County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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April 4, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

ORANGE COUNTY CHILDREN'S FOUNDATION GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Orange County Children's Foundation Group Home (The Group Home) in February 2015. The Group Home has three sites, one located in the Second Supervisorial District, one located in the Fourth Supervisorial District and one located in Orange County. All sites provide services to the County of Los Angeles DCFS placed children. According to the Group Home's Program Statement, its stated purpose is, "to increase the likelihood that those residents who remain in the program until their 18th birthday will demonstrate a measurable increase in academic and social adaptive skills and decrease in maladaptive behaviors to enable them to adjust successfully as adults."

The Group Home is licensed to serve a capacity of 18 boys, ages 13 through 18. The Group Home also serves Non-Minor Dependents to age 19. At the time of the review, the Group Home served 15 DCFS children. The placed children's overall average length of placement was 18 months and their average age was 17.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home, being provided with good care and appropriate services, being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 5 of 10 areas of CAD's Contract Compliance Review: Facility and Environment; Psychotropic Medications; Personal Rights and Social/Emotional Well-Being; Discharged Children and Personnel Records.

CAD noted deficiencies in the areas of: Licensure and Contract Requirements, related to Special Incident Reports (SIRs) not completed timely, cross-reported or submitted via the I-Track database; Maintenance of Required Documentation and Service Delivery, related to children not progressing

toward meeting their Needs and Services Plan (NSP) case goals, recommended assessments not being implemented, DCFS Children's Social Worker's (CSW's) monthly contacts were not documented and not developing timely, comprehensive Updated NSPs; Education and Workforce Readiness, related to the Group Home not meeting children's educational goals; Health and Medical Needs, related to not obtaining timely follow-up medical and dental examinations; Personal Needs/Survival and Economic Well-Being, related to the Group Home not providing encouragement/assistance with a Life Book/Photo Album.

Attached are the details of CAD's review.

REVIEW OF REPORT

On March 5, 2015, Lorena Moya-Rivas, DCFS CAD and Mary Espinoza, DCFS Out-of-Home Care Management Division (OHCMD), held an exit conference with the Group Home representatives: Rachel Suit, Assistant Executive Director; Todd Cutchlow, Administrator; Dina Zamudio, Facility Manager; Eddie Santillan, Facility Manager; Jesse Olmos, Facility Manager; and Rocio Aguayo, Child Care Worker.

The Group Home representatives were in agreement with the review findings and recommendations, were receptive to implementing systemic changes to improve compliance with regulatory standards and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

CAD Compliance conducted a follow-up visit to the Group Home on May 18, 2015, to verify implementation of the CAP. OHCMD provided technical assistance to the Group Home on March 5, 2015, to assist them with implementing their CAP.

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

PLB:EM:LTI:lmr

Attachments
c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Sybil Brand Commission
Audit Committee
Pamela Cutchlow, Executive Director, Orange County Children's Foundation
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

ORANGE COUNTY CHILDREN'S FOUNDATION GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 906004539	License Number: 198205893	License Number: 1982009
Rate Classification: 11	Rate Classification: 11	Rate Classification: 11

	Contract Compliance Review	Findings: February 2015
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	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. Full Compliance
	8. Detailed Sign-In/Out Logs for Placed Children	8. Full Compliance
	9. Community Care Licensing (CCL) Complaints on Safety/Plant Deficiencies	9. Full Compliance
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 Food	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. DCFS Children's Social Worker's (CSW's) Authorization to Implement NSPs	2. Full Compliance
	3. Needs and Services Plans (NSPs) Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Improvement Needed
	7. DCFS CSW's Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Full Compliance

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance
V	**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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. Efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in	Full Compliance (All)

	Extra-Curricular, Enrichment and Social Activities (Group Home, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (Group Home, School, Community)	
VIII	**<u>Personal Needs/Survival and Economic Well-Being</u>** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with a 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
IX	**<u>Discharged Children</u>** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**<u>Personnel Records</u>** (7 Elements) 1. FBI, DOJ, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/tuberculosis (TB) Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

ORANGE COUNTY CHILDREN'S FOUNDATION GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the February 2015 review. The purpose of this review was to assess Orange County Children's Foundation Group Home's (The Group Home's) 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 compliance review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education 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, five placed children were selected for the sample. 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, three children were prescribed psychotropic medication. CAD reviewed the children's files 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 quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure/Contract Requirements

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

CAD found 7 of 39 SIRs were not timely submitted via the I-Track database and were not cross-reported to all appropriate parties. The Torrance Group Home facility submitted one late SIR that involved a Non-Minor Dependent who was found under the influence of a controlled substance on January 6, 2015, while in the Group Home. The SIR was submitted on January 8, 2015.

