County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

December 13, 2012

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

From: Philip L. Browning
Director

DANGERFIELD INSTITUTE OF URBAN PROBLEMS 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 Dangerfield Institute of Urban Problems Group Home (Dangerfield) in August 2012. Dangerfield has three sites located in the Second Supervisorial District and provides services to Los Angeles County DCFS foster children and youth. According to Dangerfield's program statement, its purpose is to provide "a stable, constant, nurturing and predictable environment, one that is responsive to the individual child's needs."

Dangerfield has three six-bed sites and is licensed to serve a capacity of 18 children, six males and 12 females, ages seven through 17. At the time of the review, Dangerfield served 18 placed DCFS children. The placed children's average length of placement was eight months, and their average age was 17.

SUMMARY

During our review, the children interviewed generally reported feeling safe at Dangerfield; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

Dangerfield was in full compliance with three of 10 areas of our Contract compliance review: Psychotropic Medication; Personal Rights and Social/Emotional Well-Being and Personal Needs/Survival and Economic Well-Being.

We noted deficiencies in the areas of documentation of services delivery and ensuring the educational and dental needs of children. Dangerfield needed to develop comprehensive Needs and Services Plans (NSPs) to include all required information in accordance with the contract requirements. Deficiencies were also noted in ensuring that all placed children made progress toward meeting their NSP goals and that staff received timely health-screenings. Additionally, between August 2011 and July 2012, Community Care Licensing (CCL) had cited Dangerfield for deficiencies and findings noted during a CCL investigation. We instructed Dangerfield supervisory staff to enhance monitoring in order to eliminate documentation issues, ensure that all service requirements are met, and ensure compliance with all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On September 13, 2012, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with Dangerfield staff, Lorrie Irving, Administrator, and Wendy Suer, Group Home Social Worker. Dangerfield representatives were in agreement with the review findings and recommendations; were receptive to implementing systemic changes to improve their 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 (A-C) and CCL.

Dangerfield provided the attached approved CAP addressing the recommendations noted in this compliance report.

We will assess for implementation of recommendations during our next monitoring review.

If you have any questions, please call me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:RRS:KR
EAH:PBG:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Lorrie Irving, Administrator, Dangerfield Institute of Urban Problems
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

DANGERFIELD INSTITUTE OF URBAN PROBLEMS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the August 2012 review.

The purpose of this review was to assess Dangerfield Institute of Urban Problems Group Home's (Dangerfield) compliance with its County contract requirements and State regulations and includes a review of the Dangerfield'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
- Personnel Records

For the purpose of this review, five placed children were selected for the sample. We 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 Dangerfield's compliance with permanency efforts. At the time of the review, two children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

We reviewed four 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

We found the following seven areas out of compliance.

Licensure/Contract Requirements

- We found that clothing allowance logs were not fully completed, signed by the child care staff or children. The Administrator stated that she would immediately begin reviewing the clothing allowance logs weekly to ensure that all clothing allowance logs include the required documentation and signatures.

- The resident sign-in/sign-out log was not always adequately completed. The Administrator stated that by November 3, 2012, all staff would be trained by facility managers on proper procedure for signing residents in and out of the facility, including the need for mandatory staff signatures and corresponding dates/times out and in. Dangerfield staff completed training on November 3, 2012, and verification of training was submitted to the OHCMD.

- We noted that CCL had cited Dangerfield on October 5, 2011, for a finding during a CCL investigation. The incident occurred on September 27, 2011, and involved a substantiated complaint for lack of supervision; a placed youth brought contraband into the facility. It was alleged that the youth had a lighter and went outside to smoke in the group home's backyard. The youth sustained a second degree burn after she sprayed perfume before going outside and accidentally ignited the fumes. Staff was responsive and immediately took the youth to the doctor. Dangerfield responded proactively and immediately developed a Plan of Correction (POC) that addressed training on safety issues and responsibility for providing care and supervision on placed children. The POC was approved by CCL.

