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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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May 14, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

MCKINLEY CHILDREN'S CENTER GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of McKinley Children's Center Group Home (McKinley) in June 2011, at which time the agency had one 44-bed site and 39 DCFS placed children. All 39 children were males.

McKinley is located in the Fifth Supervisorial District and provides services to DCFS foster children, as well as youth serviced by the Los Angeles County Probation Department, San Bernardino County and Riverside County. According to McKinley's program statement, its stated goal is "to provide services to children who exhibit behavioral, social and emotional difficulties." McKinley is licensed to serve a capacity of 44 children, ages eight through 18.

For the purpose of this review, a sample of seven currently placed children was selected. Their case files were reviewed, and the children were interviewed. The placed children's average overall length of placement was six months, and their average age was 15. The files of three discharged children 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 the time of discharge. Five staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Six children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess McKinley's compliance with its County contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, seven DCFS placed children's case files, three discharge children's case files and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with the 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

Overall, the children interviewed indicated that they were provided with good care and appropriate services, were comfortable in their environment and were treated with respect and dignity. The direct care staff stated that they had open communication with the placed children and did their very best to address the children's needs in a timely manner.

At the time of this review, McKinley needed to address minor physical plant deficiencies, which did not pose a safety hazard to any placed children. The review revealed the need for more thorough documentation on the NSPs. McKinley also needed to develop timely and comprehensive NSPs to include all the required information in accordance with the contract. Further, McKinley needed to ensure that the placed children attended school as required, and received timely initial dental examinations. Overall, however, McKinley is providing good care and services to placed children.

In conclusion, McKinley administration was receptive to implementing some systemic changes to improve compliance with regulations and the contract. The Executive Director of Treatment and her management staff agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of 17 initial and updated NSPs reviewed, 16 were not timely, and none were comprehensive as required, in accordance with the NSP template. The Administrator stated that a meeting was held on August 5, 2011, with all contributors to NSPs to discuss the findings of the monitoring review. Beginning immediately, the treatment team will create more detailed and comprehensive reports. The Group Home Social Worker (GHSW) will also complete a review of all chart documentation, report cards, visitation logs and SIRs on the child for the period required. This will ensure that the GHSW addresses all areas required in the NSP report, including, but not limited to more detailed progress for the updated NSP reports, quality of family visits and documentation of all medical treatment received, as well as follow-up visits.

- Four of seven children did not attend school as required. Although the reviewed NSPs documented the children having truancy issues or refusing to attend school, there was no documentation supporting efforts made by McKinley staff to ensure that children attended school regularly. The Administrator stated that McKinley staff have always made a concerted effort in getting children to attend school. Staff members have used verbal interventions and encouragement to assist the children in making the school transition. McKinley staff have also walked with a child and/or transported them to school. If efforts are met with opposition and resistance by the child, McKinley staff complete an incident report and report the information to the Children's Social Worker (CSW) and the OHCMD.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held July 15, 2011.

In attendance:

Stacy Duruaku, Executive Director of Treatment, McKinley Children's Center Group Home, and Jui Ling Ho, DCFS OHCMD Monitor.

Highlights:

The Executive Director of Treatment was in agreement with many of the findings and recommendations made during the review. She expressed that staff members would continue to make every effort to ensure that all NSPs were comprehensive.

McKinley provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

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:jh

Attachment

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
Alonzo Mason, Executive Director, McKinley Children's Center Group Home
Leonora Scott, Regional Manager, Community Care Licensing
Jean Chen, Regional Manager, Community Care Licensing

MCKINLEY CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

762 West Cypress Street
San Dimas, California 91773-3599
License Number 191502075
Rate Classification Level 12

	Contract Compliance Monitoring Review	Findings: June 2011
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Log Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies 9. Sign In/Out Logs	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance 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. Progressing Toward Meeting the NSP Case Goals 6. Timely Initial NSPs 7. Comprehensive Initial NSPs 8. Therapeutic Services Received	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Needs Improvement 7. Needs Improvement 8. Full Compliance

