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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June 19, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

FIELDS COMPREHENSIVE YOUTH SERVICES CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Fields Comprehensive Youth Services (Fields) in November 2011, at which time they had two six-bed sites: the Eddington site and the Napa site and six male placed children at each location.

Fields is located in San Bernardino County and provides services to Los Angeles County DCFS foster children and Probation youth. According to Fields' program statement, its stated goal is to provide "a safe, nurturing, structured living environment for adolescents in need of a group home placement." Fields is licensed to serve a capacity of 12 children, ages 13 through 17, including children from other counties.

For the purpose of this review, four currently placed children were interviewed and their case files reviewed. One of the four DCFS children was under the joint supervision of the Los Angeles County Probation Department. The placed children's overall average length of placement was 14 months, and the average age was 16. Three discharged children's case files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at time of discharge. Four staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

One child was prescribed psychotropic medication. We reviewed his case file to assess timeliness of Psychotropic Medication Authorizations (PMSs) and to confirm documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Fields' compliance with the contract and State Regulations. The visit included a review of Field's program statement, administrative internal policies and procedures, four children's case files, and a random sampling of personnel files. A visit was made to both facilities to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, the children interviewed reported feeling safe, having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

At the time of the review, Fields needed to address a minor physical plant deficiency as one stove burner was not working at the Eddington site. Also, Fields needed to develop comprehensive NSPs. The sampled children's progress towards meeting their NSP case goals was not documented in the NSPs. DCFS Children's Social Workers' (CSWs) monthly contacts by Fields were not appropriately documented. One child was not enrolled in school within three school days after placement, and Fields' efforts to have the child enrolled in school timely were not documented. One child's follow-up dental exam was not conducted, and one child stated he was neither encouraged, nor assisted in creating and updating a life book or photo album.

Our review revealed the need for Fields to meet all the required elements in accordance with the NSP template, document children's progress towards meeting their NSP case plan goals, ensure the children receive follow-up dental examinations and ensure consistency in therapeutic evaluations for children on psychotropic medication.

Fields was receptive to implementing the recommendations to improve compliance with State regulations and the County contract. The Administrator stated that she understood the findings of the review and would develop a Corrective Action Plan (CAP) to address the deficiencies.

NOTABLE FINDINGS

The following are the notable findings of our review:

- At the time of the review, the Eddington site was placed on an Administrative Hold by the San Bernardino County Probation Department due to placement issues pertaining to lack of appropriate documentation of psychotropic medication. The Hold was placed on October 27, 2011, and rescinded on November 30, 2011, after the Group Home submitted a CAP and corrected the discrepancies.

- One gas stove burner was not working at the Eddington site at the time of the facility inspection. The Group Home Administrator immediately had the stove burner repaired and it is now in working condition.

- No documentation was found regarding the four sampled children's progress toward meeting the NSP case goals. The Administrator stated the children's progress was documented in the children's case files but was not always included in the NSPs. The Administrator plans to meet with the therapist to make the therapist aware that the children's progress toward the case plan goals must be included in their NSPs.

- Of the 16 initial and updated NSPs reviewed, seven updated NSPs were not comprehensive in that Fields did not complete all the required elements in accordance with the NSP template. Some initial NSPs did not include the progress the children were making towards meeting their NSP case goals, while updated NSPs did not contain documentation of the Group Home's monthly contacts with CSWs. Documentation regarding visits between the children and their relatives lacked detail. Also, the children's and CSWs' signatures were missing from some NSPs. The Administrator planned to arrange additional training for staff who prepare the NSPs in order to ensure future NSPs are comprehensive. Fields representatives also attended the NSP training conducted by OHCMD in January 2012.

- One child was not enrolled in school within three school days of placement, and Fields did not provide documentation of their efforts to enroll the child in school. The Executive Director stated children will be registered and enrolled in school within three school days of initial placement. If unable to comply with this request, the reason for any delays will be documented and reported to all necessary parties.

