County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 29, 2014

To: Supervisor Don Knabe, Chairman
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Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

CAREPROVIDER CHILDREN AND FAMILY SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Careprovider Children and Family Services (the Group Home) in August 2013. The Group Home has two sites located in the Fifth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to provide a safe environment for all children in our care where they can achieve a feeling of self worth, an appreciation of community, and a respect for culture, family and each other."

The Group Home has two 6-bed sites and is licensed to serve a capacity of 12 children, ages 12 through 17. At the time of review, the Group Home served 11 placed DCFS children. The placed children's overall average length of placement was 11 months, and their average age was 16.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the Group Home; having been 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 our Contract compliance review: Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to Community Care Licensing (CCL) having substantiated a Building and Grounds violation; Facility and Environment, related to the Group Home's Chalburn site not having computers available for the children's use; Maintenance of Required Documentation and Service Delivery, related to children not being placed in

accordance with the Group Home's program statement and target population criteria; Health and Medical Needs, related to one child's initial dental examination not being timely; and Personnel Records, related to two staff not having signed their Criminal Background Statements within the required timeframe.

Attached are the details of our review.

REVIEW OF REPORT

On September 12, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home representatives, Chika Dillibe, Executive Director and Shawn Bettancourt, Residential Director. 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 agreed 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 CCL.

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

OHCMD will confirm that these recommendations have been implemented during our next visit to the Group Home in April 2014 to provide the Group Home with technical assistance and follow-up to ensure implementation of the recommendations.

Additionally, with the upcoming implementation of the Contract Monitoring Section, we will be able to focus more on quality assurance for an increased uniform standard and comprehensive measure of overall programmatic efficacy by providing additional training, support and oversight to the Group Homes and Foster Family Agencies.

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

PLB:EM:KR
RDS:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Emanuel Chukwuma, Board President, Careprovider Children and Family Services
Chika Dillibe, Executive Director, Careprovider Children and Family Services
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

CAREPROVIDER CHILDREN AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the August 2013 review. The purpose of this review was to assess Careprovider Children and Family Services' (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, five Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed four of the five children, as one child had gone absent without leave prior to being interviewed, and the Group Home closed her bed. All five children's case files were reviewed 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, two of the sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD 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.

CONTRACTUAL COMPLIANCE

OHCMD found the following five areas out of compliance.

Licensure/Contract Requirements

- On August 7, 2013, Community Care Licensing (CCL) cited the Group Home due to deficiencies and findings noted during the investigation of a complaint, which had been cross-reported by the DCFS Child Protection Hotline on June 25, 2013. It was alleged that the Group Home's Chalburn site had a bug infestation and that children were being bitten by bugs. Four of the children interviewed by CCL complained that there were bugs at the Group Home. The CCL investigation revealed that one of the children was sneaking a stray cat into

his bedroom. As a result, one child had been bitten by bugs. In efforts to resolve the bug infestation, the Group Home sprayed the Chalburn group home site on several occasions and also contracted a professional exterminator. CCL requested a Plan of Correction (POC), which the Group Home submitted. The POC was approved on August 9, 2013, and the deficiency was cleared. The investigation conducted by the DCFS Emergency Response Investigating Children's Social Worker deemed the allegation of general neglect "Inconclusive," as it was noted in the DCFS Investigation Narrative that the origin of the bed bugs was unknown, the Group Home had been fumigated, and the children with bug bites received medical attention.

During the Exit Conference, the Group Home Residential Director stated that the Group Home will ensure compliance with all Title 22 Regulations and guidelines, and whenever there is evidence that bugs are present at any of the sites, pest treatment will be applied by professional exterminators.

Recommendation

The Group Home's management shall ensure that:

1. The group home sites are in compliance with Title 22 Regulations and free from CCL citations.

Facility and Environment

- During a walk-through of the Group Home's Chalburn site, it was noted that there was no computer available for the children's use. The Group Home's Residential Director informed OHCMD that the computer was being repaired; however, the children were allowed to use the computer in the staff office or at the neighborhood library.

During the Exit Conference, the Group Home's Executive Director stated that she was not aware the computer was broken; she directed the Group Home's Administrator to replace the broken computer, as she stated that the Group Home had several computers available. She added that had she been informed there was a problem, a replacement computer could have been delivered and assembled at the Group Home's Chalburn site within two days. The Group Home's Executive Director further instructed the Group Home's Residential Director to contact her immediately when a computer is out of service, so that it can be immediately replaced. The Group Home's Executive Director assured OHCMD that in the future, there would be no delays in replacing computers that are damaged. On October 3, 2013, during a follow-up visit, OHCMD verified that the computer was replaced and available for the children's use.