	9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated NSPs 13. Comprehensive Updated NSPs	9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Needs Improvement 13. Needs Improvement
IV	**Educational and Emancipation Services** (8 Elements) 1. Timely Enrollment 2. Attend School As Required 3. Facilitate Educational Goals 4. Academic Performance and/or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Emancipation/Vocational Programs Provided 8. Facilitate ILP Emancipation Planning	1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Needs Improvement 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. Needs Improvement 6. Full Compliance
VI	**Psychotropic Medications** (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** (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. Consequences Fair 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious	Full Compliance (ALL)

	Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation in Extra-Curricular, Enrichment and Social Activities	
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 Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP Goals 3. Stabilize Placement Prior the Removal	1. Full Compliance 2. Needs Improvement 3. Full Compliance
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 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. Child Abuse Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. Ongoing Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

MCKINLEY CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

762 West Cypress Street
San Dimas, California 91773-3599
License Number 191502075
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The following report is based on a "point in time" monitoring visit and addresses findings noted during the June 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, McKinley Children's Center Group Home (McKinley) was in full compliance with five of 10 sections of our contract compliance review: Licensure/Contract Requirements; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Records. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of McKinley and interviews with seven children, McKinley fully complied with four of six elements in the areas of Facility and Environment.

We found that the room connected to Whittier and Kiwanis Cottage had uneven flooring, and there was also a hole in the carpet. Next to the staff locker room, there was a pile of clothes belonging to children who had gone AWOL that had not been stored properly. In several of the children's bedroom closets, there was trash and clothing strewn around. The toilet bowl in the children's bathroom needed to be cleaned.

Recommendations:

McKinley's management shall ensure:

1. The common quarters are well maintained in accordance with Title 22 Regulations.

2. The children's bedrooms are well maintained in accordance with Title 22 Regulations.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

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

We noted that of the 17 initial and updated NSPs reviewed, 16 were not timely and none were comprehensive as required, in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals as they related to permanency, life skills and visitation. Some updated NSPs did not include permanency goals or document progress of family visits toward reunification and/or transitional housing.

Some updated NSPs did not include progress about children's physical, dental and/or psychological health over the previous three months and/or did not reference the identified treatment goals. Additionally, some updated NSPs did not include dates and lacked detail on the type of contact McKinley staff had with the Children's Social Workers (CSW) regarding progress or lack of progress with the identified goals.

The review further revealed that five of seven sampled children were not progressing toward meeting the NSP goals. The Administrator stated that staff will be provided further training to address all required sections in the NSP to ensure NSPs are comprehensive and that children make progress toward achieving their NSP case goals.

Recommendations:

McKinley's management shall ensure:

3. NSPs are developed timely.

4. Initial and updated NSPs are comprehensive and include all required elements.

5. Currently placed children are assisted with progressing toward meeting the NSPs case goals.

EDUCATION AND WORKFORCE READINESS

Based on our review of seven children's files and/or documentation from the provider, McKinley fully complied with six of eight elements reviewed in the area of Education and Workforce Readiness. Youth Development Services was non-applicable for six children due to their ages.

We found that four of seven children did not attend school as required, and two children did not make progress toward 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 McKinley staff to ensure that children attended school regularly. The Administrator stated that McKinley staff has always made a concerted effort in getting children to attend school. Staff members have used verbal interventions and encouragement to assist the children in making the school transition. McKinley staff may walk with children and/or transport them to school. If efforts are met with opposition and

resistance by the children, McKinley staff would complete an incident report and report this information to the Children Social Worker (CSW) and the OHCMD, and document all the efforts made by the agency in the child's NSPs. The Administrator also stated that McKinley would continue to work with both the public and non-public school regarding children's academic performance. It is customary for a child to be placed in tutoring with their respective school if their grade point average falls below a 2.0 and/or if a child is failing any single subject(s).

Recommendations:

McKinley's management shall ensure:

6. All children attend school as required.

7. Children's academic performance and/or attendance increase.

HEALTH AND MEDICAL NEEDS

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

We noted that one child's initial dental examination was four days late. The child was scheduled for a dental exam on 12/9/2010 and refused the dental appointment. The child was subsequently scheduled for the next available appointment, which was 12/16/2010. However, there was no documentation of efforts to obtain a timely dental examination. The Administrator stated that refusals and cancelled appointments (by doctors office), would be documented in the client's NSPs.

Recommendation:

McKinley's management shall ensure:

8. All children's initial dental examinations are completed in a timely manner.

DISCHARGED CHILDREN

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

We found that none of the discharged children successfully met all of their NSP goals prior to their discharge. The Administrator stated that McKinley Children's Center would take all necessary treatment measures to assist a client with setting and meeting their stated goals. The treatment team had weekly meetings to discuss client progress and response to treatment.