Recommendations

Dangerfield's management shall ensure that:

1. The clothing allowance log is properly maintained.

2. The resident sign-in/sign-out log is properly completed.

3. All sites are in compliance with Title 22 Regulations and County contract requirements.

Facility and Environment

- We noted at Site Two that a window release latch outside of a child's bedroom window did not function properly. The Administrator stated that the window release latch would be repaired immediately to ensure the children's safety. The window bars and latches were serviced and repaired. Dangerfield submitted a receipt and photographs of the repairs.

Recommendation

4. The exterior of the group home is well-maintained in accordance with Title 22 Regulations.

Maintenance of Required Documentation and Service Delivery

- We found that three of the five sampled children were not making progress toward meeting their NSPs case goals. The Administrator stated that every effort would be made for all residents to make progress toward meeting NSP goals. The treatment

team will work collaboratively to develop more realistic, reasonable and attainable goals for initial and updated NSPs.

- Eight of the 12 updated NSPs reviewed were not comprehensive and did not include all the required elements in accordance with the NSP template. Some updated NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals or the children's progress was not updated. In addition, some of the updated NSPs did not include permanency treatment goals. The Administrator stated that the deficiency was due to a newly-hired Group Home Social Worker (GHSW) who was not familiar with the NSP template. Effective immediately, all NSPs will be reviewed by the Lead GHSW no less than seven days prior to submission to the DCFS Children's Social Worker (CSW). The Lead GHSW will ensure NSPs are properly prepared and include detailed documentation. On November 14, 2012, the Lead GHSW provided in-service training to all GHSW staff to ensure development of comprehensive updated NSPs.

Recommendations

Dangerfield's management shall ensure that:

5. All placed children are progressing toward meeting their NSP goals.

6. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Education and Workforce Readiness

- We found that three of the five children did not improve their academic performance and/or attendance. Although the reviewed NSPs documented the children having truancy issues or refusing to attend school, there was no documentation supporting efforts made by Dangerfield staff to ensure children attended school regularly. The Administrator stated that Dangerfield staff has always made a concerted effort to get children to attend school. Dangerfield has developed an incentive program and School Log Form to motivate placed children to increase school attendance and improve academic performance. Also, Dangerfield Group Home continues to work in collaboration with Los Angeles Unified Achool District (LAUSD) Neglected or Delinquent Youth Program to address the school issues presented by children placed at Dangerfield.

Recommendation

Dangerfield's management shall ensure that:

7. Children improve academic performance and/or attendance.

Health and Medical Needs

- One child had not received the November 2011 recommended dental follow-up examination. The Administrator stated that Dangerfield staff will schedule an

appointment for the child immediately and staff will schedule all required follow-up dental examinations one month in advance of the due date. The Quality Assurance (QA) Team will verify whether children's follow-up dental examinations have been scheduled and verify that children receive the scheduled dental services. Dangerfield will continue to have children who refuse medical and dental services sign a refusal form. DCFS CSWs will be notified immediately of refusal of required health services.

Recommendation

Dangerfield's management shall ensure that:

8. All children receive timely follow-up dental examinations.

Discharged Children

- We found two of the three discharged children did not successfully meet their NSP goals prior to their discharge. The Administrator assured that Dangerfield will take all necessary treatment measures to assist children with setting and meeting their stated goals. The treatment team will have weekly meetings to discuss children's progress and response to treatment.

Recommendation

Dangerfield's management shall ensure:

9. All discharged children make progress toward meeting their NSP goals.

Personnel Records

- One recently hired staff member did not receive a timely health-screening. The employee received her health-screening four months after her hire date. The Administrator stated that Dangerfield will ensure all prospective employees complete health screenings prior to their hire date.

Recommendation

10. All employees receive timely health-screenings.

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

The OHCMD's last compliance report dated June 13, 2012 identified 15 recommendations.