Recommendation

The Group Home's management shall ensure that:

2. There is sufficient supply of recreational equipment/educational resources, including a computer, available for the children's use.

Maintenance of Required Documentation and Service Delivery

- The two Group Home sites were not in compliance with the Group Home's program statement and target population criteria. According to the Group Home's program statement, the age range for children served is 12 to 17 years; the Group Home's Chalburn site had one male youth who was 18 years old, and the Group Home's Kidder site had one female youth who had recently turned 18 years old. During the Review, the Group Home's Residential Director stated that the Group Home had been approved by CCL to serve Non-Minor Dependents. The Group Home's Residential Director provided a copy of the approval letter issued by CCL, dated April 29, 2013. However, the Group Home had failed to submit a copy of the CCL approval letter and its amended program statement to OHCMD for review and approval. The Group Home has since submitted a copy of the approval letter and its addendum to DCFS OHCMD; the amended program statement was approved by DCFS on October 16, 2013.

Recommendation

The Group Home's management shall ensure that:

3. Children are placed in accordance with the group home's program statement and target population criteria.

Health and Medical Needs

- One child's initial dental examination was 12 days late. The Group Home reported that the delay was due to not having sufficient medical history on the child, as the Group Home was informed that the child had been diagnosed with cerebral palsy and a life-threatening illness; however, there was no documentation that the delay was due to the child's medical diagnoses or lack of medical information.

During the Exit Conference, the Group Home's Executive Director explained that the delay in obtaining the child's medical information was attributed to this being the child's initial placement. The Group Home's Executive Director stated that the Group Home will ensure the children's dental examinations are timely and that the Group Home obtains the children's dental and medical records at the time of placement.

Recommendation

The Group Home's management shall ensure that:

4. Initial dental examinations for children are conducted timely.

Personnel Records

- A review of personnel files revealed that two staff members had not signed Criminal Background Statements. The two staff members were both hired on December 4, 2012; the documents were signed on September 10, 2013, after OHCMD had brought the deficiency to

the Group Home's Residential Director's attention. A signed copy of the Criminal Background Statement was placed in each of the employees' files. The Group Home provided OHCMD with a signed copy of the Criminal Background Statements for each of the two staff members.

During the Exit Conference, the Group Home's Executive Director stated that this was an oversight, and to ensure this does not reoccur, she will be responsible for ensuring new staff members sign the Criminal Background Statement by the date of hire.

Recommendation

The Group Home's management shall ensure that:

5. All staff signs a Criminal Background Statement timely, and that the signed document is placed in the staff's personnel file.

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

The OHCMD's last compliance report, dated April 22, 2013, identified 10 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 8 of 10 recommendations for which they were to ensure that:

- SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via I-track,
- Common areas are well maintained,
- Children's bedrooms are well maintained,
- Children are progressing toward meeting NSP case goals,
- Children are assisted in maintaining important relationships,
- Staff receive NSP training to ensure comprehensive initial NSPs which are developed, that included all required elements in accordance with the NSP template, and are reviewed by Administration,
- Staff receive NSP training to ensure comprehensive updated NSPs which are developed and are reviewed by Administration include all required elements in accordance with the NSP template, and
- Full implementation of all the outstanding recommendations from the OHCMD's 2011-2012 monitoring report related to SIRs being appropriately documented and cross-reported, common areas are well maintained, children's bedrooms are well maintained, children are progressing towards meeting NSP case goals, children are assisted in maintaining important relationships, and ensure that initial and updated NSPs are comprehensive.

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

- All sites are in compliance with Title 22 Regulations and County contract requirements, and

- Children's initial dental examinations are timely.