Recommendation:

McKinley Children's Center Group Home management shall ensure:

9. The children are assisted with making progress toward meeting their NSP goals prior to their discharge.

FOLLOW-UP FROM THE OHCMD'S PRIOR 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 report issued May 11, 2011 were implemented.

Results

The OHCMD's prior monitoring report contained eight outstanding recommendations. Specifically, McKinley was to ensure the children received therapeutic services, comprehensive NSPs were developed, timely court-approved authorizations for the administration of psychotropic medication were obtained, children who were prescribed psychotropic medication received timely and monthly consultations, and documentation of psychotropic monitoring was maintained. McKinley was to ensure that children were satisfied with meals and snacks and that staff treated children with respect and dignity. McKinley was to ensure that staff encouraged and assisted children in creating and updating a life book/photo album and that two outstanding recommendations from the Auditor-Controller's (A-C) report dated October 2, 2007 were fully implemented.

Based on our follow-up of these recommendations, McKinley fully implemented six of eight recommendations. McKinley did not implement the A-C's and OHCMD's recommendation regarding development comprehensive NSPs with all required elements. Corrective action was requested of McKinley to further address the recommendations that were not implemented.

Recommendation:

McKinley's management shall ensure:

10. Full implementation of the outstanding recommendation from OHCMD'S prior monitoring report, which is noted in this report as Recommendation # 5.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of McKinley's fiscal operations from July 1, 2006-June 30, 2007. The fiscal report, dated April 10, 2009 states McKinley had $10,483 in disallowed costs and $52,992 in unsupported/inadequately supported costs. McKinley submitted a fiscal CAP which is being monitored by DCFS Fiscal Monitoring.

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
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GROUP HOME CONTRACT COMPLIANCE REVIEW JULY 2011

FACILITY AND ENVIROMENT

Element #11&12

Finding: The room connected to Whittier and Kiwanis Cottage has uneven flooring, and so there is a hole in the carpet. There are missing cushions on the sofa. Next to the staff locker room there is a pile of children's clothes that has not been cleaned up at all, which are the belongings of children who went AWOL. In several of the children's bedroom closets, there is trash and clothes strewn around. In the children's bathroom, the urinal is stained yellow and needs to be cleaned.

Response to Element #11&12

A deep cleaning of the urinals was completed on July 19th, 2011.

Cushions were replaced on July 19th, 2011.

The leveling and the carpet of the floor were completed on August 8th, 2011.

The Maintenance did a walkthrough of all cottages on July 19, 2011 to check flooring and carpeting. All flooring and carpeting in the other cottages are in good repair. McKinley Children's Center does contract with a janitorial service that provides cleaning services Monday – Friday.

Note below Housekeeping and Work Order Policy

McKinley Children's Center	Policies and Procedures	
FACILITIES		
Housekeeping	Ref. #:	Effective Date: 2009-03-10 Version: 0001

PURPOSE:

To ensure a clean, safe and hygienic environment.

POLICY:

McKinley shall provide for housekeeping services to ensure a clean, safe and hygienic environment. Any complaints regarding housekeeping should be directed to the Maintenance Supervisor. Departments will have basic janitorial supplies. All chemicals must be kept locked at all times and out of reach of the clients.

PROCEDURE:

I. **Performance of Housekeeping**: McKinley attends to housekeeping in the following manner:

MCKINLEY CHILDREN'S CENTER

762 West Cypress St.
San Dimas, CA 91773
909-599-1227

GROUP HOME CONTRACT COMPLIANCE REVIEW JULY 2011

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909-599-1227

(A) **Independent Contractor** - an independent contractor cleans all living spaces and offices daily, Monday-Friday.

(B) **Cottages** – the cottages are responsible for light housekeeping such as sweeping, mopping as needed, laundry and dishes. Cottages may assign housekeeping tasks to the clients as cottage chores, but these chores are not intended to take the place of regular housekeeping.

II. **Inspections**: The Maintenance Supervisor will perform regular inspections of housekeeping to ensure cleanliness. In addition, the Quality Systems department will conduct random, weekly inspections of all cottages to monitor for cleanliness.