Results

Based on our follow-up, Dangerfield fully implemented 10 of 15 recommendations for which they were to ensure that:

- The resident sign-in/sign-out log was always adequately completed.
- Dangerfield's common quarters were well maintained in accordance with Title 22 Regulations.
- The children's bedrooms were well maintained in accordance with Title 22 Regulations.
- All age-appropriate children participated in the development of the NSP.
- NSPs were comprehensive, including all required elements in accordance with the NSP template.
- NSPs were developed in a timely manner.
- Monthly contacts with CSWs were appropriately documented.
- Obtained or documented efforts to obtain the DCFS CSWs' authorization to implement the NSPs.
- Placed children were assisted with progressing toward meeting the NSP case goals.
- All children attended school as required.
- Children's academic performance and/or attendance increased.
- All children received initial medical examinations.
- Dangerfield worked with the CSWs to ensure children were discharged according to the permanency plan and/or document their efforts.
- The children were assisted with making progress toward meeting their NSP goals prior to their discharge.
- All staff members who have direct contact with children met the educational/experience requirements.

Dangerfield did not implement the recommendations regarding ensuring the resident sign-in/sign-out log was always adequately completed; development of comprehensive NSPs; ensuring children were progressing toward meeting their NSP goals; assisting children in improving academic performance and/or attendance; and ensuring children were making progress toward meeting their NSP goals prior to their discharge.

Recommendation:

Dangerfield's management shall ensure that:

11. It fully implements the June 13, 2012 outstanding recommendations from the 2011-2012 fiscal year monitoring review, which are noted in this report as Recommendation 2, 5, 6, 7 & 9.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Dangerfield's fiscal operations for January 1, 2010 through December 31, 2010. The fiscal report, dated July 10, 2012 stated Dangerfield had $13,680 in unallowable expenditures and $59,434 in unsupported/inadequately supported expenditures.

The DCFS Fiscal Monitoring and Special Payments Section informed the OHCMD that Dangerfield has signed an agreement with the Los Angeles County Treasurer and Tax collector to pay the identified unallowable and unsupported/inadequately payments. Dangerfield is current on its payments.

DANGERFIELD INSTITUTE OF URBAN PROBLEMS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1433 W. 81st St.
Los Angeles, CA 90047
License Number: 191800563
Rate Classification Level: 11

4736 11th Ave.
Los Angeles, CA 90047
License Number: 191801451
Rate Classification Level: 11

2306 W. 73rd St.
Los Angeles, CA 90043
License Number: 198205013
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: August 2012**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. 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. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	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. Full Compliance
	2. County 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. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance

	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers 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. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements)	
	1. Children Enrolled in School Within Three School Days	1. Full Compliance
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Full Compliance
	3. Current Report Cards Maintained	3. Full Compliance
	4. Children's Academic or Attendance Increased	4. Improvement Needed
	5. GH Encouraged Children's Participation in YDS/ Vocational Programs	5. Full Compliance
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	1. Full Compliance
	2. Follow-Up Medical Exams Conducted Timely	2. Full Compliance
	3. Initial Dental Exams Conducted Timely	3. Full Compliance
	4. Follow-Up Dental Exams Conducted Timely	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. GH's efforts to provide 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	Full Compliance (ALL)

	8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 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 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's 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	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	1. Full Compliance 2. Improvement Needed 3. Full Compliance
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. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

October 9, 2012

TO: Patricia Bolanos-Gonzalez, DCFS MANAGER
OUT-OF-HOME CARE MANAGEMENT DIVISION
Via e-mail to Jui Ling Ho, Monitor

FROM: LORRIE IRVING, DIRECTOR
DANGERFIELD GROUP HOME PROGRAM

CORRECTIVE ACTION PLAN (CAP)

Dangerfield Group Home is providing the Out-of-Home Care Management Division (OHCMD) with a Corrective Action Plan as requested regarding the findings revealed during the monitoring of our facilities.

RE: **Final Monitoring Review Field Exit Summary September 13, 2012**

I. Licensure/Contract Requirements

Element #7

Are appropriate and comprehensive monetary and clothing allowance logs maintained? (WELL-BEING)

Finding(s)

Although all monetary and clothing allowance logs were in the files, not all of the logs were comprehensively completed.

Corrective Action Plan

Dangerfield Group Home will ensure that comprehensive monetary and clothing allowance logs are maintained specifically logs are fully completed and signed by Child Care Staff and children. Group Home Administrator will discuss and clarify proper maintenance of logs during weekly treatment team meetings with Child Care Staff. Further, monetary and allowance logs will be submitted to Group Home Administrator for final review and signature on a weekly basis in an effort to ensure compliance.

