County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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May 30, 2012

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

From: Philip L. Browning
Director

SAN GABRIEL CHILDREN'S CENTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of San Gabriel Children's Center Group Home (SGCC) in May 2011, at which time they had four six-bed sites, 11 placed DCFS children and five placed Probation children. All 16 children were males.

San Gabriel Children's Center's sites are located in the Fifth Supervisorial District, providing services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation Department youth. According to SGCC's program statement, its stated goal is "to develop the strengths within each child by providing a safe, nurturing, and appropriately challenging environment for behavioral and emotional growth." SGCC is licensed to serve a capacity of 24 boys ages 12 through 17, which includes children from other counties.

For the purpose of this review, five currently placed DCFS children and two currently placed Probation children's case files were reviewed and all seven were interviewed. The placed children's overall average length of placement was six months and the average age was 15. Three discharged children's case files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and were discharged per their permanency plan. Five staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

All seven 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 SGCC's compliance with the County contract and State regulations. The visit included a review of SGCC's program statement, administrative internal policies and procedures, seven children's case files, and a random sampling of personnel files. A visit was made to the sites 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

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

The deficiencies noted during the monitoring review were that one stove burner was not working at the Enid Site. One child was not progressing toward meeting his Needs and Services Plan (NSP) goals. San Gabriel Children's Center needed to develop comprehensive initial and updated NSPs as well as ensure that age-appropriate children are provided vocational training, Youth Development Services or equivalent. One child's initial dental examination was not timely; one child disclosed that he was not informed about his psychotropic medication; and another said he was not given opportunities to participate in planning activities.

Based on our review, the few aforementioned deficiencies revealed the need for more thorough documentation in the NSPs, maintain the common areas and ensure that the children are making progress towards their NSP goals.

San Gabriel Children's Center's representatives were receptive to implementing systemic changes to improve compliance with regulations and the contract. The Residential Director 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:

- One stove burner was not working at the Enid Site. The Facility Manager stated that the stove was working earlier in the day and immediately submitted a work-request to get the stove repaired. During the Exit Conference the Facility Manager provided

documented proof that the repairs were completed and the burner had been repaired, which was later confirmed by our Monitor.

- One of seven sampled children was not progressing toward meeting his NSP goals. The Residential Director stated that in the future, she will ensure that staff follows agency guidelines to assist the client's in meeting the NSP case goals.

- One child was not having any visits with relatives and SGCC did not assist the child in maintaining important relationships as the child was not provided with a mentor. According to documentation provided by the Residential Director, efforts were being made to find the child a suitable mentor. Additionally, clinicians and house managers will continue to assist the children with identifying, developing and maintaining important relationships. This will be implemented by initiating contact, and assisting with transportation to and from visits. SGCC has provided information to the Monitor that the child has begun to have face-to-face visits with his mother, grandmother and siblings.

- Of the seven initial NSPs required only six were reviewed because one was previously reviewed in 2010. Also, six updated NSPs were reviewed. Three of six initial NSPs and all six updated NSPs reviewed were not comprehensive and did not meet all the required elements in accordance with the NSP template. Specifically, one NSP had no school enrollment date, two NSPs did not have the court date for the authorization of psychotropic medication, and no signatures for the child. Several updated NSPs did not have adequate details on group home contacts with CSWs, and some lacked details on a child's visits with family members and his mentor. The Residential Director stated that the Mental Health Program Manager and Director of Residential Services will provide an updated training to clinicians on how to complete NSPs to ensure that they are comprehensive and complete with detailed information. She added that due to a significant change in clinical staff, there has been a learning curve on how to complete the NSPs. In future, the Clinical Manager will review and approve all NSPs to ensure the documentation is comprehensive and submitted accurately. Also, SGCC's representatives attended the NSP training conducted by OHCMD in January 2012 and it is expected that the training and implementation of their CAP will eliminate future NSP findings.

- During an interview with one child he disclosed that SGCC's consequences were not fair when a child did not follow the rules. The child said he was particularly concerned about frequent restraints when children act out. The Residential Director stated that the consequences were fair and this finding should be removed as it was based on the child's subjective interpretation. She felt that based on the interviews conducted during the review, only one of seven residents interviewed verbalized that the consequences were not fair. Nonetheless, the monitor explained that the child expressed that the consequences were not fair to him. The Monitor obtained and reviewed a copy of SGCC's Discipline Guidelines and considered them fair. The Residential Director stated that in the future staff, including the Facility Managers, will follow agency guidelines to ensure that consequences are fair.

- One child said that he was not informed about his medication. The Residential Director stated that all the children are given copies of their Personal Rights and asked to sign that they received and understood them. In addition, the psychiatrist discusses medication and side effects with each resident who is prescribed medication. In order to ensure that the children are aware, facility managers will have staff review the Personal Rights with the children to ensure that they are aware of their rights including their right to be informed about their medication.