SUPPLIES: Departments will be stocked with basic janitorial supplies. These supplies must be kept locked at all times (cottages must keep these locked in the laundry room cabinet). All bottles must contain a label indicating the contents of the container. Employees must not bring any chemicals from the outside that are not approved by the agency.

McKinley Children's Center	Policies and Procedures	
FACILITIES		
Work Orders	Ref. #: FAC-1005	Effective Date: 2009-04-06 Version: 0001

PURPOSE:

To ensure that items are fixed timely.

POLICY:

McKinley shall respond to request for repairs. Employees should call the Work Order line at extension 2541 and leave a detailed message relating to the repairs that are needed. The request will be transcribed and will be prioritized. For repairs that are an emergency, the maintenance supervisor (or Campus Supervisor during non-business hours) should be contacted directly.

PROCEDURE:

I. **Reporting Repairs**: When a repair is needed, should send the work order request to via email at "Workordermaint." The work order must contain a detailed description of the item(s) that needs repair and its precise location.

II. **Prioritizing**: the work order will be prioritized based upon the need for the repair. Most repairs should be completed no later than 7 days from the request date.

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

III. **EMERGENCIES**: For any repair that is an emergency, the maintenance supervisor (or Campus Supervisor during non-business hours) should be contacted directly. An emergency repair is needed when the health, safety and/or welfare of the clients and/or employees are in imminent danger.

Responsible Party:

The Facility Director, Gary Bean is responsible has oversight for facilities and Maintenance Department. The Maintenance Supervisor will perform regular inspections of housekeeping and other facility concerns. Work orders for repairs will also be submitted to the Maintenance Department, by the Cottage Mangers, when repairs are needed.

Response to Element #11&12

The clothes that were in the multipurpose room that connects Whittier and Kiwanis Cottages did not belong to any child who left unauthorized. McKinley Children's Center does not disturb or remove the belongings of any child who is absent without leave. If a child leaves unauthorized their belongings remain in their room. The clothing in the multipurpose room was clothing waiting to be sorted according to size, and put in McKinley Children's Center Clothing Room. McKinley Children's Center has a clothing room for the purpose of providing emergency clothing for children in need, as well as providing staple items such as, but not limited to undershirts, underwear, socks, pajama's, shoes, etc.

McKinley employs a weekly room check of lockers in the children's rooms. These locker checks are done when the children are present, and the checks are done to ensure that the children are properly taking care of their clothes and belongings. McKinley will continue with client chore responsibilities, unless staff has reasonable suspicion or believe that a child has something in their possession that is harmful to themselves or others. McKinley will also maintain a child's personal right "To be free of unreasonable searches of personal belongings," unless staff have reasonable suspicion or believe that a child may be in possession of something that is harmful to themselves or others.

Note: Chore Policy and Client Privacy Policy

McKinley Children's Center	Policies and Procedures	
9- OPERATIONS		
RES 9002 - CHORES	Ref. #:	Effective Date: 2008-12-05 Version: 0001

PURPOSE:
To develop life skills amongst the clients served at McKinley

POLICY:
McKinley teaches the clients to do age appropriate tasks that enhance their own environment and that of those with whom they live. With the help of staff, when needed, clients are responsible for making their beds, picking up and removing trash from their rooms, and folding their clothes.

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

Cottage chores such as sweeping, emptying the trash, and general cottage pickup up are assigned in a rotating basis. More complex tasks, such as vacuuming, bathroom cleaning, yard work, laundry, etc., are assigned on an age appropriate level and are designed to teach the client new skills and respect for his environment and that of others.

PROCEDURE:

I. **INTENT OF CHORES**: Clients are assigned chores to teach them to do age appropriate tasks that will help them acquire life skills as well as enhance their own environment and that of those with whom they live. Chores are not intended to be the sole manner in how a cottage remains clean. McKinley contracts with a janitorial service to clean the cottages from Monday – Friday and cottage employees also retain a large responsibility to ensure cottage cleanliness.