Person(s) Responsible for Implementation of CAP

Dangerfield Group Home Administrator and Dangerfield Group Home Child Care Staff will ensure implementation of CAP.

Time Frame of Implementation

The CAP has been implemented.

Element #8

Does the facility maintain a detailed sign in/out log for placed children? (SAFETY)

Finding(s)

Not all the sign-in/sign-out logs were fully completed.

Corrective Action Plan

Dangerfield Group home will take the following action to ensure that detailed sign in/out logs are appropriately maintained and fully completed.

Child Care Staff will receive In-Service training on November 3, 2012 by Group Home Administrator and Facility Training Provider as to the procedural guidelines for signing residents in and out of the Group Home. Upon completion of the In-Service training, a copy of the attendance sheet will be forwarded to the OHCMD Group Home Monitor.

Person(s) Responsible for Implementation for the CAP

Dangerfield Group Home Administrator, Facility Trainer and Child Care Staff will ensure implementation of the CAP.

Time Frame of Implementation

The CAP will be implemented immediately following the In-Service training scheduled for November 3, 2012.

Element #9

Is the Group Home free of any substantiated Community Care Licensing Complaints on safety and/or physical plant deficiencies since the last review? (SAFETY)

Finding(s)

Dangerfield Group Home (Site #2) had one substantiated complaint/deficiency since the last review that was rectified.

Corrective Action Plan

A Plan of Correction was initiated by Dangerfield Group Home Administrator on November 1, 2011 to provide training on safety issues and the responsibility for providing care and supervision of placed children. On September 13, 2012, the sign in (attendance) sheet for this particular training was provided to the OHCMD Group Home Monitor.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator, Training Provider and Child Care Staff have ensured implementation of this CAP.

Time Frame of Implementation

The CAP has been implemented.

II. Facility and Environment

Element #10

Are the exterior and the grounds of the Group Home well maintained, (Front and back yards clean and adequately landscaped; condition of home exterior, driveway, walkways and fences and window screens)? (SAFETY)

Finding(s)

The exterior of the Group Home was not well maintained in that one window release bar in bedroom number one of Site # 2 did not function properly.

Corrective Action Plan

The window release bar in bedroom number one of Site #2 was repaired, on September 20, 2012. The OHCMD Group Home Monitor checked the window release bar for repair and compliance. Dangerfield Group Home is forwarding a copy of the receipt for the repair and photographs of the window release bar.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator ensured implementation of CAP.

Time Frame of Implementation

The CAP has been implemented.

III. Maintenance of Required Documentation and Service Delivery

Element #18
Are the sampled children progressing toward meeting the Needs and Services Plans case goals? (WELL-BEING)

Finding(s)

Three of the five children sampled were not progressing toward meeting the NSP goals.

Corrective Action Plan

In an effort to assist children and facilitate their progress toward their Needs and Services Plan's case goals, Group Home Social Work Staff and children will collaborate to develop more realistic, reasonable, and attainable goals for initial and updated NSPs. Children will be able to meet their treatment goals fairly easily. In addition, Group Home Social Work Staff and will aim to limit the number of goals developed (i.e., two goals) during the initial NSP and thereafter updated NSPs so that Group Home Social Work Staff, the treatment team, and children can focus more intensely on a given goal during a reporting period.

Person(s) Responsible for Implementation of the CAP

Group Home Social Work Staff and treatment team will ensure implementation of CAP.

Time Frame of Implementation

The CAP has been implemented.

Element #24

Did the treatment team develop timely, comprehensive, updated Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

Finding(s)

The twelve updated NSPs were all timely. However, only four of the twelve NSP's were comprehensive. Eight of the twelve NSPs were not comprehensive due to: 1) They did not include all the required elements is accordance with the NSP template. 2) Some of the NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals, or the child's status was not updated. 3) Some of the NSP's did not include a permanency treatment goal for the placed child.