- One of seven children interviewed said he was not given opportunities to participate in planning activities. The Residential Director said that all the children are given opportunities to participate in planning activities except in cases where a child's behavior was inappropriate, such as AWOLs or assaultive behavior. Normally, there is a monthly meeting and the residents participate in group discussion to identify activities they would like to plan for the month. The list is then given to the Activities Coordinator who inputs the information in the monthly activity calendar that is posted at the group home. The Group Home will ensure that staff follows agency guidelines to give all the children the opportunity to participate in planning activities.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held July 27, 2011:

In attendance:

Ruth Sigala, Residential Director; Lynette Hanna, Site Administrator, San Gabriel Children's Center; Lim Leng, Deputy Probation Officer; and Kirk Barrow, Monitor, DCFS, OHCMD.

Highlights:

The Residential Director was in agreement with most of the findings and recommendations. During the Exit Conference, she stated that SGCC continues to encourage their staff to ensure that the NSPs are comprehensive and that children are informed about their medication. The Residential Director stated that all the children were allowed opportunities to participate in planning activities and that the consequences are fair and this finding should be removed as it was based on the child's subjective interpretation of the consequences the Group Home implements when a child does not follow the rules.

San Gabriel Children's Center 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 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

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
Carol Facciponti-Malcolm, President Board of Directors, SGCC
Porfirio Rincon, Executive Director, San Gabriel Children's Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

SAN GABRIEL CHILDREN'S CENTER GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

19832 Rambling Road
Covina, California 91724
License Number 197802232
Rate Classification Level 14

19605 East Puente Street
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License Number 197801309
Rate Classification Level 14

5329 Homerest Ave.
Azusa, California 91720
License Number 197802791
Rate Classification Level 14

373 S. Enid Ave.
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License Number 197804534
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	Contract Compliance Monitoring Review	**Findings: May 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 & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	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. Improvement Needed 3. Full Compliance 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. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

	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 Updated NSPs	8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 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	Full Compliance (ALL)
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	Full Compliance (ALL)
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** (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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed

	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	7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Improvement Needed 14. Full Compliance 15. Full Compliance
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	Full Compliance (ALL)
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	Full Compliance (ALL)
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	Full Compliance (ALL)

	10. One-Hour Child abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. Ongoing Training Documentation 14. Emergency Intervention Training Documentation	

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

CONTRACTUAL COMPLIANCE

Based on our review, SGCC complied with seven of 10 sections of contract compliance review: Licensure/Contract Requirements; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of seven children's case files and/or documentation from the provider, SGCC fully complied with five out of six elements reviewed in the area of Facility and Environment.

We found that one burner on the stove at the Enid Site was not working. This was observed during the site inspection and was brought to the attention of the Facility Manager, who stated that a work order was submitted to have the burner repaired. At the time of the Exit Conference the Monitor confirmed that the burner had been repaired.

Recommendation:

SGCC management shall ensure that:

1. The common quarters are well maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

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

During our review, one interviewed child disclosed that he wanted a mentor as he was not having any visits with family or relatives. According to documentation provided by the Residential Director, efforts were being made to find the child a suitable mentor. Additionally, clinicians and house managers assist the children with identifying, developing and maintaining important relationships. This will be implemented by initiating contact, assisting with transportation to or from visits. The clinicians and Facility Managers will encourage the children to keep in contact via telephone calls, letters, and visits.

Of the seven initial NSPs required, six were reviewed because one was previously reviewed in 2010. We noted that three of six initial NSPs and all six updated NSPs reviewed were not comprehensive and did not meet all the required elements in accordance with the NSP template. Specifically, one NSP had no school enrollment date, two NSPs did not have the court date for the authorization of psychotropic medication, and no signatures for a child. Several updated NSPs did not have adequate details on group home contacts with CSWs, some lacked details on child's visits with family members and with mentors. The Residential Director stated that due to a significant change in clinical staff, there has been a learning curve on how to complete the NSPs. The review further revealed one of the seven sampled children was not progressing toward meeting his NSP goals. The Residential Director stated that in the future she will ensure that staff follows agency guidelines to assist the client's in meeting the NSP case goals. The Residential Director and the Program Manager stated they would provide an updated training to clinicians on how to complete NSPs to ensure they are comprehensive and completed with detailed information, with children participating in the development of NSPs. The Monitor verified that SGCC's representatives attended the NSP training conducted by OHCMD in January 2012, and it is expected that the training and implementation of their CAP will eliminate future NSP findings.

Recommendations:

SGCC's management shall ensure that:

2. Children participate in the development of the NSPs.

3. The children are assisted in maintaining important relationships.

4. Comprehensive initial and updated NSPs are developed.

5. Children are progressing towards meeting their NSP goals.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of seven children's files and/or documentation from the provider, SGCC fully complied with 12 of 15 elements in the area of Personal Rights and Social/Emotional Well-Being.