II. **TYPES OF CHORES**: the following chores are allowed or prohibited:

(A) **Allowed:**

(1) Vacuuming cottage rooms
(2) Sweeping/mopping floors
(3) Light cleaning of bathrooms (i.e. wiping down counter tops, cleaning toilets using a toilet brush)
(4) Window cleaning
(5) Picking up trash outside of cottage and around campus
(6) Cleaning McKinley vehicles
(7) Cleaning dishes
(8) Cleaning bedrooms
(9) Laundry (age appropriate, assistance given when needed)

(B) **Not allowed:**

(1) Heavy cleaning which requires the use of industrial equipment
(2) Cleaning of employee's personal property (i.e. washing employee cars)
(3) Cleaning any spill that requires the use of universal precautions
(4) Any chore that is demeaning to the client or poses a safety risk to himself and/or others.

III. **EMPLOYEE RESPONSIBILITY**: Employees maintain the following responsibilities when clients are doing chores:

(A) Clients must be closely supervised
(B) Clients must not use any industrial chemicals or equipment. Light cleaning chemicals are permissible as long as its use is being strictly supervised
(C) Completion of chores must be checked and done so in a fair, objective manner. Staff must consider the age and developmental level of the client.

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
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909-599-1227

(D) Employees must ensure that the chore is safe, non-demeaning and is consistent with the intent of chores (as discussed in Section I).

McKinley Children's Center	Policies and Procedures	
2- CLIENT RIGHTS		
RES 2001 - CLIENT PRIVACY	Ref. #:	Effective Date: 2008-12-02 Version: 0001

PURPOSE:

To ensure that all McKinley employees respect the privacy of client who are being served at McKinley.

POLICY:

Respecting the privacy of clients is crucial. To that end, employees must understand the rights of clients and adhere to them strictly. All clients will receive a copy of the client privacy policy during intake.

PROCEDURE:

I. **PRIVACY STANDARDS:**

(A) Staff must respect the personal space and privacy of each client. However, if a situation arises which may threaten the safety of client or others, staff must take the necessary steps to handle the situation.

(B) Staff must knock before entering into a client's room. When checking the restrooms, all staff must knock or announce their presence before entering.

(C) There must be doors on all bedrooms and bathrooms and clients must be allowed to close those doors while dressing or using the restrooms unless there is an imminent threat of safety. If direct supervision is required it must be done by a properly trained male staff.

(D) Any client that may require additional privacy due to history, must work closely with the Clinician to make it part of their needs and service plan or treatment plan.

(E) Each client will be issued a combination padlock for his footlocker at the time of admission. Only locks issued by McKinley are permitted on lockers. Records of each lock issued are kept in the Cottage Supervisor's office.

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
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(F) McKinley issued combination locks may be opened by a master key.

(G) All clients are encouraged to keep their combinations confidential. If a client feels his combination is known, he may request a new lock.

(H) Each cottage will have a one-person bedroom in the event the client has specialized clinical needs.

(I) Staff may not employ any type of surveillance cameras or listening devices for routine observation.

II. PROTECTION OF CLIENT INFORMATION

(A) All client information that is stored in our computers is protected by industry-recognized firewalls. There is a backup system in place to store information daily.

(B) Client charts are stored in double locked cabinets within the Social Services building.

III. SEARCHES

(A) When a staff suspects that a client has any illegal, dangerous or stolen items in their room or possession, the following steps will apply:

(1) Employee will contact an administrator to get approval to conduct a room search, if there is concern of safety of client. Depending on the seriousness, the police may be contacted if there is evidence of danger to client or staff.

(2) When conducting a search, two staff must be present to ensure accountability

(3) The client should be present during the search, unless the client's behavior will be disruptive to the search.

(4) If any illegal, dangerous, or stolen items are found, turn the items over to the appropriate parties, i.e. police, legal guardian, etc.

(5) Document the search in an incident report specifying the client, staff involved, reason for the search, date and time of search and any items found in the search

(6) Employees are not allowed to "pat down" clients to search for contraband on their persons. Employees may ask clients to empty their pockets if they believe they are holding contraband items. Clients who are suspected of keeping contraband items on their person should be closely monitored.

IV. **COTTAGE SWEEPS**: In general, the practice of doing cottage sweeps to search for illegal, dangerous or stolen items is prohibited. However, in certain situations

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

where client, staff or public safety is in serious jeopardy, employees may be authorized to perform a cottage sweep.

