developed in a timely manner with the participation of all parties.

Recommendation:

The FFA's management shall ensure that:

8. FFA social workers develop timely quarterly reports with the participation of all parties.

Personal Needs/Survival and Economic Well-Being

- CFPs did not encourage and assist children with updating their Life Book/Photo Album.

During the review, CAD noted that four children had blank Life Books and did not have Photo Albums.

On October 19, 2015, CAD conducted a follow-up visit to the FFA where photographs of Life Books/Photo Albums were provided as verification that children in placement were now being encouraged and assisted to create a Life Book/Photo Album.

Recommendation:

The FFA's management shall ensure that:

9. Children are encouraged or assisted in creating a Life Book/Photo Album.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD) FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

The OHCMD's last compliance report dated May 29, 2014, identified seven recommendations.

Results

Based on the results of the current review, the FFA fully implemented 6 of 7 previous recommendations for which the FFA was to ensure that:

- All certified foster parents are re-trained on reporting suspected child abuse.
- NSPs are sent to the children's County CSWs for authorization for implementation of the NSP.
- NSPs contain documentation of the CFPs participation.
- NSPs contain documentation of the age appropriate child's participation.
- Initial NSPs are completed within required timeframes.
- Updated NSPs are completed within required timeframes.

Based on the results of the current review, the FFA did not implement one recommendation for which the FFA was to ensure that:

- Quarterly reports are completed in a timely manner.

Recommendation:

The FFA's management shall ensure that:

10. The outstanding recommendation from the prior report which is noted in this report as recommendation 8 is fully implemented.

At the Exit Conference, the FFA representatives stated their desire to remain in compliance with Title 22 regulations and contract requirements and reiterated that the FFA will implement procedures to strive towards greater compliance. CAD conducted an on-site follow-up visit on October 19, 2015. Based on our follow-up it was noted, that the FFA implemented all recommendations noted in this report. CAD will continue to assess implementation of the recommendations during the next monitoring review. The OHCMD will provide ongoing support and technical assistance prior to the next review.

David & Margaret
Youth and Family Services
1350 Third St, La Verne, CA 91750 (909) 596-5921

Revised: 12/8/15
Originally submitted: 7/29/15

Department of Children and Family Services
Attn: Eboni Alexander
Contract Services Bureau,
Contracts Administration Division
3530 Wilshire Blvd., Fourth Floor,
Los Angeles, CA 90010
(213) 351-0176

Re: CAP for Group Home Monitoring 2015

Section 1 Licensure/Contract Requirements:

Item Number 4: Are all SIRs appropriately documented and cross reported timely:

Deficiency noted: During the review, one SIR was identified as not reported timely. It is unknown at this point why it was submitted late, as it was an SIR from 9/24/2014.

Corrective Action: In order to ensure that SIRs are reported timely, Monday through Friday each cottage/house supervisor is responsible by 4:00 PM to ensure they review any SIRs from their house/cottage and submit them within required contractual guidelines. If a cottage/house supervisor will be out of the office, it is his/her responsibility to ensure another supervisor reviews the SIRs and submits them within contractual guidelines. On Weekends and Holidays, the Intervention Office Staff is responsible for reviewing and submitting them each of these days within required contractual guidelines. All supervisor staff have been informed via email on 7/29/15 that if they are aware of any SIR that is submitted late they are to inform the Chief Program Officer. If an SIR is submitted late then progressive disciplinary action will be taken as necessary. In addition, the agency's Quality Improvement/Assurance Coordinator will be monthly random sampling SIRs to check and ensure they are meeting documentation standards and that they are submitted in timely manner.

Item Number 9: Is the group home free of any substantiated CCL complaints on safety and/or physical plant deficiencies since the last review?

Deficiencies noted: During the review period the agency had three facility evaluation and two complaint investigations that were substantiated.

The facility evaluation reports were as follows:
1) Staff made a medication error; 2) Staff did not utilize proper Pro-Act techniques in restraining a youth during a fight; and 3) The agency needed to fix window screens to close gaps between the window and the screen.

The complaint investigations were as follows:
1) Staff did not have youth put on sun-block prior to a beach outing and did not bring suntan lotion with them and some of the youth obtained a sunburn; and 2) Allegations that a staff took a youth to her home, smoke a cigarette in front of the youth and asked the youth if she wanted to smoke.

Corrective Action: The agency provided CCL with the necessary corrective action plans and the corrective action plans were accepted. For the facility evaluation reports the following occurred: 1) Staff was disciplined which included an unpaid suspension from work and she had to undergo agency medication retraining; 2) The staff was disciplined which included an unpaid suspension and he had to undergo Pro-Act retraining; and 3) All the screens were fixed to close the gaps.

For the complaint investigation about youth obtaining a sunburn while on an outing, the agency submitted a corrective action plan which included a new procedure for staff to follow to ensure youth put on sun-block before they go on the outing or they don't go and they have to reapply it while on the outing and those that refuse will have to return. The agency is appealing the other complaint investigation as originally CCL indicated it was inconclusive and then changed it to substantiated without any new information being obtained or provided.

Section II: Facility and Environment:

Item Numbers 11 and 12: Are common quarters well maintained? Are children's bedrooms well maintained?

Deficiencies noted in Common Quarters: In Wynn cottage the smoke detector in the living room was not working properly and in Tarr one carbon monoxide detector needed to be repaired. Both were identified as in working condition on 6/23/15.