Corrective Action Plan

Dangerfield Group Home will ensure that NSP's are comprehensive, detailed, and always include a permanency treatment goal. This will be achieved by continuing to utilize Dangerfield Group Home QA form that includes all necessary components needing to be documented. All NSPs will be reviewed by Group Home Lead Social Worker seven days prior to submission to DCFS Children's Social Workers, ensuring NSPs are correctly written and all detailed documentation is included.

Further, Lead Group Home Social Worker will provide an In-Service training on November 14, 2012 to Group Home Social Work Staff to ensure the development of comprehensive updated Needs and Services Plans. The focus of this In-Service training will be on addressing all required elements in accordance with the NSP template and providing detailing information on the child status and progress toward meeting his/her identified treatment goals. Proof of this training will be forwarded to Dangerfield Group Home Monitor upon completion.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator, Lead Group Home Social Worker and Group Home Social Work Staff will ensure implementation of the CAP.

Time Frame of Implementation

The CAP will be implemented immediately following the In-Service training scheduled for November 14, 2012.

IV. Education and Workforce Readiness

Element #28

Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, High School Grad, IEP goals)? (WELL-BEING)

Finding(s): Three out of five children did not increase school attendance and improve academic performance.

Corrective Action Plan

As of November 4, 2011, Dangerfield Group Home developed an Incentive Program designed to motivate children placed to increase school attendance and improve academic performance. This Incentive Program continues to be utilized and has served as motivator for some placed children to attend school more regularly and improve grades and performance. Dangerfield Group Home continues to work in collaboration with LAUSD Neglected or Delinquent Youth Program to address many of the school issues presented by some of the children placed at Dangerfield Group Home.

Dangerfield Group Home has developed a School Log form to be utilized twice a month by Child Care Staff. Child Care Staff will conduct school visits to meet with school counselors and teachers. The School Log form is intended to be completed by Child Care Staff from the information given by school counselors and teachers reporting on children's progress at school, concerns, attendance, and academic performance. This form will be used to gauge unmet needs and assist Group Home Social Work Staff in developing individually tailored treatment plans for school.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator, Group Home Social Work Staff, Child Care Workers will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented.

V. Health and Medical Needs

Element #33

Are required follow-up dental examinations conducted timely? (WELL-BEING)

Finding(s)

One of the five children sampled did not receive a timely dental follow-up examination. This child's last dental examination was done in November 2011.

Corrective Action Plan

Required follow-up dental examinations and six month recalls will be scheduled one month in advance of the due date by Child Care Staff. The QA Team will verify whether children's follow-up dental examinations have been scheduled in addition to verifying children received dental services as scheduled. Dangerfield Group Home will continue to have children who refuse medical and dental services to sign a refusal form. DCFS Children's Social Workers will be notified immediately of refusal of required health services. Child Care Staff will schedule another appointment for children who refused medical and dental appointments.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator, Dangerfield QA Team and Child Care Staff will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented.

IX. Discharged Children

Element #57

For children placed at least thirty days, did the child make progress toward meeting their NSP goals? (PERMANENCY)

Finding(s)

Two of three discharged children were not discharged according to the permanency plan and did not successfully meet all of their NSP goals prior to their discharge.

Corrective Action Plan

Dangerfield Group Home Administrator assured that Dangerfield will take all necessary treatment measures to assist children with setting and meeting their stated goals. The treatment team will have weekly meetings to discuss children's progress and response to treatment.

Person(s) Responsible For Implementation of the CAP

Dangerfield Group Home Administrator, Lead Group Home Social Worker and Group Home Social Work Staff will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented.

X. Personal Records

Element #62

Have employees received timely health screenings/TB clearances? (SAFETY)

Finding(s)

Staff member #1's health screening was not done timely. Her physical exam was done on July 15, 2012.

Corrective Action Plan

Dangerfield Group Home will ensure that for all prospective employees' health screenings and TB clearances will be completed prior to their hire date.

Dangerfield Group Home Administrator will monitor this policy and procedure including all timelines for mandatory employment documents.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator will ensure implementation of CAP.

Time Frame for implementation

The CAP has been implemented.

Sincerely,

Lorrie Irving

Lorrie Irving

Dangerfield Director