(A) **Criteria**: a cottage sweep is only permitted only if the following criteria exists:

(1) There is a reasonable suspicion that there are illegal and/or dangerous items located in the cottage which would cause a serious health and/or safety risk to clients, staff and/or the general public, and

(2) After an initial review of the facts and circumstances present, staff reasonably believe that the presence of the illegal and/or dangerous items is pervasive in the cottage or cannot be localized to any particular client(s), and

(3) Failure to conduct a sweep and uncover the illegal or dangerous items may place clients, staff or the general public in imminent harm.

(B) **Process**: the following procedure must be followed if the staff believes that there are illegal and/or dangerous items located in the cottage which would cause a serious health and/or safety risk to clients, staff and/or the general public

(1) Notification: the staff must contact the Cottage Supervisor or the Campus Supervisor (CS) (in the Cottage Manager's absence) and notify them of their concern. The staff must be ready to explain why a reasonable suspicion exists. The Cottage Supervisor or CS will then contact the Director of Residential Services for approval to conduct the cottage sweep.

(2) Staff Present: When conducting the cottage sweep, there must be at least 2 staff present in all areas that are being searched. One of those employees must be either a Cottage Supervisor or a CS. Staff must use universal precautions (i.e. wearing of protective gloves) whenever conducting a sweep.

(3) Client Participation: during a cottage sweep, clients are subject to the "5 Second Rule" (see Emergency Intervention Plan, Policy #RES – 6002) and should be instructed to report to an area that does not obstruct the sweep. When a client's bedroom or personal belongings are searched, the client must be notified in advance and must be given the opportunity to be present.

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

(4) Confiscation of Items: if during the sweep, the illegal or dangerous items are located, the staff must place the items in clear, plastic pouch and label the contents clearly.

(5) Notification of Police: if the sweep uncovers items that are illegal or are evidence of a crime, the police department will be contacted and all items confiscated will be turned over to them

(6) Notification of Parent/County Social Worker: the client's parent and/or county social worker will be notified within 24 hours whenever a cottage sweep uncovers any illegal and/or dangerous items that were in the client's possession.

(7) Notification of Policy: prior to implementation, all clients will be made aware of this policy. In addition, this policy will be included in the Intake packet for all new admissions.

(8) Documentation: the supervisor involved in the cottage sweep will complete the "Cottage Sweep Authorization Form" (attached) and will deliver it to the Residential Director within 24 hours of the sweep. A Special Incident Report must also be completed whenever a sweep uncovers illegal and/or dangerous items that are attributable to specific clients.

(9) Prohibited Searches: the cottage sweep does not permit searches to the client's person (i.e. pat downs, cavity searches).

Responsible Party:

The Cottage Manager of each cottage is responsible for delegating responsibilities to the residential counselors in regards to cottage cleanliness, upkeep, and chore assignments. The Cottage Manager will have oversight for the completion of all duties assigned to their direct reports (residential counselors). The Cottage Managers will continue with the policies as stated. If it is found that an assigned residential counselor has been negligent in their assigned duties, the manager will follow up in individual supervision and progressive discipline when and if needed.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY
Element #20, 21,22,27,28
Finding: Needs and Service Plans were not comprehensive, not timely and attainment of goals was below 62%.
Recommendation: Ensure that Comprehensive Needs and Service Plans are developed

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

***Response to Element* #20, 21,22,27,28**

On August 5th, a meeting was held with all contributors to the Needs and Service Plans to discuss the findings of the Monitoring Review.
In an effort to ensure comprehensive NSP's and timely submission of said documents, the following was discussed and implemented as of August 5th, 2011:

1. Needs and Service Plans will be due ten days prior to the due date.
2. NSP must be reviewed by clinician and client before final review.
3. Each clinician will be responsible to review their document for completion and accuracy before it is submitted for final review.
4. After review, if corrections are to be made, the clinician will have to resubmit the document by the end of the next business day.
5. Any late Needs and Service Plan will result in a verbal warning/counseling memo regarding late submission of documentation.
6. Subsequent late documentation will follow the appropriate progressive discipline.
7. Clinicians and all other contributors to the Needs and Service Plan Document are required to put these dates on their outlook reminder.