- One child's academic performance and attendance did not improve due to truancy and lack of focus in school. The services the facility provided did not assist the child in increasing his academic performance and attendance. The child's educational files were reviewed, and it was noted that the child's grades and attendance did not improve. The Executive Director stated the Facility Manager will continue to work with school personnel to monitor the child's education progress and attendance and increase services to the child to help him improve in academic performance and attendance.

- One of four sampled children had received a dental exam prior to his placement in Fields. A six-month follow-up exam was recommended. However, the Group Home did not ensure timely follow-up treatment was received. This matter was addressed with the Administrator, and the child did receive the follow-up dental exam prior to the Exit Conference. Dental records provided to the OHCMD Monitor at the time of the Exit Conference confirmed the child received the recommended treatment.

- One child was prescribed psychotropic medication. Although the child did have a current psychiatric evaluation/review on file, records of prior evaluations/reviews were inconsistent and some were not timely. The Executive Director stated that all children on psychotropic medications will receive monthly psychiatric evaluation reviews or as scheduled by the psychiatrist.

- One of the four sampled children stated they were not encouraged to have a life book/photo album. Fields' Administrator stated they did provide the children with life books/photo albums. However, this child was neither encouraged, nor assisted in updating his life book/photo album.

- The file review for one of three discharged children who had been placed for at least 30 days revealed there was no progress toward meeting his NSP goals. The Executive Director stated that training was conducted for the treatment team staff to ensure they give all pertinient information regarding children's progress toward their NSP goals to the clinician who will ensure that children's progress toward their case plan goals is documented clearly in the NSPs.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held December 2, 2011:

In attendance:

Towana Bryant, Administrator, Fields Comprehensive Youth Services, and Kirk Barrow, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with our findings and recommendations. She was open to suggestions to ensure full compliance in the future and agreed to make necessary corrections.

Fields provided an approved CAP addressing each recommendation noted in this compliance report.

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

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

PLB:RS:KR
EAH:PBG:kb

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
Dr. Steve Wysoski, President Board of Directors, Fields Comprehensive
Arby Fields, Executive Director, Fields Comprehensive
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

FIELDS COMPREHENSIVE YOUTH SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW

7062 Napa Ave.
Alta Loma, CA 91701
License Number: 366402086
Rate Classification Level: 10

1214 Eddington Ave.
Upland, CA 91786
License Number: 366407025
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: November 2011**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. Special Incident Reports	3. Full Compliance
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies	8. Improvement Needed
	9. Detailed Sign In/Out Logs for Placed Children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms/Interior Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance

III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Initial/Updated NSPs	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH encourages Children's Participation in YDS	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
V	**Health and Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	 1. Full Compliance 2. Improvement Needed

VII	**Personal Rights And Social/Emotional Well-Being** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VIII	**Personal Needs/Survival and Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Full Compliance 2. Improvement Needed 3. Full Compliance

X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

FIELDS COMPREHENSIVE YOUTH SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW

7062 Napa Ave.
Alta Loma, CA 91701
License Number: 366402086
Rate Classification Level: 10

1214 Eddington Ave.
Upland, CA 91786
License Number: 366407025
Rate Classification Level: 10

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Fields was in full compliance with two of 10 sections of our contract compliance review: Personal Rights and Social/Emotional Well-Being; and Personnel Records. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of four children's case files and/or documentation from the provider, Fields fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

At the time of review, the Eddington site was on HOLD. The San Bernardino County Probation Department had placed the facility on HOLD on October 25, 2011. The HOLD was rescinded on November 30, 2011 after Fields addressed the concerns regarding proper record keeping and distribution of medication.

Recommendation:

Fields' management shall ensure:

1. They remain free of violations resulting in Hold status.

2. Medication distribution is appropriately documented.

FACILITY AND ENVIRONMENT

Based on our review of four children's case files and/or documentation from the provider, Fields fully complied with five of six elements reviewed in the area of Facility and Environment. Although the children's bedrooms were well maintained, we noted that one gas stove burner was not working in the kitchen at the Eddington site and needed to be repaired. This was observed during the site inspection and was brought

to the attention of the Administrator, who immediately made arrangements to have the stove burner fixed.