The Placentia Group Home facility submitted four late SIRs, one of which was not cross-reported to the Out-Of-Home Care Management Division (OHCMD) and Community Care Licensing Division (CCL). The Carson Group Home facility submitted two late SIRs and did not submit a SIR when a child suffered a broken arm and received medical treatment on December 24, 2014.

During the review, CAD provided the Group Home representatives with a copy of the Group Home Content Exhibit A-VIII and the Special Incident Reporting Guidelines for Group Homes. The Group Home representatives stated they would use it for further training on Special Incident Reporting.

At the Exit Conference, the Group Home representatives stated some late SIRs were due to a particular staff's error. The Group Home representatives stated the staff was not following up on her duties and was subsequently terminated.

Following the review, the Group Home implemented a new protocol to ensure SIRs are completed, submitted timely and cross-reported to all appropriate parties. Administrators for each facility are responsible for reviewing all SIRs on a weekly basis to ensure compliance.

On May 18, 2015, CAD conducted a follow-up visit to ensure the Group Home's implementation of its new protocol. CAD found 6 of 7 SIRs reviewed were in compliance with the SIR reporting guidelines, while 1 of 7 SIRs reviewed was not reported timely.

Recommendation:

The Group Home's management shall ensure that:

1. SIRs are timely and cross reported.

Maintenance of Required Documentation and Service Delivery

- Child not progressing toward meeting Needs and Services Plan (NSP) case goals.

A 15 year-old child placed at the Group Home for over a year did not have any achieved goals since placement. The child had a history of poor academic achievement and truancy, yet the goal for the child was to increase school work by 60% and attendance by 90% for all classes. Further, his goal for developing independent living skills incorporated several goals combined into one goal which included cleaning, laundry, chores, shopping and attending medical appointments.

At the exit conference, the Group Home representatives stated the Group Home would conduct training for all therapists to ensure that all listed goals are attainable and realistic for each child. The Group Home representatives stated they would also relay this deficiency to the Group Home's NSP consultant as the consultant approves the NSPs.

CAD conducted a follow-up visit on May 18, 2015 and verified that the Group Home had documented progress made toward meeting NSP case goals. The goals were reasonable for three NSPs reviewed that indicated progress in terms of achieving that goal.

- Recommended assessments/evaluations were not implemented.

A child struggled academically for months following placement. The child had a Student Success Team meeting at the school in November 2014 which recommended that the child be evaluated for special education. There was no documentation in the child's file as to the status of the recommended evaluation.

During the review, the Group Home representatives stated that the child's mother was the education rights holder and was a barrier in obtaining the necessary authorization to have the child assessed. However, the child's file did not have any documentation as to the Group Home's efforts to contact the mother regarding obtaining the authorization for the recommended assessment. The Group Home representatives stated the Department of Children and Family Services (DCFS) Children's Social Worker (CSW) was in the process of requesting that the court appoint a Court Appointed Special Advocate to assume education rights for the child. The Group Home representatives stated they frequently have contact with the child's school via text, in person and/or email; however, those contacts are not always documented.

During the exit conference, the Group Home representative stated that Group Home staff would be trained on documenting all contacts with the children's school in the School Contact Log. As a result, each Group Home site was provided training for the facility manager and child care counselors to ensure all school contacts are documented in the School Contact Log. If a child is making little to no progress in school, then the facility manager will contact the school to initiate an assessment/evaluation and ensure timely and consistent follow-up.

CAD conducted a follow-up visit on May 18, 2015 and verified that the Group Home had implemented their new protocol. Three children's files were reviewed and CAD confirmed that recommendations on assessments/evaluations were documented and implemented.

- DCFS CSW's monthly contacts were not documented.

For four children, the contacts with DCFS CSWs were not documented in the children's case files. The Group Home had documentation of the DCFS CSWs visiting the children for monthly visits; however, the Group Home did not consistently document the contact initiated by the Group Home in which they provided a monthly update to the DCFS CSWs.