Deficiencies noted in children's bedrooms: In Wynn cottage one bedroom had a smoke detector that was not working properly and one bed was missing a fitted sheet. In another two bedrooms, the blinds and drawers were broken. In Tarr, three mattresses needed to be replaced and in two bedrooms the blinds were broken. In one bedroom the smoke detector was broken. In Turner, some blinds needed to be repaired. All were identified as corrected on 6/23/15.

The agency had maintenance test the detectors yearly. However, this is evident that this is not frequently enough. Cottage staff are also to daily check the rooms and living areas and identify things needing to be fixed and to put in maintenance requests as soon as they see something fixed but again it is evident that staff either are failing to do this and/or are missing checking such things as the blinds (which were missing the wand to open and close the slats for instance).

Corrective Action: Each morning the cottage AM staff are to go through the cottage and do an inspection to identify if there are any maintenance issues or concerns. If there are the staff that

identified them is to ensure a maintenance request is made and submitted and if it is an emergent need to call a supervisor and the maintenance supervisor as quickly as possible. Then once a month, at the Double Team Meetings (where typically all or most of the staff are in attendance), the team will go through each room and living areas to check the cottage and ensure all items are in good working order including all the detectors. This will be documented on a monthly check-off form. The residential program manager will be responsible for collecting and reviewing these forms and doing random visits to cottages to verify the forms were completed accurately.

Section III: Maintenance of Required Documentation and Service Delivery:

Item Numbers 16, 23, and 24: Did the group home obtain or document efforts to obtain County Worker's authorization to implement Needs and Services Plan?; Did the treatment team develop timely, comprehensive, initial NSPs?; Did the treatment team develop timely and comprehensive, updated NSPs?

Deficiencies noted are as follows:
Question 16#: Child #2 did not have CSW signature and only one documented attempt;
Question #23: Child #1, #2, #3, and #5 had initial late NSP as they were mailed out to CSW after required timeframe;
Question #24: Child #2, #3, and #5 updated NSP were identified as late being mailed out to CSW and also for Child #3 and #5 signatures were late.

The agency did not have a sufficient process to ensure that the attempts to obtain the worker's signatures were documented and to ensure all NSPs were signed and delivered timely.

Corrective Action: The agency has put in the following processes to ensure there are at least 3 documented attempts to obtain the county worker's signatures on the NSPs. The two support staff assigned to this task are responsible for documenting for 3 consecutive weeks attempts to obtain the Case Worker's signature on the NSP. This will be evident either through email documentation and/or fax and filed in the resident's chart. If after these 3 attempts they are unable to get the worker, the support staff shall inform the cottage supervisor who will continue to follow-up with the worker and/or supervisor as needed.

To ensure that the NSPs are signed and sent out within contractual guidelines the agency has put in the following procedures. The support staff send out at the end of each month all coming due NSPs to each identified staff and provides them with a deadline that is two weeks before the NSP is actually due. They track when the staff completes their parts of the NSP and keep the Chief Program Officer informed if NSPs are not yet completed and are within 3 days of being due. The Chief Program Officer will follow-up with the staff and the appropriate supervisor to ensure it gets completed that day or the next day. The Chief Program Officer than reviews the NSPs for quality assurance and approves it for signatures no later than the due date. The support staff are then responsible for sending it out after signatures are collected to the case worker which should typically be that day or the next business day. At the beginning of the next month, the support staff provides the Chief Program Officer with a list

of all the NSPs completed for that month and when they were completed by each identified staff and sent in. If there are identified issues with particular staff, then progressive disciplinary action will be taken.

Section VII: Personal Rights and Social/Emotional Well-Being:

Item Numbers 38 and 41: Does GH provide appropriate staffing and supervision?; Is a fair rewards and discipline system in place?

Question 38: Main points of interview were: One youth indicated that she felt there wasn't enough staff to supervise and that she wishes there were more than two staff members. She also indicated that bullying is ignored by staff.

Question 41: Two children reported they believes there is favoritism that two children might do the same thing and one will be punished more severely than the other.

Corrective Action: The agency will provide a training for staff on September 9th, 2015 regarding appropriate supervision of youth and to review the agency's point and level system and the application of it to work to ensure consistency of the system. In addition, the agency does at least two times a year youth satisfaction surveys and has done focus groups with the residential youth to identify things the agency can do better. The satisfaction surveys are completed the computer through survey monkey and results are analyzed by the Chief Program Officer and Quality Improvement/Assurance Coordinator. These results then assist in determining what is reviewed in the focus groups conducted by the agency's Quality Improvement/Assurance Coordinator. This feedback is then compiled and analyzed. The agency will continue to do this and actually this past year the agency modified the point and level system based on feedback from youth, increased bonuses for the level systems, and increase opportunities for the youth to work together as a team to gain extra recreational incentive money. It is important to note that the agency complies with required staffing levels. Added 12/8/15: The agency just completed a satisfaction survey with the youth in placement and 91% of the youth agreed with the statement that staff give out fair and consistent consequences when the rules are broken.

If there is anything else that is needed, please let me know. Again, we appreciate the opportunity to work with DCFS and Probation in providing services to our common youth.

Sincerely,

Michael Miller, LMFT
Chief Program Officer

Cc: Thomas Manning, CSA 1-Out of Home Care Management Division