Recommendation:

Fields' management shall ensure:

3. The common quarters are well maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of four children's files and/or documentation from the provider, Fields fully complied with 10 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We found that six of 13 updated NSPs reviewed were not comprehensive and did not meet all required elements in accordance with the NSP template, and were not comprehensive as they were missing signatures by the children, CSWs, and Fields' representatives. Some did not have dates for the time period which the updated NSP was addressed. The review further revealed the four sampled children were not progressing toward meeting their NSP goals, and there was no progress documented for some children's case plan goals. More detail was needed when addressing visits with relatives, as well as the Fields' contacts with CSWs. In addition, Fields did not appropriately document monthly contacts with the DCFS CSWs. The Administrator agreed to conduct NSP training for staff responsible for preparing the NSPs and also ensure that monthly contacts with CSWs are documented. Fields representatives also attended the NSP training conducted by OHCMD in January 2012.

Recommendations:

Fields' management shall ensure:

4. The children are progressing toward meeting NSP case goals.

5. Monthly contacts with DCFS CSWs are conducted and appropriately documented.

6. Comprehensive updated NSPs are developed.

EDUCATIONAL AND WORKFORCE READINESS

Based on our review of four children's files and/or documentation from the provider, Fields fully complied with six of eight elements reviewed in the area of Educational and Workforce Readiness.

Based on our review, one child was enrolled in school late and there was no documentation found to show why the child had not been enrolled in school within three

school days after placement. According to the Administrator, they make every effort to enroll children in school timely. She added, however, that sometimes a school may delay a child's enrollment if the child does not have paperwork that they deem necessary. Subsequent to our review, OHCMD provided Fields with a link to the Education Coordination Council website that would be very helpful and would provide them with information to assist them in enrolling children in school timely. One child had frequent truancies and poor academic performance and did not improve his grades and attendance despite the Fields' efforts to get the child assistance with a tutor and transporting the child to school.

Recommendations:

Fields' management shall ensure:

7. Children are enrolled in school timely.

8. They assist and document their efforts to improve children's attendance and academic performance.

HEALTH AND MEDICAL NEEDS

Based on our review of four children's files and/or documentation from the provider, Fields fully complied with five of six elements in the area of Health and Medical Needs.

Initial medical examinations were conducted timely. The records revealed that one child received his yearly dental exam prior to his placement at Fields. The child's follow-up dental exam was to be conducted six months later; however, Fields failed to take the child for his follow-up dental exam by the due date. Fields' Administrator stated she will schedule the children's appointments and she will ensure that all placed children receive timely dental exams. At the time of the Exit Conference the Monitor verified that the child had received the follow-up dental exam.

Recommendation:

Fields' management shall ensure:

9. All children have timely follow-up dental exams.

PSYCHOTROPIC MEDICATION

Based on our review of four children's case files, interviews with four children and/or documentation from the provider, Fields fully complied with one of two elements reviewed in the area of children's Psychotropic Medication.

One child was prescribed psychotropic medication at the time of the review. We found that psychiatric evaluations/reviews for the prior six months were missing. The

Administrator stated that the psychiatric evaluations/reviews were scheduled every other month for the child and made unsuccessful efforts to find the missing evaluations/reviews. The Executive Director stated that all children on psychotropic medications will receive monthly psychiatric evaluation reviews or as scheduled by the psychiatrist.

Recommendation:

Fields' management shall ensure:

10. Children prescribed psychotropic medication have current and on-going psychiatric evaluation/reviews as required.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of four children's files and/or documentation from the provider, Fields fully complied with seven of eight elements in the area of Personal Needs/Survival and Economic Well-Being.