A review of the following was also addressed with all NSP contributors:

1. Ensure that only one box is checked for initial and/or quarterly report.
2. You must answer the questions regarding the child's return home, to another placement, and/or transitional housing.
3. Educational goals must be established for residents whom are having attendance and academic difficulties.
4. The case plan goal and **concurrent case plan goal must be established** (by the CSW), and stated in the Needs and Service Plans.
5. Ensure that progress is addressed with family visits toward reunification and/or transitional housing. Discuss the outcome of the visits from both the child and parent perspective. Also, if there is not visitation plan, indicate your efforts to assist with establishing a plan. Additionally, it must be indicated whether a child has been screened and/or matched with a mentor. If the child has not been screened and/or matched with a mentor, this should be stated in the NSP.
6. Discuss the outcome and follow up of your goals for the client. Do not state client is making minimal progress. Quantify and or qualify the progress made.
7. Progress for physical, dental and/or psychological health must be delineated on the Needs and Service Plans, and should reference the identified treatment goals (if applicable)
8. Ensure dates and description of contacts are listed for any contact you have with the CSW regarding the resident's progress and/or lack of progress toward

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

their treatment goals. There should be monthly contact with the CSW, within in the stated reporting period.

9. Goals are to include, but not limited to; mental health, recreational, hygiene, educational, Independent Living, etc. All client goals must be indicated in the Needs and Service Plans, and must be specific, measurable, attainable, result-oriented, and time-limited.

Please note that McKinley Children's Center will take all measures to assist client with meeting their stated goals. McKinley Children's Center will hold to the integrity of client progress, and if the review results are below the required 62%, an explanation will be provided as to why the child may be having difficulty attaining this goal, as well as documenting all treatment efforts used to assist client with goal attainment.

A weekly Interdisciplinary Team Meeting is and will be held to discuss client progress. If a client is not attaining the established goal, this will be discussed at the IDTM. During the IDTM, treatment goals and treatment modalities will be discussed. Changes in treatment programming will also be discussed to assist child in attaining their goals, this can include, but is not limited to; change of clinical interventions, increased clinical sessions, increased therapeutic services (use of mental health rehabilitation and TBS) to address goal specific needs, and client incentives. It is the responsibility of the client's clinician to monitor goal attainment for therapy goals, and it is the responsibility of the cottage manager to monitor goal attainment for goals within the milieu. However, the treatment team works together in the monitoring and assisting client to meet their stated goals. The treatment team can include; Clinician, Mental Health Rehabilitation Specialist, Therapeutic Behavioral Coach, Cottage Manager, Residential Counselor, Health Services. The Clinical Director and Executive Director, oversee client progress.

Responsible Parties:

Office Manager, will be responsible for sending out reminders for Needs and Service Plan due dates. Clerical Assistant, will be responsible for time-stamping each Needs and Service Plans as they are received, returned, and final submission of documents. Clinical Director, and Executive Director of Treatment, will be responsible for any employee discipline if and when needed, and will monitor compliance with timely documentation and comprehensive Needs and Service Plans.

EDUCATION AND WORKPLACE READINESS

Element #30
Finding: Child school refusal

Response to Element #30

McKinley Children's Center makes every effort to ensure that a child attends school regularly and as required. The morning routine includes a first wake- up call at 6:00am. All children, when compliant are ready to leave for school, between 730am and 830am, depending on their school start time. McKinley Children staff has identified those children whom may have

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

difficulty with school transition, and works with them individually to an easier transition. If a child refuses to attend school, a McKinley staff person counsels the child on the necessity and importance of attending school. McKinley staff uses verbal interventions, and encouragement to assist the child to make the school transition. McKinley will walk with a child and/or transport them school. McKinley Children's Center staff has always made a concerted effort in getting children to attend school; this may include a residential counselors, cottage managers, clinicians, and mental health rehabilitation specialist. If all efforts are met with opposition and resistance of the child, McKinley Children's Center, completes an incident report, and reports this information to the CSW, via fax, and telephone. When a child has a persistent problem with school refusals, the treatment team, discusses the concern, and develops a treatment plan to assist child in this area. McKinley Children's Center also utilizes Therapeutic Behavioral Services to address specific client needs, which can also include persistent school refusals.

Responsible Party:

The treatment team is responsible for addressing each individual client need, more specifically as it deals with school attendance/refusal. It is normally, the residential counselor who would notice a pattern of school refusal. This would then be reported to the Cottage Manager, who then brings it to the attention of the clinician, during a weekly Interdisciplinary Meeting. It is during this meeting that treatment plans and adjustment to treatment plans are discussed. The treatment team includes the following; Clinician, Cottage Manager, Mental Health Rehabilitation Specialist, Health Services, TBS Coaches. McKinley Children's Center will continue to have weekly IDTM's to discuss client concerns, issues, and treatment. The Clinical Director, and/or Executive Director, will supervise to the implementation of treatment and goals.