During the review, the Group Home representatives stated they would speak with the NSP consultant concerning this deficiency and re-train the therapists concerning this documentation to prevent future deficiencies. Further, the Group Home representatives questioned whether the DCFS CSWs need to be contacted if there were no concerns regarding the child. CAD explained that child updates are provided monthly despite concerns and that the Group Home may also provide updates on the children's improvements, accomplishments or needs to the DCFS CSW.

At the exit conference, the Group Home representative stated that the staff and NSP consultant would discuss this issue so that proper documentation is maintained in the children's case files, NSPs and DCFS CSW contact logs.

CAD conducted a follow-up visit on May 18, 2015 and verified that the Group Home had implemented their new protocol. The DCFS CSW Contact Log now includes information on the contact initiated by the Group Home to the DCFS CSW.

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

CAD reviewed eight Updated NSPs; three were not comprehensive, as they did not include all required elements in accordance with the NSP template. Specifically, the NSPs did not include Specific, Measureable, Attainable, Realistic and Time measured goals; the goals that were not reached for the previous quarter were not modified on the Updated NSP, but instead, were copied and pasted again. For one child, a psychological goal was developed; however, that goal later dropped off for the following quarter without an explanation as to why it was no longer a necessary goal. For one NSP that was not timely, both the child and the Group Home staff signed the Updated NSP a month after the due date.

At the exit conference, the Group Home representatives stated they will ensure all social workers are properly trained on how to develop appropriate goals and include modifications to those unmet goals which will remain goals for the following quarter.

On May 18, 2015, CAD reviewed three current NSPs to ensure that the new protocol had been implemented. CAD found one child's NSP did not explain why the child was not enrolled in school in a timely manner and in another section of the child's NSP a reason for modification was identified for a new goal. For another child's NSP, a goal was developed to address the child meeting with a mentor; however, the Group Home was still in the process of obtaining a mentor. It was not an appropriate goal for the child given that a mentor had not yet been identified. CAD informed the Group Home representative that further improvement was required in this area.

Recommendations:

The Group Home's management shall ensure that:

2. Children are progressing toward meeting NSP case goals.

3. Recommended assessments/evaluations are implemented.

4. DCFS CSW's monthly contacts are documented.

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

Education and Workforce Readiness

- The Group Home did not facilitate in meeting the children's educational goals.

A child struggled academically throughout the school year and no measures were put into place to assist the child. For another child who had excessive truancies, there was no documentation in the child's file to show what efforts were made to address this issue.

At the exit conference, the Group Home representative stated the therapists would be trained on documenting efforts to meet the child's educational goals. Subsequently, the Group Home trained therapists to ensure that the children's educational goals are appropriately facilitated.

On May 18, 2015 CAD reviewed school documentation for three children to ensure that those children who experienced academic difficulties were provided facilitation by the Group Home to address those issues. CAD found the Group Home had made necessary changes as needed.

Recommendation:

The Group Home's management shall ensure that:

6. The Group Home facilitates in meeting the children's educational goals.

Health and Medical Needs

- Follow-up medical exams were not conducted timely.

A child was seen by a physician on July 24, 2014 and did not return within the recommended follow-up timeframe of 3-6 months.

During the review, the Group Home representatives stated the child was temporarily returned to a relative for a trial visit when the follow-up medical visit should have taken place. The Group Home representatives stated it was an oversight on their part, as they did not follow-up on the medical visit upon the child's return to the Group Home. The Group Home provided documentation that the child attended the follow-up medical appointment on March 12, 2015.

At the exit conference, the Group Home representatives stated a new protocol would be developed so that staff ensures that the children have their follow-up medical examinations conducted timely. A medical/dental/optometry log has been created and implemented at all sites. This log includes all client appointments and follow-up appointments to ensure they are timely.

CAD conducted a follow-up visit on May 18, 2015 and confirmed that the Group Home sites now use the medical/dental/optometry log.

- Follow-up dental exams were not conducted timely.

A child was seen by the dentist on September 17, 2014, at which time the dentist recommended a crown placement. The Group Home received a denial letter from Medi-Cal for the recommended dental work. However, the Group Home did not follow-up with the provider to ensure the recommended dental work was completed.

At the exit conference, the Group Home representative stated a new protocol would be developed so that staff ensures that the children have their follow-up dental examinations conducted timely. All sites now use the medical/dental/optometry log that has been created and implemented. This log includes all client appointments and follow-up appointments to ensure they are timely.

CAD conducted a follow-up visit on May 18, 2015 and confirmed that the Group Home sites now use the medical/dental/optometry log.