During our review, one child disclosed that he was neither encouraged, nor assisted in creating and updating a life book/photo album. The Administrator stated that the Group Home did give the child his life book when the child was first placed. However, there was no evidence that Fields encouraged and assisted the child in updating his life book.

Recommendation:

Fields' management shall ensure:

11. Children are encouraged and assisted in creating and updating life book/photo albums.

DISCHARGED CHILDREN

Based on our review of three discharged children's case files, and/or documentation from the provider, Fields fully complied with two of three elements reviewed in the area of Discharged Children.

One discharged child who was placed for at least 30 days did not make progress toward meeting his NSP goals. The Administrator stated they made efforts to help the child make progress toward meeting his NSP goal however the child was abruptly replaced due to arson allegations at his school.

Recommendation:

Fields' management shall ensure:

12. Efforts to assist children placed at least 30 days in making progress toward their NSP goals prior to discharge are documents.

FOLLOW-UP FROM THE 2010 MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior monitoring review issued June 10, 2011 were implemented.

Results

The OHCMD prior monitoring report contained 22 outstanding recommendations. Specifically, Fields was to ensure that SIRs were appropriately documented and cross-reported to all required parties via-I-Track in a timely manner, according to Exhibit A-VIII (Special Incident Reporting Guide for Group Homes); that sufficient age-appropriate recreational equipment is maintained in good condition; that CSW authorization is obtained to implement NSPs; that NSPs were comprehensive and included all required elements in accordance with the NSP template; that Independent Living Program and Youth Development Services planning are provided and children attend in accordance with the developmental expectations of the child; that current IEPs are maintained, if applicable; that current copies of report cards or progress reports are maintained for all school age children; that all children are given opportunities to participate in planning activities; that children participate in activities at home, in community or at school; that children are given opportunities to participate in age-appropriate, extra-curricular enrichment and social activities in which they have an interest; current court approved psychotropic medication authorizations are maintained; medications logs are properly maintained; there is a current psychiatric evaluation/review for each child administered psychotropic medication; children receive initial medical and dental examinations within 30 days of placement; children are provided satisfactory meals and snacks; staff treat children with respect and dignity; children are allowed to make and receive private telephone calls; children's chores are reasonable; children are aware of their right to refuse psychotropic medication; children have on-going clothing inventories of adequate quantity; and children are encouraged and assisted in creating and updating life books/photo albums.

Additionally, Fields was to fully implement three outstanding recommendations from the A-C's monitoring report dated July 17, 2009: that the Group Home develop comprehensive NSPs; maintain current court authorizations for all children taking psychotropic medications; and encourage and assist minors in creating and maintaining photo albums/life books in accordance with Title 22 Regulations.

Based on our follow up of these recommendations, Fields fully implemented 18 of the 22 recommendations from the 2010 review. Corrective action was requested of Fields to further address the recommendations that were not implemented.

Recommendation:

Fields' management shall ensure:

13. They fully implement the outstanding recommendations from the 2010 monitoring report, which are noted in this report as Recommendations 6, 9, 10 and 11.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Fields Comprehensive Youth Services has not been posted by the A-C.

Fields Comprehensive Youth Services, Inc

Corrective Action Plans for Contract Compliance

County of Los Angeles Department of Auditor Controller

Children's Group Home Ombudsman Division

February 07, 2012

I. **Licensure/Contract Requirements**

#8 Are there any Community Care Licensing citations, OHCMD Investigations Unit reports on safety and physical plant deficiencies: We were placed on hold by San Bernardino Probation for medication concerns and a CAP was requested. The CAP was completed and submitted to CCL and all agencies we service. The hold was lifted 11/30/2011

Corrective Action Plan: NA

II. **Facility and Environment**

#11 Future plan to maintain plan to ensure common quarters are maintained

(One burner on gas stove at the Eddington site was not working at the time of facility inspection)

Corrective Action Plan:

The maintenance man came in and cleaned all burners and ensured all burners were working properly.