Recommendation

The Group Home's management shall ensure that:

6. The outstanding recommendations from the 2012-2013 monitoring report, dated April 22, 2013, which are noted in this report as Recommendations 1 and 4, 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, and to ensure that children's initial dental examinations are timely. The Executive Director and the Residential Director will ensure that children's initial dental examinations are scheduled timely and that children are transported to their scheduled dental examinations. The Group Home's Executive Director will conduct periodic checks to monitor compliance with the CAP. OHCMD will visit the Group Home in April 2014 to provide the Group Home with technical assistance and follow-up on the implementation of the recommendations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

CAREPROVIDER CHILDREN AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

858 N. Kidder Ave.
West Covina, CA 91724
License # 197804534
Rate Classification Level: 12

517 N. Chalburn Ave.
Covina, CA 91724
License # 197805235
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: August 2013
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. Full Compliance
	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. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Improvement Needed
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Worker's Monthly Contacts Documented	7. Full Compliance
	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. Full Compliance
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
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. Full Compliance 3. Improvement Needed 4. Full Compliance
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. GH's 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 (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (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 Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (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	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance

Care Provider Children & Family Services
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281 E. Workman Ave., Suite 203, Covina CA 91723

Mrs. Patricia Bolanos-Gonzalez
Out-of-Home Care Management Div.
County of Los Angeles, DCFS
9320 Telstar Ave. #206
El Monte, Ca 91731

October 28, 2013

Dear Mrs. Bolanos-Gonzalez,

This letter is written as a follow up to a Group Home Monitoring Review of **Care Provider Children and Family Services (CCFS)**, license #197804534/197805236, conducted by Mr. Kirk Barrow, the OHCMD Group Home Monitor, on August 29, 2013 and Exited on September 9, 2013.

The Group Home Evaluation Review indicates that there are five areas that require corrective action. The areas are: I. Licensure/Contract Requirements; II. Facility and Environment; III. Maintenance of Required Documentation and Service Delivery; V. Health and Medical Needs; X. Personal Records

The Plan of Correction is as follows:

1.) **Licensure/ Contract Requirements**

(9) Is the group home free of any substantiated Community Care Licensing complaints on safety and /or physical plant deficiencies since the last review? (NO)

Finding: In August 2013, Community Care Licensing (CCL) investigated a referral called into the Child Care Protective Hotline in June 2013, that a child had a bug bites from the Chalburn site had a problem with insect infestation that were biting the child. CCL's investigation reviewed that at least one client had a bug bites, and during the interviews with four children who resides at the same site, they disclosed that there were bugs at the site. The investigation revealed that one of the clients was sneaking a stray cat into his bedroom. It revealed that the group home had sprayed the site on several occasions and had a professional's exterminator treat the home. The CCL investigator issued a citation for violation of Title 22, General Regulations 80087(a)(1), building and grounds. CCL did not issue a citation for neglect or lack of supervision, because there was evidence that the child refused treatment from a doctor on two occasions and was finally treated by the doctor on July 10, 2013. DCFS also investigated the allegation of general neglect and termed the allegation "Inconclusive." DCFS reported that the origin of the bed bugs was unknown, the group home was fumigated, and minors received physical examination.

Status: On of September 23, 2013, Careprovider asked Terminix "Commercial Sales Professional" to please come back out just to take a look and let us know from a professional stand point how things looked. He was able to come out on September 25, 2013 and reported that he did "NOT" see any bed bug activity. We did speak about a monthly Pest Control Service. I informed Terminix that we are currently using a local Pest Control Service, but in the future if needed we would re-evaluate the current Pest Service and possibly go with Terminix for everything.

Plan to prevent reoccurrence: Since the above incident and follow up, the agency has put in place a new process when new Residents are brought into the facility, along with having "Ironwood Pest Control" come out one a month to spray the house as a preventive measure. In the instance that a resident shares a concern regarding bug bites, the agency will follow up with Terminix immediately, to assess the complaint so that no

time is wasted guessing if or what it is. The agency Executive Director has make it very clear that with the epidemic with bed bugs in California that Careprovider will not take any chances and notify Terminix immediately, do to our recent account with them, they are aware of our every changing population and the concerns we have as an agency. They are willing to work with us, while also responding to our concerns quicker than if it was just and everyday call. We are also on the completion end of a new procedure when bringing new clients into the facility, to proactively attempt to prevent any bed bug threats.

Person responsible for implementing corrective action:
The Residential Director.

II.) **Facility and Environment:**

(13) Does the group home maintain sufficient recreational equipment and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children, and in good repair? (N0)

Finding: No computers for children's use at Chalburn site (Per the Director the youth can use the computer in the staff office.)