Recommendations:

The Group Home's management shall ensure that:

7. Follow-up medical examinations are conducted timely.

8. Follow-up dental examinations are conducted timely.

Personal Needs/Survival and Economic Well-Being

- Children were not encouraged and assisted in creating a Life Book/Photo Album.

One child stated he was not given a Life Book/Photo Album to create. The child stated he was not opposed to taking photos or working on a Life Book/Photo Album. The child acknowledged that the Group Home had spoken to him about working on a Life Book/Photo Album; however, he had not been given a Life Book/Photo Album to work on.

During the review, the Group Home representatives showed CAD the child's Life Book/Photo Album, which contained three photos and did not appear to have been worked on.

At the exit conference, the Group Home representative stated that a day each month would be set aside for the children to work on their Life Book/Photo Album.

CAD conducted a follow-up visit on May 18, 2015 and verified that the Group Home had implemented their new protocol and a day each month had been set aside for the children to work on their Life Book/Photo Album.

Recommendation:

The Group Home's management shall ensure that:

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

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

The OHCMD's last compliance report dated June 16, 2014, identified one recommendation.

Results:

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

- All staff complete all required trainings in a timely manner.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. The Group Home will implement procedures to strive towards greater compliance.

On May 18, 2015, CAD conducted a follow-up visit and the Group Home had fully implemented 7 of 9 recommendations. The Group Home still needs improvement in reporting SIRs timely, as 1 of 7 SIRs reviewed was not submitted timely and 2 of 3 NSPs reviewed did not include appropriate goals for the children. CAD will continue to assess implementation of the recommendations during CAD's next review. OHCMD will provide ongoing support and technical assistance prior to the next review.

Orange County Children's Foundation, Inc.
Harbor City Children's Foundation, Inc.
Emancipation Institute

April 16th, 2015

Department of Children & Family Services
Contracts Administration Division
3530 Wilshire Blvd. 4th Floor
Los Angeles, CA. 90010
Attn: Lorena Moya-Rivas, MSW Children's Services Administrator

Subject: CAP Addendum I (Staff Training Dates Incorporated)

Dear Mrs. Moya-Rivas,

Per your Contract Review Findings, Orange County Children's Fd. Inc. Corrective Action Plan follows:

SECTION I. LICENSURE/CONTRACT REQUIREMENTS

(4) Are the Special Incident Reports (SIR's) appropriately documented and cross-reported timely? (Safety)

CAP: On March 17th, 2015 all Facility Managers were trained on EXIBIT A-VIII - SPECIAL INCIDENT REPORTING GUIDE FOR GROUP HOMES requirements to ensure all future SIRs are documented according to its requirements and cross-reported timely. Administrators for each facility are responsible for reviewing all SIRs on a weekly basis to ensure compliance with the CAP. (IMPLEMENTED)

SECTION III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

(18) Are the sampled children progressing toward meeting the Needs and Service Plan goals?

CAP: All Therapists have been re-trained to ensure the clients goals are realistic, measurable and attainable. The training occurred on the following dates; the Placentia Site - March 25th, 2015, the Carson Site - March 27th, 2015 & the Torrance Site - March 31st, 2015.

Upon completion of each NSP, the Facility Manager will meet with the Therapist to go over the NSP report to ensure that all goals are realistic and attainable. Once the NSP is complete with revisions (if applicable), the Therapist will submit the NSP to the NSP Consultant. The NSP Consultant will then review the NSP to ensure the clients goals are realistic and attainable. The NSP Consultant will inform the Therapist if modification is needed and revisions will be made. The Administrator is responsible for reviewing the NSP's on a monthly basis to ensure all goals for the clients are realistic, measurable and attainable. (IMPLEMENTED)

(20) Are recommendations on required and/or recommended assessments/evaluations implemented? (Well Being)

CAP: Although Management has consistent and frequent contact with the client's schools, all contact was not documented.
All Facility Managers and Child Care Counselors have been re-trained to ensure all contact with the schools whether via phone, email or in person is documented in the **School Contact Log**. If a child is making little or no progress in school and it appears an assessment/evaluation is needed, the Facility Manager will be responsible for initiating the assessment /evaluation and ensure timely and consistent follow up with the support of the Administrator. The Administrator is responsible for reviewing the **School Contact Log** on a weekly basis to ensure compliance with the CAP. (IMPLEMENTED)

(21) Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file? (Well Being)