- Plan to prevent reoccurrence: Facility Manager will ensure all burners are working properly. Staff assigned to quality assurance safety will check weekly as part of their inspection check list. Staff who utilize the stove daily will immediately report verbally and in writing any burners not working properly.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Managers and/or Supervisor

III. **Maintenance of Required Documentation and Service Delivered**

#20 Future plan to ensure all minors are progressing toward meeting the Needs and Services Plans case goals.

Corrective Action Plan:

Training was held on January 25, 2012 to ensure the Treatment Team staff has a clear understanding of treatment planning, needs and services plans and documenting progress accordingly.
A supporting form was created to ensure progress being made, progress not being made, interventions or resources used to assist minor in reaching goals and any set backs. Staff will ensure the information is being properly documented to review with the Clinician on an on going basis This information will be reviewed by treatment team, staff and minor to address need for modifications and what is needed to achieve the goal.

- Plan to prevent reoccurrence: The Facility Manager will ensure the supporting Group Progress Review forms are utilized and complete for the treatment team to review and also to make sure the Clinician receives all pertinent information to determine if minor's are or are not progressing toward Needs and Service case goals.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Managers and/or Supervisor

#25 Future plan to ensure that all DCFS CSWs contacts by the GH and are appropriately documented and the Needs and Service Plans have dates, times and details regarding the contact.

Corrective Action Plan:

Copies of all minor's communication logs and County Worker Forms with times, dates and detailed information regarding the contact will be given to the Clinician in a timely fashion to ensure the Needs and Service Plans have all viable information regarding all contacts with the County Worker

- Plan to prevent reoccurrence: The Facility Manager will ensure that Clinician receives all contact documentation timely to make certain the Needs and Service Plan updates include all County Worker contacts including details of the contact

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Faciltuiy Manger and/or Supervisor

#28 Future plan to develop comprehensive Needs and Service Plans.

Corrective Action Plan:

Training was held on January 25, 2012 to ensure the Treatment Team staff has a clear understanding of treatment planning, needs and services plans and documenting progress accordingly.
A supporting form was created to ensure progress being made, progress not being made, interventions or resources used to assist minor in reaching goals and any set backs. Staff will ensure the information is being properly documented to review with the Clinician on an on going basis This information will be reviewed by treatment team staff and minor to address need for modifications and what is needed to achieve the goal.
Also to ensure accurate information included on updated Needs and Service Plans the Facility Manager will provide Clinicians with detailed support information and a therapy log will be utilized for staff to write weekly summaries on minor's behaviors, progress, issues, concerns etc.. to ensure we all remain on the same page

- Plan to prevent reoccurrence: The Facility Manager will ensure the supporting Group Progress Review forms are utilized and complete for the treatment team to review and also to make sure the Clinician receives all pertinent information to make sure all information and progress is accurately put into updated Needs and Service Plans.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Manger and/or Supervisor

IV. Education and Workforce Readiness

#29 Future plan to ensure the following minors enrolled in school within three school days after placement or document the GH efforts.

Corrective Action Plan:

Minors will be registered and enrolled in school three school days of initial placement. If for some reason

this does not occur the reason for any delays will be documented and reported to all necessary parties.

- Plan to prevent reoccurrence: the Facility Manager received copies of AB490 and will continue to ensure schools and School Districts are adhering to foster youth's rights. At intake minors will be registered immediately. Supervisor met with all the schools and school districts we deal with to make certain they understand the importance of our minors being placed within the three days
- Person responsible for implementing corrective action: Supervisor and/or Executive Director.
- Person responsible for monitoring to ensure corrective action remains implemented: Facility Manager and/or Supervisor

#32 Future plan to ensure services provided to assist minors in academic performance will be properly documented in the Needs and Service updates

Corrective Action Plan:

At initial placement the placed minor's educational needs will be addressed immediately. The Facility Manager or a designated staff will thoroughly familiar with their educational needs will monitor school progress, homework, and tutoring. Such designated person will attend parent meetings, IEP meetings, open houses, etc. The Facility Manager will continue to work with school personnel to monitor educational progress, development, behaviors and achievement.