Status: As of September 13, 2013, we set up TWO more computers in the computer area to increase the accessibility for our Residents to use the computers. **(Please see attached photo)**

Plan to prevent reoccurrence: Staff will continue to maintain constant supervision on the client's while on line so that accessibility does not get confused with the freedom to (web surf) any sites, while maintaining the privilege of computer access.

Person responsible for implementing corrective action:
The Facility Manager

III.) **Maintenance of Required Documentation and Service Delivery:**

(15) Are children placed in accordance with the group homes capacity and population criteria? (NO)

Finding: The resident in question who turned 18-years-old on September 1, 2013. In a letter to Careprovider from CCL, Careprovider has been approved by CCL to have Non Minor Dependents (NMD); however, Careprovider has not been approved by DCFS to care of NMDs as they have not provided DCFS OHCMD with a copy of their amended Program Statement for DCFS OHCMD to assess and approve the agency to accept DCFS NMDs.

Status: In a letter to Careprovider from CCL, Careprovider has been approved by CCL to have Non Minor Dependents (NMD); however, Careprovider has not been approved by DCFS to care of NMDs as they have not provided DCFS OHCMD with a copy of their amended Program Statement for DCFS OHCMD to assess and approve the agency to accept DCFS NMDs. The current program statement is in the process of being proofed and some alterations made from an outside consultant. The Executive Director has been and will

again follow up with the consultant to expedite getting the AB -12 Program Statement, in the next week, but no later than 10/25/2013.

Plan to prevent reoccurrence: When we turn in Program modification in the future we will follow the individual directions or request from each Department, in this case we had to wait for approval before submitting to the next level. We will strive to ensure that all corrections are completed with a Date of completion to prevent the delay from Department to Department whom we are requesting approval.

Person responsible for implementing corrective action:
The Residential Director

V.) **Health and Medical Needs:**

(32) Are initial dental examinations conducted timely? (NO)

Finding: No follow-up medical due at this time for three of the resident's chosen. The resident who was placed on October 15, 2012; Careprovider provided documentation that it was difficult to obtain medical/dental information on this resident which delayed the child obtaining timely Dental care. His initial Dental which was due by 11/15/2013, was completed on 11/27/2013, twelve days late. Careprovider was unable to provide records of the child receiving dental care prior to being placed with them.

Status: The tracking system that Careprovider currently has in place for ensuring that initial medical exams are conducted with the required 30 day window is that the Facility Managers have been instructed by the Facility Administrator to always schedule the required medical appointments within the first week of child's placement. The Administrator conducts a monthly follow up with the Facility Manager and receives a status report on the initial medical exams.

Case and Point: The Resident in question was twelve days late in getting his initial dental examination completed. The Resident was taken to the dentist on 10/30/12 for his initial exam. The dentist was unable to bill the insurance because the resident was listed with a different dental group in Lancaster. Careprovider made ongoing efforts to get appropriate information and changes made with the CSW in charge of his case at that time. However it took longer than expected for the CSW at that time to make the appropriate changes for the resident's dental provider, so there was a short delay in providing a complete dental examination.

Plan to prevent reoccurrence: . The Facility Manager for each sight will be responsible to ensure that all appointments take place within the thirty day window following intake. Careprovider will also do a better Job of documenting all efforts made, along with all contact and correspondence between both the Facility Manager and the CSW. In the future Careprovider will pay for the initial dental exam and absorb the cost of the dental exam until the insurance issues have been adequately resolved, or attempt to find a free clinic that offers the initial dental exam in the event that we encounter a problem with child's insurance.

Person responsible for implementing corrective action:
The Facility Manager and the Director

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X.) **Personnel Records:**

(60) Did appropriate employees sign a criminal background statement in a timely manner? (NO)

Finding: No signed Background statements found for Staff 1 and Staff 2.

Status: Both employees have signed the criminal background statement in question and the background statement has been placed in there file.

Plan to prevent reoccurrence: The Residential Director has completed a check list of documents that need to be in every staff file, getting more and more familiar with the agency and the size of it, this will allow for the Director a great opportunity to have a more hands on approach when it comes to Staff files and what is expected of in the file.

Person responsible for implementing corrective action:
The Residential Director

It is our policy and practice to make sure that we are in compliance with our contract, DCFS, Probation and Title 22 requirements. We will continue to monitor ourselves to ensure that we are in compliance.

Thank you for your time and consideration. If you have any questions, please contact me.

Sincerely,

Shawn Bettencourt
Director of Residential Services
(626) 664-3344