CAP: All Facility Managers were re-trained on March 17th to ensure they are contacting CSW's at least once a month with an update on their clients progress and behavior. The Facility Managers will be responsible for documenting the details of the correspondence in the **Social Worker Contact Log.** The Administrator for each facility will ensure compliance with the CAP by reviewing the **Social Worker Contact Log** on a weekly basis. (IMPLEMENTED)

(24) Did the treatment team develop timely, comprehensive, updated NSP's with the participation of the developmentally age-appropriate child? (Well Being)

CAP: All Therapists have been re-trained to ensure the clients goals are realistic, measurable and attainable. The training occurred on the following dates; the Placentia Site - March 25th, 2015, the Carson Site - March 27th, 2015 & the Torrance Site - March 31st, 2015.

Upon completion of each NSP, the Facility Manager will meet with the Therapist to go over the NSP report to ensure that all goals are realistic and attainable. Once the NSP is complete with revisions (if applicable), the Therapist will submit the NSP to the NSP Consultant. The NSP Consultant will then review the NSP to ensure the clients goals are realistic and attainable. The NSP Consultant will inform the Therapist if modification is needed and revisions will be made. The Administrator is responsible for reviewing the NSP's on a monthly basis to ensure all goals for the clients are realistic, measurable and attainable. (IMPLEMENTED)

SECTION IV. EDUCATION AND WORKFORCE READINESS

(26) Does the agency ensure the child attend school as required and facilitate in meeting the child's educational needs and goals. If applicable for children placed over 90 days?

CAP: All Therapists have been re-trained to ensure the clients goals are realistic, measurable and attainable. The training occurred on the following dates; the Placentia Site - March 25th, 2015, the Carson Site - March 27th, 2015 & the Torrance Site - March 31st, 2015.

Upon completion of each NSP, the Facility Manager will meet with the Therapist to go over the plan to ensure all goals are realistic, measureable and attainable. Once the NSP is complete with revisions (if applicable), the Therapist will submit the NSP to the NSP Consultant.
The NSP Consultant will then review the NSP to ensure the clients educational goals are realistic, measurable and attainable. The NSP Consultant will inform the Therapist if modification is needed and revisions will be made. Once any revisions have been made and the NSP meets all requirements, the Therapist will meet with the client to go over the NSP to ensure the clients understand their goals and method(s) to achieve. The NSP will then be signed by the Therapist & the client.

The Facility Manager will then fax or email the NSP to the CSW for review with a request to return the signed signature page via email or fax approving the plan. The Facility Manager is then responsible for ensuring the signature page is signed by all parties within 5 business days.
The Administrator will review the NSP's on a monthly basis to ensure the goals for all clients are realistic, measurable and attainable. The Administrator is also responsible for ensuring the NSP's have all required signatures within five business days of the date of the plan.
(IMPLEMENTED)

SECTION V. HEALTH AND MEDICAL NEEDS

(31) Are required follow-up medical examinations conducted timely? (Well Being)

CAP: A **Medical / Dental / Optometry Log** has been created and implemented at all sites. This log will include all clients appointments and follow-up needed to ensure required & timely follow up on all appointments. The Facility Manager for each site will be responsible for ensuring all appointments and follow ups are documented as required. The Administrator will review the **Medical / Dental / Optometry Log** on a monthly basis to ensure compliance with the CAP. (IMPLEMENTED)

(33) Are the required follow-up dental examinations conducted timely? (Well Being)

CAP: A **Medical / Dental / Optometry Log** has been created and implemented at all sites. This log will include all clients appointments and follow-up needed to ensure required & timely follow up on all appointments. The Facility Manager for each site will be responsible for ensuring all appointments and follow ups are documented as required. The Administrator will review the **Medical / Dental / Optometry Log** on a monthly basis to ensure compliance with the CAP. (IMPLEMENTED)

SECTION VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

(55) Are children encouraged and assisted in creating and updating a life book/photo album? (Permanency)

CAP: To ensure all clients are encouraged to assist in creating and updating a Life Book, the Facility Manager for each site will schedule a monthly Life Book Activity. The Life Book Activity day will be documented on the Monthly Activity Schedule. The Administrator for each site will view all clients Lifebooks on a monthly basis to ensure compliance with CAP. (IMPLEMENTED)

Should you have questions or require additional information, please feel free to contact me at (714) 213-1429 or via email: raesuit@sbcglobal.net.

Respectfully Submitted,

Rachel Suit
Assistant Executive Director