- Plan to prevent reoccurrence: the Facility Manager will provide the Clinician with all school progress, IEP's updates, behaviors, etc. to ensure the information is available to place in the Needs and Service updates.
- Person responsible for implementing corrective action: Supervisor and/or Executive Director
- Person responsible for monitoring to ensure corrective action remains implemented: Facility Manger and/or Supervisor

V. Children's Health and Medical Needs

#42 Future plan to ensure initial dental examinations are timely

Corrective Action Plan:

- Plan to prevent reoccurrence: The Facility Manager will ensure initial dental examinations are completed within the minor's first 30 days of placement and documented on appropriate forms and continued follow up if needed. If minor refuses appointment or the appointment is missed and/or re-scheduled for any reason it will be properly document and it will be noted in minor's Needs and Service update.
- Person responsible for implementing corrective action: Supervisor and/or Executive Director
- Person responsible for monitoring to ensure corrective action remains implemented: Facility Mangers and/or Supervisor

VI. Psychotropic Medication

#44 Future plan to ensure there are current psychiatric evaluation/review for each child on psychotropic medication and if done bi-monthly or other be sure to document the information in minor's file as well as in Needs and Service update

Corrective Action Plan:

All minor's on psychotropic medications will receive monthly psychiatric evaluation/medication reviews or as scheduled by the psychiatrist

- Plan for prevention of reoccurrence: the Facility Manager will be responsible for ensuring minors receive monthly psychiatric evaluation/medication review. If done bi-monthly or other the facility manager will document in minor's file and the Clinician will ensure the information is appropriately documented in the Needs and Service update.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Managers and/or Supervisor

VII. Personal Needs/Survival and Economic Well-Being

#69 Future plan to ensure minors are encouraged and assisted in creating and updating a life book/photo album

Corrective Action Plan:

Photo albums/life books are readily available and distributed to minors. These books will serve as on-going life books, which they can utilize for maintaining memories and special occasions during their treatment with us. If minors are reluctant, assigned staff will initially begin the life book and then continue to assist minor in maintaining photo albums/life book.

- Plan to prevent reoccurrence: the Facility Mangers will ensure all minors receive photo albums/life books and assigning staff to assist minors in maintaining them.
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- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Manager and/or Supervisor

IX. Discharged Children

#71 Future plan to ensure minor continue to make progress toward meeting their NSP goals

Corrective Action Plan:

Training was held on January 25, 2012 to ensure the Treatment Team staff has a clear understanding of treatment planning, needs and services plans and documenting progress accordingly.
A supporting form was created to ensure progress being made, progress not being made, interventions or resources used to assist minor in reaching goals and any set backs. Staff will ensure the information is being properly documented to review with the Clinician on an on going basis This information will be reviewed by treatment team staff and minor to address need for modifications and what is needed to achieve the goal. Also to ensure accurate information included on updated Needs and Service Plans the Facility Manager will provide Clinicians with detailed support information and a therapy log will be utilized for staff to write weekly summaries on minor's behaviors, progress, issues, concerns etc. to ensure we all remain on the same page. This will enable Clinicians, the treatment team and the minor to make any necessary adjustments to continue to work towards positive progress towards completing their NSP goals.

- Plan to prevent reoccurrence: The Facility Manager will ensure the supporting Group Progress Review forms are utilized and complete for the treatment team to review and also to make sure the Clinician receives all pertinent information to make sure all information and progress is accurately

reported; as well as addressing the need of adjustments to NSPs to ensure minors are progressing towards NSP goals.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director
- Person responsible for monitoring to ensure corrective action remains implemented: Facility Manger and/or Supervisor

If you have any questions regarding the above CAP for contract compliance please feel free to contact me at 909 376-4148 or Towana Bryant at 909 945-1318

Respectfully Submitted,

Arby E. Fields
Executive Director