During the review, one child disclosed that consequences were not fair at the Group Home. San Gabriel Children's Center staff stated that the consequences are deemed developmentally appropriate for the population the Group Home serves, however, they will ensure that in the future staff, including Facility Managers, follow agency guidelines and ensure that consequences are fair and perceived as fair to all the children.

One child said that he was not informed about his medication. The Residential Director stated that all the children are given copies of their Personal Rights and asked to sign that they received and understood them. However, in order to ensure that the children are aware, facility managers will make sure that in the future, staff follows agency guidelines to ensure that children are aware of their rights including their right to be informed about their medication.

Another child said that he was not given opportunities to participate in planning activities. The Residential Director said that normally, there is a monthly meeting and the residents participate in group discussion to identify activities they would like to plan for the month. The list is then given to the Activities Coordinator who inputs the information in the monthly activity calendar that is posted at the group home. They stated all children are given opportunities to participate in planning activities except in cases where at the time of the monthly meeting, a child's behavior was inappropriate, such as AWOLs/assaultive behavior to peers or staff.

Recommendations:

SGCC management shall ensure that:

6. Consequences are fair for all the children.

7. Children are informed about their medication.

8. Children are given opportunities to participate in planning activities.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the 2010 monitoring review.

Verification

We verified whether the outstanding recommendations from our 2010 review, report issued May 2, 2011 were implemented.

Results

The OHCMD prior monitoring report contained 10 outstanding recommendations. Specifically, SGCC to ensure that the children's bedrooms were well maintained, that comprehensive NSPs were developed, that SGCC obtained DCFS CSWs' authorization to implement the NSPs and that DCFS CSWs were contacted on a monthly basis and the contacts were appropriately documented. SGCC was to ensure that Youth Development Services were provided in accordance with the development level of the child and that children were given opportunities to be involved in extra-curricular activities of their choice. San Gabriel Children's Center was to ensure that all children on psychotropic medication had a current PMA, that dental exams were conducted timely for all the children and that all direct care staff received the required ongoing training in a timely manner.

Based on our follow up of these recommendations, SGCC fully implemented nine of 10 recommendations. We requested corrective action to further address the recommendation that was not implemented.

Recommendation:

SGCC's management shall ensure that:

9. It fully implements the outstanding recommendations from the 2010 monitoring report, which is noted in this report as Recommendation 4.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of SGCC for the fiscal year July 1, 2008 through June 30, 2009. The fiscal report dated July 1, 2011, identified $688 in unallowable expenditures and $3,608 in unsupported/inadequately supported expenditures. SGCC submitted a fiscal CAP and according to the Fiscal Monitoring Section, SGCC fully paid off the unallowable, unsupported/inadequate expenditures.

Approved CAL 9/29/11

San Gabriel Children's Center, Inc.

September 20, 2011

Dorothy Channel
Out of Home Care Management Division
9320 Telstar Ave., Room 216
El Monte, CA 91731

Re: Group Home Monitoring Review Field Exit Summary Corrective Action Plan - ADDENDUM

Dear Ms. Channel,

In response to your Monitoring Review Field Exit Summary findings, I have included our Corrective Action Plan and documentation to finalize the audit.

II. Facility and Environment

11. Are common quarters well maintained?

- The stove burner had one igniter which was not working during the time of the review. This was repaired on 8/2/11. Staff will continue to conduct daily inspections to ensure common quarters are well maintained.

III. Maintenance of Required Documentation and Service Delivery

20. Are the sampled children progressing toward meeting the Needs and Services Plans case goals?

SGCC will ensure that in future staff follows agency guidelines to assist the client's in meeting the Needs and Services Plans case goals.

- Treatment goals are developed to be specific, measureable, and attainable to ensure client's progress toward meeting their individualized case goals.

- Interdisciplinary Treatment Team Meetings are held monthly. Progress is reviewed and documented during these meetings on the Interdisciplinary Treatment Plan form which is filed in the client's chart. The team addresses barriers to meeting documented goals and develops updated goals as needed.

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- Treatment goals are developed in collaboration with clients (and families/caregivers, where appropriate). The goals are discussed with the Residential House Manager to ensure clients are assisted in making progress toward meeting their goals.

22. Did the treatment team develop comprehensive initial Needs and Services Plans with the child?

SGCC will ensure that in future staff follows agency guidelines to develop comprehensive NSP's with the child

- The Mental Health Program Manager and Director of Residential Services will provide an updated training to clinicians on how to complete NSPs to ensure they are comprehensive and complete with detailed information. Due to a significant change in clinical staff, there has been a learning curve on how to complete these documents.

- The Clinical Manager will review and approve all NSP's to ensure the documentation is comprehensive and submitted accurately.