Element #32
Finding: Poor academic performance

Response to element# 32

McKinley Children's Center will continue to work with both the public and Non-public School regarding child's academic performance. It is customary for a child to be placed in tutoring with their respective school, if their grade point average falls below a 2.0 and/or if a child is failing any single subject(s).

Responsible Party

It is the responsibility of the school liaison to contact the Cottage Manager regarding the child school performance. Tutoring sessions is set up by the school liaison in both the non-public school and regular public school. It will be the responsibility of the Cottage Manager to ensure that any client requiring academic assistance is attending their tutoring sessions. Any refusals of tutoring will be documented in the client Needs and Service Plans.

Health and Medical Needs
Element #41

Finding: Dental Exam was done on 12-16-10, which was four days late.

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

Response to element #41

Said client was scheduled for a dental exam on 12/9/2010, and refused the dental appointment. Client was subsequently scheduled for the next available appointment, which was 12/16/2010. Refusals and cancelled appointments (by doctors office), will be documented in the client Needs and Service Plans.

Please note policy on medical and dental examinations:

McKinley Children`s Center	Policies and Procedures	
5- MEDICAL/ HEALTH		
RES 5001 - ROUTINE AND EMERGENCY MEDICAL AND DENTAL CARE	Ref. #:	Effective Date: 2008-12-02 Version: 0001

PURPOSE:
Provide guidelines for McKinley employees when client require medical or dental attention.

POLICY:
All clients who are admitted to McKinley will have access to regular routine or emergency medical and dental care. All McKinley employees must obtain written consent for treatment from legal guardian before special treatment procedures are initiated. If emergency procedure must be done immediately, as directed by medical personnel, the legal guardian and **CSW** will be contacted as soon as possible.

PROCEDURE:

I. **MEDICAL/DENTAL EXAMS:**

(A) **Initial Medical Screening**: All clients will be screened within 24 hours of admission my Medical personnel in the Health Services Department. See also RES-5002.

(B) **Physical Examination**: All clients will receive an initial physical examination within 72 hours of placement. Any delay will be documented in the client's medical record. In addition, each client will have an annual physical exam which includes a serological and audiological evaluation. All physical exams are conducted by a contracted physician on site or Doctor's office. See also RES-5002.

(C) **Dental Examination**: Each client will receive a dental exam within 6 months prior or within 30 days of placement, more often if needed, and every six months thereafter. Dental services are provided on site by a contracted dentist or at a dental office.

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

(D) All dental appointment refusals will be documented in the client medical file, and in the client Needs and Service Plans.

Responsible Party

It is the responsibility of the Health Services Coordinator, to schedule all dental appointments within the first 30 days of placements. If appointment is not available within the first 30 days and/or if the client refuses an appointment, this information will be documented in the client medical file and Needs and Service Plan, along with the date of the next scheduled appointment. The Health Services Supervisor, and/or Health Services Coordinator, is responsible for ensuring that all medical/dental information is documented accordingly.

Discharge Children
Element #71

Finding: Needs and Service Plan Goals not met by 62%

Response to element #71

McKinley Children's Center will take all necessary treatment measures to assist a client with setting and meeting their stated goals. McKinley Children's Center will hold to the integrity of client progress. If goal attainment is below the required 62%, documentation will be provided that indicates the child's progress, response to treatment, and changes to treatment methodology, as well as any setbacks that may be hindering a child's progress in treatment. The treatment team has weekly meetings to discuss client progress and response to treatment. It is during this meeting that alternate methodologies are discussed if needed.

Responsible Party:

It is the responsibility of the entire treatment team to track client goals and progress. Members of treatment team are as follows: Clinician, Mental Health Rehabilitation Specialist, Cottage Manager, Residential Counselor, TBS Coaches, and Health Services. Each treatment team member (within their scope of practice) is responsible for setting and tracking client goals pertaining to the specific needs of the child. The Executive Director of Treatment and Clinical Director has oversight of the treatment team meetings.

Sincerely,

Stacy Duruaku, LMFT
Executive Director of Treatment Services