26. Does the agency assist the children in maintaining important relationships?

- SGCC will ensure that in future staff follows agency guidelines to assist the children in maintaining important relationships. A Mentor and/or CASA worker is requested by the clinician for all clients who do not have relatives or a stable adult in their lives. Efforts to obtain referrals by the CSW's will be documented in the Needs and Services Plan. Additionally, SGCC staff (clinicians and house managers) will assist the children with identifying, developing and maintaining important relationships. This will be implemented by initiating contact, assisting with transportation to and/or from visits, encouraging the children to keep in contact via phone calls, letters, visits, etc., and processing with the children on the importance of maintaining the relationships they are building.

28. Did the treatment team develop comprehensive updated Needs and Service Plans with the child?

- SGCC will ensure that in future staff follows agency guidelines to develop comprehensive NSP's with the child. A new protocol has been implemented to ensure updated NSP's are comprehensive and developed with the child. The report will be reviewed by the Mental Health Program Manager to ensure it is all-inclusive and completed accurately.

V. Health and Medical Needs

41. Are initial dental examinations timely?

- SGCC will ensure that in the future, initial exams are timely and are completed within the first 30 days after a child is placed at our agency. With regards to [redacted] initial dental exam, it was scheduled after the 30 days due to issues with Medi-cal. The Probation officer was made fully aware of this issue. Please see attached document to support this.

VII. Personal Rights and Social/Emotional Well-Being

52. Are consequences fair?

- SGCC will ensure that in future staff follows agency guidelines to ensure consequences are fair. Based on the interviews conducted during the review, only one of the seven residents interviewed verbalized that the consequences are not fair. San Gabriel Children Center's consequences are deemed developmentally appropriate for this population.

56. Are children informed about their medication?

- SGCC will ensure that in future staff follows agency guidelines to ensure children are informed about their medication. All children are informed about their medications by the psychiatrist and Licensed Psychiatric Technician during psychiatric consultations.

59. Are children given opportunities to participate in planning activities?

- SGCC will ensure that in future staff follows agency guidelines to give the children opportunities to participate in planning activities. On a monthly basis, the residents participate in a group discussion to identify which activities they would like to plan for the month. This list is then given to the Activities Coordinator who inputs the information in the monthly activity calendar that is posted at the group home.

As a result of these findings, Director of Residential Services, Ruth Sigala will be responsible for ensuring that the CAP will be fully implemented. It is expected that all of these procedures will be addressed and implemented within the next 30 days.

Should you need any further information, my email address is ruthsigala@sangabrielchild.com and my work telephone number is 626.859.2089.

San Gabriel Children's Center, Inc.

Respectfully,

Ruth Sigala

Ruth Sigala, MA
Director of Residential Services
San Gabriel Children's Center, Inc.

Cc: Porfirio Rincon, President/CEO; Gurucharan Khalsa, Vice President of Programs

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SGCC

San Gabriel Children Center

SPECIAL INCIDENT INTERNAL COMMUNICATION REPORT

☒ TLH 1 ☐ TLH 2 ☐ HOMEREST ☐ ENID

Resident(s) Involved [redacted] APRO NONE
NONE NONE
Staff Involved: [redacted]

TYPE OF INCIDENT:

☐ Chronic out of area, Runaway	☐ Medication Error	☐ Pro-Act Intervention
☐ Physical Assaults, with/Injury	☐ Staff related incident	☐ School Incident
☐ Sexually Related Incident	☐ Property Damage	☐ Police Involvement
☐ Injury/ Illness	☐ Alleged Child Abuse	☐ Community Involvement
☐ Suicidal Behaviors	☐ Substance Abuse	☒ Other:Medi-Cal # issue

DESCRIPTION:

Resident [redacted] was unable to attend his scheduled dentist appt with [redacted] due to client's medical number being mistakenly deemed invalid at the time of his appointment. House Manager [redacted] was able to obtain his correct information and submit it to the dentist office for approval. [redacted] appointment was then rescheduled for May 17, 2011 at 11am which he attended without problem. Manager [redacted] informed resident's PO of the incident initially by phone during the week of 4/4/11 - 4/8/11. The issue was again addressed in person with the P.O. during his monthly visit on 4/20/11 and the P.O. indicated that she would work towards obtaining a current Medi-Cal #.

Client [redacted] not receive his initial dental exam withing his initial 30 days of placement due to issues with his Medi-Cal #. The Probation Office was notified by House Manager Veronica of the issue and it was eventually resolved. [redacted] has since completed the initial dental exam and the P.O. was notified.

[redacted]

SGCC San Gabriel Children Center

Site Administrator
San Gabriel Children's Center

STAFF MAKING THE REPORT: [redacted]
Date:4/23/11 Time:12:00 p.m.

ADDENDUM: