County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 2, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

ST. ANNE'S MATERNITY GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of St. Anne's Maternity Group Home (The Group Home) in November 2012. The Group Home has one site located in the First Supervisorial District and provides services to DCFS foster children, as well as Los Angeles County Probation Department youth. According to the Group Home's program statement, its purpose is "to provide services to at risk and pregnant or parenting young mothers and their children up to 3 years of age."

The Group Home has one 32-bed site and is licensed to serve a capacity of 32 girls, ages 11 through 17. At the time of the review, the Group Home served 27 placed DCFS children. The placed children's overall average length of placement was 11 months, and their average age was 17.

SUMMARY

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

The Group Home was in full compliance with two of nine areas of our Contract compliance review: Health and Medical Needs; and Personnel Records. Psychotropic Medication was not applicable, as none of the placed children were on psychotropic medication at the time of review.

We noted deficiencies in the areas of: Licensure/Contract Requirements, related to CCL Complaints and timely submission of Special Incident Reports; Facility and Environment, related to sufficient recreational equipment; Maintenance of Required Documentation and Services Delivery, related to Needs and Services Plans (NSPs); Educational and Workforce Readiness, related to school attendance and participation in Youth Development Services; Personal Rights and Social/Emotional Well-Being, related to satisfaction with meals and snacks and the children's involvement in planning and participation in extra-curricular activities; Personal Needs/Survival and Economic Well-Being, related to assistance with the children's "Life Book"; and Discharged Children, related to children having progressed toward NSP goals. We instructed the Group Home's supervisory staff to enhance monitoring in order to eliminate documentation issues, ensure that all service requirements are met, and ensure compliance with all regulatory standards. Attached are the details of our review.

REVIEW OF REPORT

On November 29, 2012, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home's staff, Dana Anthony "Tony" Walker, President and Chief Executive Officer; Carlos Tobar, Director of Quality Assurance; and Veronica Arteaga, Residential Services Director. The Group Home's representatives were in agreement with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller (A-C) and CCL. The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. We will assess for implementation of recommendations during our next monitoring review.

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

PLB:EM:KR
RDS:PBG:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Dana Anthony "Tony" Walker, President and Chief Executive Officer, St. Anne's Maternity Group Home
Rosalie Gutierrez, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

ST. ANNE'S MATERNITY GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the November 2012 review. The purpose of this review was to assess the Group Home's compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, seven DCFS placed children were selected for the sample. There were no placed Probation children. The OHCMD monitor interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, none of the children were prescribed psychotropic medication.

OHCMD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following seven areas out of compliance.

Licensure/Contract Requirements

- Although the Special Incident Reports (SIRs) were appropriately documented, some were not submitted timely and cross-reported to all required parties. The President and Chief Executive Officer stated that effective immediately, the Senior Director of Residential Program and Support Services will review all SIRs on a daily basis and submit all SIRs timely.

- CCL had cited the Group Home on August 28, 2012, as a result of a finding during a CCL investigation. The incident, which occurred on July 14, 2012, involved an

unapproved isolation room on the premises. A youth who had been diagnosed with shingles, a contagious virus, was temporarily isolated, and was moved to the recreation/lunch room to sleep. The investigation concluded that the Group Home had been operating at full capacity; there was no bedroom available in which to isolate the resident. Therefore, the youth was relocated into the recreation room. The Group Home was cited by CCL for using a room commonly used for another purpose as a bedroom.

The Group Home responded proactively and developed a Plan of Correction which addressed appropriately isolating a resident with a contagious disease/illness. The Group Home will convert the nursing office, originally a bedroom, into an isolation room in the event that there is no bedroom available to temporarily relocate an infectious resident. When a resident is placed in isolation, a staff will be assigned to monitor and supervise the resident at all times.

Recommendations

The Group Home's management shall ensure that:

1. SIRs are appropriately documented and cross-reported to all required parties via I-Track, in a timely manner.

2. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Facility and Environment

- Interviewed children reported that computers were not available for their use and completion of school assignments, as staff members were using the computers most of the time. It was further noted that there was insufficient recreational equipment available to the teens; available games and equipment were broken and needed repair or to be replaced. The interviewed children reported that most of the board games were missing pieces.

  The Director of Quality Assurance explained that all residents have access to computers at the on-grounds school from 3:15 p.m. to 4:45 p.m., Monday - Friday. Even residents that are not enrolled in this school have access to after-school tutoring services and computers. There are 30 computers available in the tutoring classrooms during after-school hours. When necessary, staff will allow the children to use the staff computers for homework. However, in an effort to increase computer access, three computers have been placed in the Group Home's activity room for the residents to use for school needs/assignments. He further stated that there would be increased oversight of board games and equipment.

Recommendation

3. The group home maintains sufficient recreational equipment and appropriate educational resources and supplies in good working condition and readily available to children.

Maintenance of Required Documentation and Service Delivery

- We found that five of seven sampled children were not making progress toward meeting their NSPs case goals. The Residential Services Director stated that every effort would be made to assist residents in making progress toward meeting NSP goals, and that the treatment team will work collaboratively to develop more realistic, reasonable, and attainable goals for initial and updated NSPs. They will work together to ensure the children are able to meet their treatment goals.

- Of seven initial NSPs were reviewed; one of which was not comprehensive as it did not include the permanency case plan goal for the child.

- Of 17 updated NSPs reviewed; seven were not comprehensive. The updated NSPs did not include all the required elements in accordance with the NSP template. Three updated NSP quarterly sections lacked detailed information regarding the child's progress toward the identified treatment goals, or the child's progress was not updated. In addition, three of the updated NSPs did not include a permanency treatment goal for the placed child.

It should be noted that the Group Home's representatives attended the OHCMD's NSP training for providers on January 20, 2012, and also re-trained their staff members on March 28, 2012. In comparing the initial and updated NSP findings from the previous year, it is noted that the Group Home has improved in timely completion and development of comprehensive initial and updated NSPs. The Director of Quality Assurance stated that the Group Home will ensure all NSPs are comprehensive and the progress of all children toward achieving their NSP goals will be clearly documented in their NSPs. Further, during the Group Home's staff supervision meetings, NSP training materials will be reviewed to further ensure that all NSPs are properly completed and are comprehensive.

Recommendations

The Group Home's management shall ensure that:

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

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

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

Education and Workforce Readiness

- We found that one of seven children reviewed did not improve her academic performance and/or attendance. The Director of Quality Assurance stated that the Group Home had developed an Incentive Program to motivate placed children to increase school attendance and improve academic performance. The Group Home staff will make every effort to ensure that all residents are attending school, as required, and their academic performance improves. In addition, the Residential Program Director and Assistant Director will meet with the principal of New Village Charter High School, where the majority of the Group Home's residents attend school, to discuss and create a plan to support residents who are struggling academically or with school attendance and/or performance. Residents who have difficulty attending school will be referred to Therapeutic Behavioral Services by their therapist, to assist them in increasing school attendance.

  The Group Home has improved in this area since the last compliance report, dated June 19, 2012. In the June 19, 2012 compliance report, it was noted that there were three sampled children who did not improve their academic performance and/or attendance, compared to the current report in which there is only one child that did not show improvement.

- We found one of six eligible sample children did not participate in Youth Development Services (YDS) or equivalent services or vocational training programs. In addition, the Group Home did not document barriers to obtaining the services and efforts to resolve the issues.

  The Director of Quality Assurance stated that every effort will be made to ensure that all age appropriate residents receive/participate in YDS or equivalent services. A Treatment Team Meeting will be scheduled for each resident, 16 years of age or older, to discuss enrollment in YDS classes. The placement worker will be invited to attend the Treatment Team Meeting. The Education Case Liaisons will also clearly document all efforts made and barriers to ensuring that all residents 16 years of age and older are enrolled in YDS classes.

Recommendations

The Group Home's management shall ensure that:

7. Children improve academic performance and/or school attendance.

8. The Agency facilitates age-appropriate children's participation in YDS or equivalent services and vocational training programs.

Personal Rights and Social/Emotional Well-Being

- The seven children interviewed expressed concerns over the Group Home's food services. The residents felt that the quality of the food they were being served was

not very good. They reported that sometimes, the food was warm on the outside but cold inside. The children also shared that they had previously reported that their food was not clean. In August and September 2012, there were three incidents in which it was reported that fruit flies and a baby spider were found in the food. In addition, some residents claimed that they were hungry during the school hours and at after school program which runs between 3:00 p.m. to 6:00 p.m. because no snacks were available to them.

The Director of Quality Assurance stated that in an effort to prevent future issues related to food, kitchen staff will check the food and will utilize the Café Delivery Log to document the quality of the food before the food is delivered to residents. If the food quality is not satisfactory, the food will be sent back to the kitchen, and new food will be prepared for the residents. In addition, snacks will be available, and all residents will have the option of taking snacks to school, which they can eat throughout their school day.

- We found that not all residents were given opportunities to be involved in the planning of age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home. Although the Residential Program Director provided documentation of resident council meetings in which rotating resident representatives from each unit were present to discuss concerns and provide suggestions regarding activities, the residents shared that not every resident can attend the meeting, and those chosen to represent the greater group choose the activities which appeal to their personal preferences.

- In addition, all interviewed youths reported that they were not given opportunities to participate in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home. The interviewed teens expressed that the activities provided by the Group Home are not very good. Even though there are monthly activity calendars, most activities get rescheduled at the last minute, or even cancelled. They felt that there were no good indoor activities, and that the movies they watched were all older movies; they preferred to watch more recently released films. They also reported that the board games in the Group Home were all missing game pieces.

  The Group Home's Administration shared that community activities are offered to residents five days per week. The Director of Quality Assurance stated that a new full-time Activities Coordinator had been hired on December 1, 2012, to oversee activities in the Residential Treatment Program. Effective immediately, the Residential Counselors will provide residents with the Activities Suggestions form. The residents will submit suggestions for activities via the form, which they will also be required to sign. The Assistant Director will review the Activities Suggestions forms and Activities Calendar to ensure that residents' suggestions are being considered and all residents are given opportunities to participate in age appropriate, extra-curricular, enrichment and social activities in which they have an interest.

Recommendations

The Group Home's management shall ensure that:

9. All children receive good quality and quantity, nutritious meals and snacks.

10. All children are given opportunities to plan in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home.

11. All children are given opportunities to participate in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home.

Personal Needs/Survival and Economic Well-Being

- Four of seven children interviewed reported that the group home staff did not encourage or assist them in updating their life book or photo album. Three children disclosed that they were just offered the life book two days prior to the interview with the OHCMD Monitor.

  The Director of Quality Assurance stated that effective immediately, the Activities Coordinator will add indoor activity time to allow the children to work on their life books at least two times per month. All residents will receive life books as part of their intake package upon their arrival at the Group Home.

Recommendation

The Group Home's management shall ensure:

12. All children are encouraged and assisted in updating their life book or photo album.

Discharged Children

- We found three of four discharged children did not successfully meet their NSP goals prior to their discharge. The Director of Quality Assurance assured that St. Anne's will take all necessary treatment measures to assist children with setting and meeting their stated goals. In an effort to assist all children in making progress toward achieving their NSP goals prior to discharge, the Treatment Team will have weekly meetings to discuss each child's progress and response to treatment. If a client is not making progress toward their goals, then alternate treatment strategies will be discussed to assist with attainment of goals.

Recommendation

The Group Home's management shall ensure that:

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

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

The OHCMD's last compliance report, dated June 19, 2012, identified 13 recommendations.

Results

Based on our follow-up, the Group Home fully implemented six of 13 recommendations for which they were to ensure that:

- Documentation of the staff efforts is maintained as verification that DCFS CSWs approved implementation of NSPs,
- NSPs are developed timely,
- NSPs are comprehensive and include required information,
- Children are progressing towards meeting their NSP goals,
- All children attend school as required,
- The treatment team works with both public and non-public schools to increase children's academic performance,
- All children are enrolled in school timely,
- All children's initial dental examinations are completed timely,
- The children report satisfaction with their meals and snacks,
- The children are assisted with making progress toward meeting their NSP goals prior to their discharge,
- All staff members receive the required initial training timely,
- All staff members have a valid First-Aid certificate on file, and
- The outstanding recommendations from the OHCMD's prior monitoring report regarding the development of comprehensive NSPs are fully implemented.

The Group Home did not fully implement the recommendations regarding development of comprehensive initial and updated NSPs; ensuring children were progressing toward meeting their NSP goals; assisting children in improving academic performance; ensuring children attend school as required; ensuring children were satisfied with their meals and snacks; and ensuring children make progress toward meeting their NSP goals prior to their discharge.

Recommendation

The Group Home's management shall ensure that:

14. It fully implements the June 19, 2012 outstanding recommendations from the 2011-2012 fiscal year monitoring review, which are noted in this report as Recommendations 4, 5, 6, 7, 9, 13 and 14.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

ST. ANNE'S MATERNITY GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

155 N. Occidental Blvd.
Los Angeles, CA 90026
License # 191802087
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: November 2012
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (N/A)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Not Applicable

	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	11. Full Compliance 12. Improvement Needed 13. Improvement Needed
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Full Compliance 2. Improvement Needed 3. Full Compliance
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

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St Anne's

Brighter futures for at-risk pregnant young women, mothers and children

March 8, 2013

Patricia Bolanos-Gonzalez, Manager
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
Group Home Monitoring Section
9320 Telstar Avenue, Suite 216
El Monte, CA 91731

RE: ADDENDUM
Corrective Action Plan for Group Home Monitoring Review
Site Visit Date: November 5, 2012
CAP Due Date: December 29, 2012

Dear Ms. Bolanos-Gonzalez:

The St. Anne's Residential Treatment Program is dedicated to providing the best services available to our residents. Your collaboration and input is helpful in making this possible for our residents. The following items were recommended and will be rectified through the plans related below.

I. LICENSURE/CONTRACT REQUIREMENT
Element #4:
Finding: Not all SIRs were submitted timely

Corrective Action Plan:
SIRs will be submitted in a timely manner.

a) Residential Treatment Program Director and Senior Director of Residential Programs and Support Services will review all SIRs on a daily basis.
b) Senior Director of Residential Programs and Support Services will submit all SIRs daily.
c) In the event that the Senior Director of Residential Programs and Support Services is not able to submit SIRs, the Senior Director of Community Based Services will review and submit SIRs.

Implementation Date: 12/20/12 and Ongoing

Person Responsible: Residential Treatment Program Director
Senior Director of Residential Programs and Support Services
Senior Director of Community Based Programs
Quality Assurance: Quality Assurance Director

Element #9
Finding: CCL Deficiencies – On 7/14/12, one resident was diagnosed with Shingles and was moved from her bedroom to the recreation/lunch room to sleep to avoid infecting her roommate. CCL cited St. Anne's Maternity Home on 8/28/12 for "No room commonly used for other purposes shall be used as a bedroom."

Corrective Action Plan:
No room commonly used for other purposes will be used as a bedroom

a) In the event that a resident and/or her child is diagnosed with a contagious disease/illness, the resident will be placed on isolation away from other residents and children, until it is determined by a medical professional that the resident and/or child are no longer contagious.
b) If a resident shares a bedroom with another resident, one of the resident's will temporarily relocate to an empty bedroom.
c) If there are no empty bedrooms available, the nurse's office will be converted to a bedroom (this process will take no longer than five hours).
d) A staff will be assigned to monitor and supervise the resident at all times.
e) A Corrective Action Plan was submitted to CCL regarding this issue. (Please See attached Plan dated February 22, 2013 and CCL Approval date effective 2/25/13, **Attachment 1**)

Implementation Date:	9/4/12 and Ongoing
Person Responsible:	Residential Treatment Program Director
Quality Assurance:	Quality Assurance Director

II. FACILITY AND ENVIRONMENT
Element #13
Finding: Interviewed children indicated that there were no sufficient computers for their school needs. Also, the interviewed children reported that most of the board games are missing pieces.

Corrective Action Plan:
Residents will have sufficient access to computers to meet their school needs. Stronger oversight of board games will be implemented to prevent missing pieces.

a) Three computers were added to the activities room for residents to utilize to meet their school needs.
b) The Activities Coordinator will sign out specific board games to individual staff members who will be responsible for monitoring the board game use to prevent missing pieces. (Please See **Attachment 2**)

Implementation Date:	11/16/12
Person Responsible:	Residential Treatment Program Director Activities Coordinator Residential Staff
Quality Assurance:	Quality Assurance Director

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY
Element #18
Finding: Child progressing toward meeting the NSPs goals – Five of the seven sampled children were not progressing toward meeting their NSPs' goals.

Corrective Action Plan:
Every effort will be made for all residents to make progress toward meeting NSP goals.

a) Education Case Liaisons (ECLs) were trained in using the S.M.A.R.T technique for creating goals on March 28, 2012. (Please See **Attachment 3**)
b) ECLs will review the S.M.A.R.T. technique for creating goals in their supervisions with Assistant Directors.
c) ECLs will break down goals in small tasks and utilize the S.M.A.R.T. technique when creating treatment goals to ensure that all goals are reasonable, reachable, and assessable.
d) ECLs will create goals that are reachable within the NSP update period to ensure that residents are making progress toward, and achieving NSP goals.
e) The Assistant Director who oversees the ECL will review each completed NSP to ensure that the treatment goals are reasonable and reachable within the NSP update period.
f) The Residential Program Director will review with NSP document with the Assistant Director to ensure that the treatment goals are reasonable and reachable within the NSP update period.

Implementation Date:	12/20/2012 and Ongoing
Person Responsible:	Residential Treatment Program Director Education Case Liaisons Residential Program Assistant Directors
Quality Assurance:	Quality Assurance Director

Element #23 and 24
Finding: NSPs Not Comprehensive – 8 out of 24 NSPs were not comprehensive due to the following reasons:

- They did not include all the required elements in accordance with the NSP template.
- Some NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals, or the child's progress was not updated.
- Not all the NSPs include a permanency treatment goal for the placed child.
- Not all treatment goals were attainable or measureable.
- Wrong report date or signature date.

Corrective Action Plan:
All NSPs will be comprehensive with all of the required information included. All quarterly updates will provide detailed information regarding progress towards treatment goals. The quarterly updates will include detailed information regarding how St. Anne's has worked with the placed child to pursue the permanency case goals and what efforts were made during the past three months regarding feasibility of the child's return to her home, placement in another facility, or move to Independent Living. NSPs will include goals that are attainable and measurable. All NSPs will include correct report and signature dates.

a) Quality Assurance Specialist and Residential Treatment Program Director attended an NSP training provided by DCFS on 1/20/12, to improve comprehensiveness of all NSPs.
b) Residential Treatment Program Director and Quality Assurance Specialist, conducted a training on 3/28/12 for the Assistant Directors and ECLs to ensure that the NSP documents are comprehensive and inclusive of the information listed above. (Please See **Attachment 4**)
c) Assistant Directors will review with ECLs in supervision the training materials from the

3.28.12 NSP training to reinforce that all NSPs are comprehensively completed.

d) Quality Assurance Specialist and Residential Program Director will continue to conduct monthly chart reviews to ensure that all NSP documents are meeting the requirements listed above.
e) The Assistant Director who oversees the ECL will review each completed NSP to ensure that the document is comprehensive and includes all the information listed above.
f) The Residential Program Director will review the NSP document with the Assistant Director to ensure that the document is comprehensive and includes all the required information.
g) ECLs will break down goals in small tasks and utilize the S.M.A.R.T. technique when creating treatment goals to ensure that all goals are reasonable, reachable, and assessable. (Please See **Attachment 3**)

Implementation Date:	12/20/12 and Ongoing
Person Responsible:	Residential Treatment Program Director Education Case Liaisons Residential Program Assistant Directors
Quality Assurance:	Quality Assurance Specialist Quality Assurance Director

IV. EDUCATION AND WORKFORCE READINESS

Element #28

Finding: School Attendance – Child #7 dropped from summer school due to poor attendance and has only attended three days in three weeks after school resumed on 8/14/12 for the 2012-2013 School Year.

Corrective Action Plan:

Every effort will be made to ensure that all residents are attending school as required.

a) Residents will receive a school stipend to motivate them to maintain regular school attendance.
b) Residents will receive an added school stipend bonus for attending school 5 days per week.
c) Residents will also receive an added school stipend bonus for achieving passing grades in school classes.
d) Community activities will be offered as an incentive for residents Monday – Friday, if they are compliant with attending school, and meeting other program requirements.
e) Residential Counselors and Lead Residential Counselors will begin waking up teens to prepare them for school at 6:30 am, in order to provide teens with enough time to eat breakfast, take their children to daycare, and get ready for school.
f) Residential Counselors and Lead Residential Counselors will continue to prompt residents to wake up for school throughout the morning shift.
g) Therapists will work with the residents in the morning to ensure that teens are attending school regularly.
h) Treatment Team Meetings will be scheduled by ECLs and held for specific teens who have difficulty attending school, in order to promote increased school attendance.
i) Specific residents who have difficulty attending school will be referred to Therapeutic Behavioral Services by their therapist, to assist them in increasing school attendance.
j) ECLs will include school attendance goals on NSPs for specific teens who have difficulty attending school.
k) The Residential Program Director and Assistant Directors will meet with the Principle of New Village Charter High School, where the majority of our residents attend school, to

discuss and create a plan to support residents who are struggling academically with school attendance and/or performance.

Implementation Date:	12/20/12 and Ongoing
Person Responsible:	Residential Treatment Program Director Education Case Liaisons Residential Program Assistant Directors Residential Counselors Lead Residential Counselors
Quality Assurance:	Quality Assurance Director

Element #29
Finding: Youth Development Services – Child #6 did not receive/participate in YDS or equivalent services, and vocational training programs or document barriers to obtaining such services and efforts to resolve issues.

Corrective Action Plan:
Every effort will be made to ensure that all residents receive/participate in YDS or equivalent services.

a) ECLs will contact placement workers for all residents 16 years of age or older and request that the resident be enrolled in ILP classes.
b) A Treatment Team Meeting will be scheduled with all residents 16 years of age or older to discuss enrollment in ILP classes. The placement worker will be invited to attend the Treatment Team Meeting.
c) ECLs will document in the NSPs efforts made to ensure that residents are enrolled in ILP.
d) Assistant Directors who oversee ECLs will review NSPs to ensure that efforts and barriers are clearly documented.
e) Residential Treatment Program Director will also review NSPs to ensure that efforts and barriers are clearly documented.
f) ECLs will also clearly document in contact logs efforts made and barriers to ensuring that all residents 16 years of age and older are enrolled in ILP classes.

Implementation Date:	12/20/2012 and Ongoing
Person Responsible:	Residential Treatment Program Director Education Case Liaisons Residential Program Assistant Directors
Quality Assurance:	Quality Assurance Director

V. HEALTH AND MEDICAL NEEDS

No findings noted in this area during this review

VI. PSYCHOTROPIC MEDICATION

No findings noted in this area during this review.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Element #39
Finding: Provide Nutritious Palatable Meals and Snacks – Of the seven children interviewed, every child expressed concerns over St. Anne's food services. The girls do not feel that the quality of the food they are being served is very good. Sometimes the food on the outside will be warm but on the inside will be cold. The children have also already reported that

the food is not clean. Couple weeks ago, fruit flies and baby spider were found in the foods. In addition, some girls attend the on-ground school across the street. Because the school only serves a meal at 12pm, but school ends at 6pm, the girls cannot eat anything from 12 – 6 and they feel very hungry.

Corrective Action Plan:
Residents will be provided with higher quality meals and will be given the option to take snacks to school.

a) Kitchen staff will utilize the Café Delivery Log to document that the quality of the food has been checked before the food is delivered to residents. (Please see **Attachment 5**)
b) Once the food arrives to the residential building, Lead Residential Counselors will also utilize the Café Delivery Log to document that the food quality is appropriate before the food is delivered to residents.
c) If the food quality is not appropriate, the food will be sent back to the kitchen and new food will be delivered for the residents.
d) All residents will have the option of taking snacks to school, which they can eat throughout their school day.

Implementation Date:	10/31/2012 and Ongoing
Person Responsible:	Food Services Manager Kitchen Staff Residential Counselors Lead Residential Counselors Senior Director of Residential Programs and Support Services
Quality Assurance:	Quality Assurance Director

Element #47 and 48
Finding: Plan and Participate Activities – According to the Residential Program Director, one girl from each pod will represent their unit and attend the monthly Resident Counsel Meeting to discuss activity concerns and suggestions. However, the residents pointed out that not every resident can attend the meeting and that those who do mainly choose based off of personal preferences and not those of their unit. Most of the teen mothers feel that the activities program at St. Anne's need to be improved. Even though there are monthly activities logs, most activities get shifted or even cancelled. There are no good indoor activities – the movies they watch are all very old and the board games in the house are missing pieces.

Corrective Action Plan:
Every effort will be made to improve the quality of activities. All residents will be given the opportunity monthly to provide concerns and suggestions regarding activities.

a) On 12/1/12 a new full-time Activities Coordinator was hired to oversee activities in the Residential Treatment Program.
b) Every month, Residential Counselors will provide residents with the Activities Suggestions form, which the resident will sign documenting her input. (Please see **Attachment 6**)
c) The Activities Coordinator will collect the Activities Suggestions form and review the forms at resident counsel prior to planning activities the following month.
d) The Activities Coordinator will document the outcome of suggested activities.
e) The Assistant Director who oversees the Activities Coordinator will review the Activities Suggestions forms and Activities Calendar to ensure that resident suggestions are being considered.
f) The Activities Coordinator will utilize a Netflix account to ensure that newer movies and a

variety of movies are being offered to residents.

g) The Activities Coordinator will sign out specific board games to individual staff members who will be responsible for monitoring the board game use to prevent missing pieces. (Please See **Attachment 2**)

Implementation Date:	12/1/12 and Ongoing
Person Responsible:	Residential Treatment Program Director Activities Coordinator Residential Assistant Directors Residential Staff
Quality Assurance:	Quality Assurance Director

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Element #55

Finding: Life book/photo album/scrap book – Only three of seven children indicated that the group home staff encourage and help them to update their scrap book or photo album. Three reviewed children stated that they were just offered scrap book two days ago.

Corrective Action Plan:

All residents will receive scrapbooks and be encouraged to update their scrapbooks on a regular basis.

a) On 12/1/12 a new Activities Coordinator was hired to oversee activities, including scrapbooking activities.
b) Resident's will receive scrap books as part of their intake packet when they arrive at St. Anne's
c) The Activities Coordinator will ensure that supplies are kept stocked in the activities room for scrapbooking.
d) The Activities Coordinator will assign scrapbooking as an indoor activity at least two times per month.
e) Residential Counselors will work with residents on scrapbooking activities and encourage residents to update scrapbooks.
f) The Assistant Director who oversees the Activities Coordinator will review the Activities Calendar with the Activities Coordinator to ensure that scrapbooking is being assigned as an indoor activity at least two times per month.

Implementation Date: 12/1/12

Person Responsible:	Residential Treatment Program Director Activities Coordinator Residential Assistant Directors Residential Staff
Quality Assurance:	Quality Assurance Director

IX. DISCHARGE CHILDREN

Element #57

Finding: Make progress toward meeting NSP goals – One out of four residents made progress toward treatment goals.

Corrective Action Plan:

Every effort will be made for all residents to make progress toward meeting NSP goals.

a. Education Case Liaisons (ECLs) were trained in using the S.M.A.R.T technique for creating goals on March 28, 2012. (Please See **Attachment 3**)

b. ECLs will review the S.M.A.R.T. technique for creating goals in their weekly supervisions with Assistant Directors.
c. ECLs will break down goals in small tasks and utilize the S.M.A.R.T. technique when creating treatment goals to ensure that all goals are reasonable, reachable, and assessable.
d. ECLs will create goals that are reachable within the NSP update period to ensure that residents are making progress toward, and achieving NSP goals. The goals will be evaluated each month as to the resident's progress toward her goals, and if the resident is having difficulty meeting a goal a treatment team meeting will be help to discuss changing the goal.
e. The Assistant Director who oversees the ECL will review each completed NSP to ensure that the treatment goals are reasonable and reachable within the NSP update period. The Assistant Director will also notify the Residential Treatment Director monthly, if a teen is having difficulty reaching the goal.
f. The Residential Program Director will review with NSP document with the Assistant Director to ensure that the treatment goals are reasonable and reachable within the NSP update period or schedule a treatment team meeting to discuss goal changes.

Implementation Date:	12/20/2012 and Ongoing
Person Responsible:	Residential Treatment Program Director Education Case Liaisons Residential Program Assistant Directors
Quality Assurance:	Quality Assurance Director

X. PERSONNEL RECORDS

No findings noted in this area during this review.

If you have any questions, please don't hesitate to contact me directly at (213) 381-2931 ext. 264 or Carlos Tobar, Quality Assurance Director at ext. 500.

Sincerely,

Veronica A. Garcia, MSW, ASW, PPSC
Residential Treatment Program Director

cc: Jui-Ling Ho, CSA I, Group Home Monitor, OHCMD
Tony Walker, President and Chief Executive Officer
Lauri Collier, Senior Director of Residential Programs & Support Services
Carlos Tobar, Quality Assurance Director

Attachment #1

BOARD CHAIR
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California Institute of Technology

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Tom Zimmerman, Retired
Motion Picture Industry
Pension & Health Plans

Tony Walker, MA
St. Anne's President and
Chief Executive Officer

St. ANNE'S

Building Brighter Futures

February 22, 2013

Lakescia Smith, Licensing Analyst
Department of Social Services
Los Angeles Metro & Valley
Children's Residential Program
6167 Bristol Parkway #210
Culver City, CA 90230

Re: Corrective Action in Response to Case Management visit conducted on 8/28/12

Request for CAP Date:	**August 28, 2012**
CAP due Date:	**September 4, 2012**
St. Anne's Group Home:	License Number 191802087, RCL 12

Dear Ms. Smith:

The St. Anne's Residential Treatment Program is dedicated to providing the best services available to our residents. Your collaboration and input is helpful in making this possible for our residents. The following information related to the aforementioned case management visit was requested for your records, and the Corrective Action Plan has been implemented.

To ensure the safety of all children placed at St. Anne's Maternity Home, Community Care Licensing (CCL) has requested a Corrective Action Plan (CAP) regarding the following concern:

On Saturday, July 14th a resident went to California Hospital for a bump on her arm, pain and swelling. Dr. Liz Mitchel gave her a diagnosis of Shingles and Cellulitis, and she was prescribed Keflex 500MG, Acyclovir 800MG and Motrin 600MG. Dr. Mitchel noted to have a follow-up appointment with the Primary Care Physician in two days for a recheck, and the discharge instructions noted "your shingles virus is contagious and you should be staying away from young children, pregnant women and the elderly."

When the resident returned from the hospital, she was placed on isolation and was assigned a one-on-one staff member to provide support to her regarding her diagnosis. St. Anne's had been operating at full capacity of 32 teens and 18 babies, which is unusual, and we did not have another room available to isolate the resident. Richard Miccio from the Child Protection Hotline was called to inform DCFS of the diagnosis, in addition Silvia Badalian from Command Post was notified of the resident's medical diagnosis. Silvia Badalian consulted with Javier Oliva, Area Regional Administrator, and they indicated that another placement was not available.

Due to the health risks associated with the resident sharing a room with another youth, and because there was no other space available for the resident, the resident was relocated into a recreation room on the second floor. This caused us to operate outside of our Program Statement and the following deficiency was cited: 84087(b)(4) "No room commonly used for other purposed shall be used as a bedroom."

155 North Occidental Boulevard, Los Angeles, California 90026-4641 • Tel: 213/381-2931 • Fax: 213/381-7804
E-mail: stannes@stannes.org • Website: www.stannes.org
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Corrective Action Plan

In order to prevent this incident from happening again in the future, the following plan has been added to our Program Statement:

Isolation

If a resident and/or her child is diagnosed with a contagious disease/illness, the resident will be placed on isolation away from other residents and children, until it is determined by a medical professional that the resident and/or child are no longer contagious. If the contagious youth has a baby, she will remain in her room on isolation with her baby. If a contagious resident is sharing a room with another teen, the contagious resident will be moved to an empty room. If no empty room is available, but there is another teen in a room with a vacant bed, a discussion will be had between the roommate of the contagious youth, the youth in the room with a vacant bed, and the contagious youth regarding the importance of keeping all teens and children at St. Anne's safe and in good health. A plan will be made to move the either the roommate of the contagious youth, or the youth with the vacant bed in her room, to accommodate the contagious youth being placed in a room that she does not share with another teen. Staff will work collaboratively with all teens involved to make this a successful transition.

In the event that a contagious youth is sharing a room with another youth and no other space is available, ***as a last resort***, the nurse's office, which was previously a licensed group home room (complete with a private bathroom, including a shower) will immediately be converted into a bedroom for the youth. (Please see attached photo of the nurse's office.) This process will take no longer than 5 hours from staff learning of the resident's contagious diagnosis.

In order to ensure that the nurse's office is ***immediately*** converted into an isolation room, the following plan will be implemented (***Please note that this plan will begin while the youth is still at the hospital/clinic, as soon as staff who is present with the youth learn of the youth's diagnosis.***):

- If a resident is diagnosed with a contagious disease/illness and no other space is available to isolate the youth, the staff who is present with the youth at the clinic/hospital will call the med room to inform the Health Services Manager of the teen's diagnosis. If the Health Services Manager is not available, the staff will inform the Milieu Manager of the youth's diagnosis.
- The Health Services Manager or the Milieu Manager will inform the Assistant Director on-site, or call the Residential On-Call Director and provide information regarding the youth's diagnosis.
- The Assistant Director on-site, or the On-Call Director will call the On-Call Administrator, and provide information regarding the youth's diagnosis, and advise that the nurse's office be converted into a bedroom for the youth immediately.
- The On-Call Administrator will then call the Support Services Director, or On-Call Support Services Director, and ask that the nurse's office be immediately converted into a bedroom for the youth.
- In utilizing our On-Call system, the above process should take no more than 15 minutes, as there is always an On-Call Director/Administrator available at all times.
- While the youth is still at the clinic/hospital, Support Services staff will immediately begin converting the nurse's office into an isolation room for the youth. If it is after-hours, a Support Services staff will be called in to the facility and immediately begin converting the nurse's office into an isolation room.

- It will take no longer than 5 hours from the time that staff learns of the youth diagnosis at the clinic/hospital to complete this process. (Please see attached photo of the nurse's office converted into a bedroom.)
- The nurse's furniture will be temporarily stored in garage storage space until the isolation room is no longer needed.
- The nurse will temporarily share office space with the Psychiatrist until the isolation room is no longer needed.

Please note that in converting the nurse's office into an isolation room for this trail purpose, the process of moving all furniture out of the office, and placing bedroom furniture in this isolation space was completed in approximately 5 hours. In addition, staff will arrange for the isolation room to be monitored and supervised at all times until the youth's diagnosis is cleared.

Please let me know if you have any additional questions or comments regarding the above Corrective Action Plan. We continually strive to ensure that all children placed at St. Anne's Maternity Home are safe from abuse.

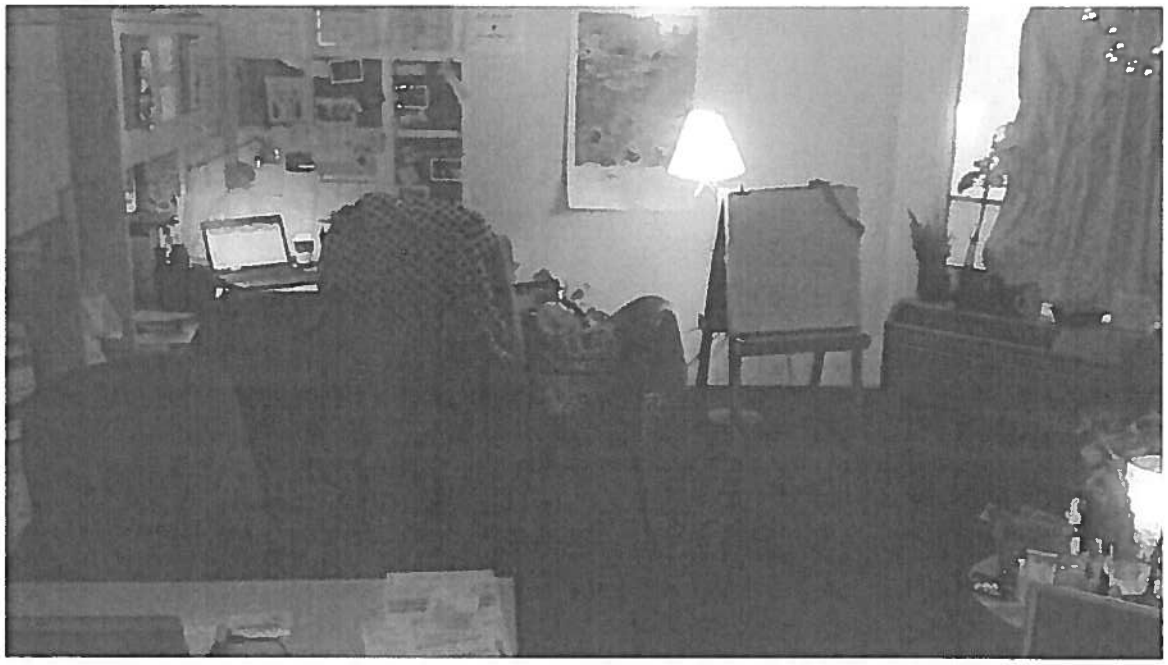
Once this Corrective Action Plan is approved we will train all staff associated with the Group Home to ensure this procedure is implemented and adhere too. We will also update our Program Statement to include this process and procedure.

Thank you.

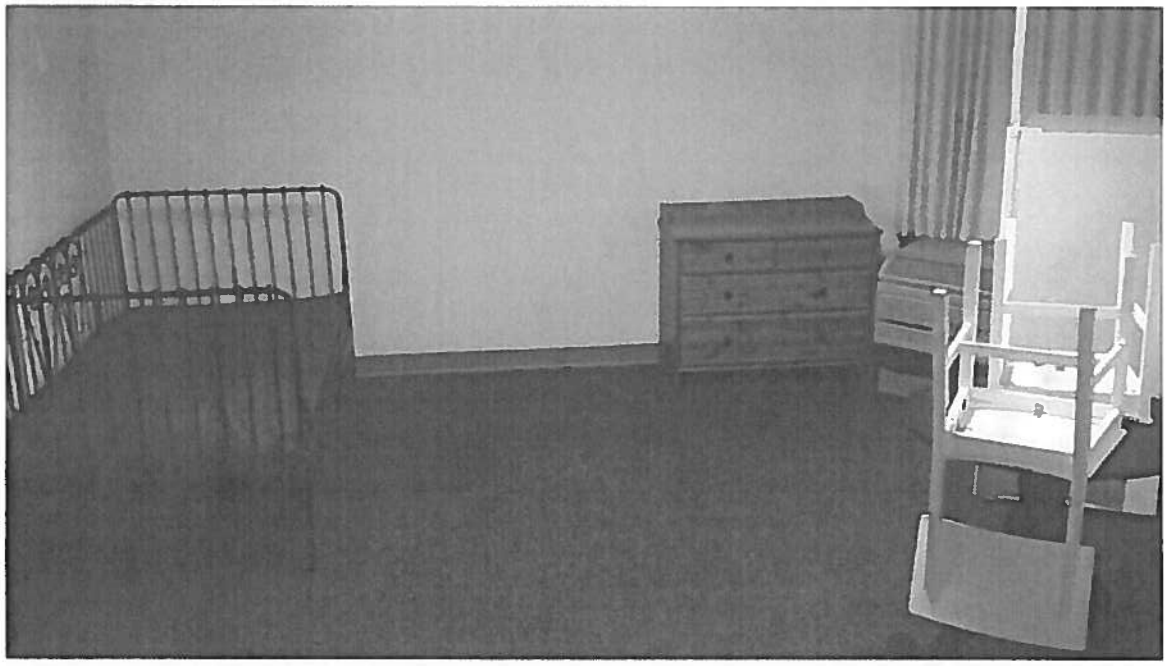
Sincerely,

Veronica A. Arteaga, MSW, ASW PPCS
Residential Treatment Program Group Home Administrator

Nurses Office



Nursed Office converted into a bedroom.



CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
6167 BRISTOL PARKWAY STE. 210
CULVER CITY, CA 90230

EDMUND G. BROWN JR.
GOVERNOR

March 01, 2013

ST. ANNE'S MATERNITY HOME- 191802087
155 N. OCCIDENTAL BLVD.
LOS ANGELES, CA 90026

Dear Carlos Tobar:

Effective 2/25/13, we are approving your revised plan of correction dated 2/22/13. The following plan/procedure has been requested:

> If a child is diagnosed with a contagious disease, the child will be placed on isolation from the other children. If that child shares a bedroom with another resident, the child will be moved to an empty bedroom. If there's no empty room available, the nurse's office will be converted to a room (this process will take no longer than 5 hours). Staff will supervise & monitor the child until the diagnosis is cleared.

Per our telephone conversation, you have agreed to comply to the new procedure and to submit updates to your program. Please complete the Group Home Program Statement General Instructions, LIC 9106, and submit to Licensing. You are expected to adhere to this new isolation plan. If not, you will be considered out of compliance.

If you have any questions, please contact your Licensing Program Analyst, Lakescia Smith at 310-568-4577. Thank you.

Sincerely,

Lakescia Smith,

CCLD Regional Office
6167 BRISTOL PARKWAY STE. 210
CULVER CITY, CA 90230

03/01/2013

ST. ANNE'S MATERNITY HOME
191802087
155 N. OCCIDENTAL BLVD.
LOS ANGELES, CA 90026 0

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 08/28/2012, have been cleared:

Section Cited: 84087(b)(4)	Date Due: 09/04/2012	
Plan of Correction:	**Corrections:**	**Clearance Date:**
Submit a plan how you will ensure that no rooms commonly used for other purposes are used as a bedroom. Consider making available an isolation room.	Letter submitted./ls	02/25/2013

LICENSING EVALUATOR NAME: Lakescia Smith

TELEPHONE: (310) 568-4577

LICENSING EVALUATOR SIGNATURE:

DATE: 03/01/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Attachment 2

St. ANNE'S

Board Game Sign-Out Log

Name of Board Game	Staff Name Signing Out Game	Staff Signature Signing Out Game	Date Game Signed Out	Are all pieces present? (Yes or No)	Staff Name Signing In Game	Staff Signature Signing In Game	Date Game Signed In	Are all pieces present? (Yes or No)

Attachment 2

St. ANNE'S

Board Game Sign-Out Log

Name of Board Game	Staff Name Signing Out Game	Staff Signature Signing Out Game	Date Game Signed Out	Are all pieces present? (Yes or No)	Staff Name Signing In Game	Staff Signature Signing In Game	Date Game Signed In	Are all pieces present? (Yes or No)

Attachment 2

Attachment 3

Creating S.M.A.R.T. Goals

From Paul J. Meyer's "Attitude Is Everything."

Specific

Measurable

Attainable

Realistic

Tangible

Specific - A specific goal has a much greater chance of being accomplished than a general goal. To set a specific goal you must answer the six "W" questions:

*Who: Who is involved?
*What: What do I want to accomplish?
*Where: Identify a location.
*When: Establish a time frame.
*Which: Identify requirements and constraints.
*Why: Specific reasons, purpose or benefits of accomplishing the goal.

EXAMPLE: A general goal would be, "Get in shape." But a specific goal would say, "Join a health club and workout 3 days a week."

Measurable - Establish concrete criteria for measuring progress toward the attainment of each goal you set. When you measure your progress, you

Attachment 3 (cont.)

stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you on to continued effort required to reach your goal.

To determine if your goal is measurable, ask questions such as.....How much? How many? How will I know when it is accomplished?

Attainable - When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop the attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked opportunities to bring yourself closer to the achievement of your goals.

You can attain most any goal you set when you plan your steps wisely and establish a time frame that allows you to carry out those steps. Goals that may have seemed far away and out of reach eventually move closer and become attainable, not because your goals shrink, but because you grow and expand to match them. When you list your goals you build your self-image. You see yourself as worthy of these goals, and develop the traits and personality that allow you to possess them.

Realistic - To be realistic, a goal must represent an objective toward which you are both *willing* and *able* to work. A goal can be both high and realistic; you are the only one who can decide just how high your goal should be. But be sure that every goal represents substantial progress. A high goal is frequently easier to reach than a low one because a low goal exerts low motivational force. Some of the hardest jobs you

Attachment 3 (cont.)

ever accomplished actually seem easy simply because they were a labor of love.

Your goal is probably realistic if you truly *believe* that it can be accomplished. Additional ways to know if your goal is realistic is to determine if you have accomplished anything similar in the past or ask yourself what conditions would have to exist to accomplish this goal.

Tangible - A goal is tangible when you can experience it with one of the senses, that is, taste, touch, smell, sight or hearing. When your goal is tangible, or when you tie an tangible goal to a intangible goal, you have a better chance of making it specific and measurable and thus attainable.

Intangible goals are your goals for the internal changes required to reach more tangible goals. They are the personality characteristics and the behavior patterns you must develop to pave the way to success in your career or for reaching some other long-term goal. Since intangible goals are vital for improving your effectiveness, give close attention to *tangible* ways for measuring them.

Attachment 3 (cont.)

Goal setting guidelines

An effective expression of the important goal setting guidelines is that you should set SMART goals. What the SMART goal setting guidelines actually mean is that your goals should be **Specific, Measurable, Attainable, Rewarding,** and **Timely.**

Neglect one of those guidelines and the odds that your goals are achieved drop many times. Why?

The key force that either drives you towards your goals or holds you back is your subconscious mind. Those goal setting guidelines are the necessary criteria for your subconscious mind to accept your goals and start working for you. Otherwise, it will work hard to keep you in the comfort zone of your present conditions and old habits.

With a **specific** goal you can clearly see what it is you want to achieve, and you have specific standards for that achievement. In making your goals specific it is important that you actually **write them,** which is crucial in all goal setting guidelines.

The more specific is your goal, the more realistic is your success, and the shorter is path to it.

When you work on making your goal specific, you program your subconscious mind to work for you. Then, your feelings and thoughts will lead you to your goal instead of pointing at the obstacles. To make your goals specific you also need to work out the other components of SMART goal setting guidelines below.

For a goal to be **measurable** you need a way to measure the progress and some specific criteria that will tell you when you can stop and the goal is achieved. Feeling the progress is very important for you to stay motivated and enjoy the process of achieving the goal.

An **attainable** goal is a goal for which you see a realistic path to achievement, and reasonable odds that you get there. This does not mean that the lower you aim the more likely you reach success. It is well known that goals that work best have a challenge in them. They are chosen as ambitious as possible, but still reachable. Then they will give you more motivation and sense of achievement.

A goal is **rewarding** when you have clear reasons why you want to reach that goal. This is one more place where it is important that the goal is really yours. Have your specific reasons and expected reward in writing. If possible, even with some visual pictures.

Imagine how you are going to feel when the goal is finally reached. This will ensure that the goal is really worth achieving. Then, every time you get stuck and don't feel motivated enough, read your reasons and look at the pictures. This is a known and very powerful practical technique of how to get through difficult moments and not quit.

Attachment 3 (cont.)

The final requirement of the SMART goal setting guidelines is that your goal should have a specific **time limit**. This is also very important for your subconscious mind. Besides, time is the price you pay for the reward from achieving a goal. Setting the deadline will protect you from paying higher price than the goal is worth. This is also your protection from procrastination and perfectionism.

Make goal setting theory your practice: Program Your Mind for Success in Record Time!
Don't stop at just knowing how to set goals. Make this knowledge useful by imprinting it into your habits. Here is a complete and simple formula that does just that, naturally and effectively. This ebook download is our highly recommended reading and practice.

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Personal time management and goal setting guide main page
Practical information and advice on various personal time management and goal setting topics.

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Needs & Services Plan/Quarterly Report Training

Creating S.M.A.R.T. Goals

From Paul J. Meyer's "Attitude Is Everything."

Specific

Measurable

Attainable

Realistic

Tangible

Specific - A specific goal has a much greater chance of being accomplished than a general goal. To set a specific goal you must answer the six "W" questions:

*Who: Who is involved?
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*Where: Identify a location.
*When: Establish a time frame.
*Which: Identify requirements and constraints.
*Why: Specific reasons, purpose or benefits of accomplishing the goal.

EXAMPLE: A general goal would be, "Get in shape." But a specific goal would say, "Join a health club and workout 3 days a week."

Measurable - Establish concrete criteria for measuring progress toward the attainment of each goal you set. When you measure your progress, you

St. Anne's Residential Treatment Program and Café Food Delivery Log

Date: _____

Kitchen Staff, please complete this form daily for all meals provided to the Residential Treatment Program.

Breakfast — Kitchen Staff name: _____ Please call x337 – at 6:15AM to request a meal count ESTIMATE for teens/children/staff who will be eating

6:30AM	Name of Staff Calling:				Name of Staff providing estimate:		
	Estimated # of Clients	Estimated # of Babies	# of Staff	Name of Kitchen Staff Delivering Meal Cart:	Time Delivered:	Initials of RTP Staff Receiving Meal:	Food is free of Objects/Mold
Circle 2B							Yes or No
Circle 2C				Please indicate FOOD TEMPATURE for all foods:			
Circle 3B				Notes regarding any concerns with food at delivery (i.e. moldy food/foreign object or debris in food, etc):			
Circle 3C							
	Estimated # of Meals Wasted			Name of Staff Returning the Meal Cart to Café:	Time Returned:		
Total							

Notes regarding any concerns with food/feedback from residents/staff about meal (i.e. the salad was great; the chicken was dry):

AM Snack — Kitchen Staff name: _____ Please call x337 – at 10:15AM to request a meal count ESTIMATE for teens/children/staff who will be eating

10:30AM	Name of Staff Calling:				Name of Staff providing estimate:		
	Estimated # of Clients	Estimated # of Babies	# of Staff	Name of Kitchen Staff Delivering Meal Cart:	Time Delivered:	Initials of RTP Staff Receiving Meal:	Food is free of Objects/Mold
Circle 2B							Yes or No
Circle 2C				Please indicate FOOD TEMPATURE for all foods:			
Circle 3B				Notes regarding any concerns with food at delivery (i.e. moldy food/foreign object or debris in food, etc):			
Circle 3C							
	Estimated # of Snack Wasted			Name of Staff Returning the Meal Cart to Café:	Time Returned:		
Total							

Notes regarding any concerns with food/feedback from residents/staff about meal (i.e. the salad was great; the chicken was dry):

Lunch — Kitchen Staff name: _____ Please call x337 – at 12:15PM to request a meal count ESTIMATE for teens/children/staff who will be eating

12:30PM	Name of Staff Calling:				Name of Staff providing estimate:		
	Estimated # of Clients	Estimated # of Babies	# of Staff	Name of Kitchen Staff Delivering Meal Cart:	Time Delivered:	Initials of RTP Staff Receiving Meal:	Food is free of Objects/Mold
Circle 2B							Yes or No
Circle 2C				Please indicate FOOD TEMPATURE for all foods:			
Circle 3B				Notes regarding any concerns with food at delivery (i.e. moldy food/foreign object or debris in food, etc):			
Circle 3C							
	Estimated # of Meals Wasted			Name of Staff Returning the Meal Cart to Café:	Time Returned:		
Total							

Notes regarding any concerns with food/feedback from residents/staff about meal (i.e. the salad was great; the chicken was dry):

Snack — Kitchen Staff name: _____ Please call x337 – at 3:15PM to request a meal count ESTIMATE for teens/children/staff who will be eating

3:30PM	Name of Staff Calling:				Name of Staff providing estimate:		
	Estimated # of Clients	Estimated # of Babies	# of Staff	Name of Kitchen Staff Delivering Meal Cart:	Time Delivered:	Initials of RTP Staff Receiving Meal:	Food is free of Objects/Mold
Circle 2B							Yes or No
Circle 2C				Please indicate FOOD TEMPATURE for all foods:			
Circle 3B				Notes regarding any concerns with food at delivery (i.e. moldy food/foreign object or debris in food, etc):			
Circle 3C							
	Estimated # of Snack Wasted			Name of Staff Returning the Meal Cart to Café:	Time Returned:		
Total							

Notes regarding any concerns with food/feedback from residents/staff about meal (i.e. the salad was great; the chicken was dry):

Dinner — Kitchen Staff name: _____ Please call x337 – at 6:15PM to request a meal count ESTIMATE for teens/children/staff who will be eating

6:30PM	Name of Staff Calling:				Name of Staff providing estimate:		
	Estimated # of Clients	Estimated # of Babies	# of Staff	Name of Kitchen Staff Delivering Meal Cart:	Time Delivered:	Initials of RTP Staff Receiving Meal:	Food is free of Objects/Mold
Circle 2B							Yes or No
Circle 2C				Please indicate FOOD TEMPATURE for all foods:			
Circle 3B				Notes regarding any concerns with food at delivery (i.e. moldy food/foreign object or debris in food, etc):			
Circle 3C							
	Estimated # of Meals Wasted			Name of Staff Returning the Meal Cart to Café:	Time Returned:		
Total							

Notes regarding any concerns with food/feedback from residents/staff about meal (i.e. the salad was great; the chicken was dry):

Snack — Kitchen Staff name: _____ Please call x337 – at 8:15PM to request a meal count ESTIMATE for teens/children/staff who will be eating

8:30PM	Name of Staff Calling:				Name of Staff providing estimate:		
	Estimated # of Clients	Estimated # of Babies	# of Staff	Name of Kitchen Staff Delivering Meal Cart:	Time Delivered:	Initials of RTP Staff Receiving Meal:	Food is free of Objects/Mold
Circle 2B							Yes or No
Circle 2C				Please indicate FOOD TEMPATURE for all foods:			
Circle 3B				Notes regarding any concerns with food at delivery (i.e. moldy food/foreign object or debris in food, etc):			
Circle 3C							
	Estimated # of Snack Wasted			Name of Staff Returning the Meal Cart to Café:	Time Returned:		
Total							

Notes regarding any concerns with food/feedback from residents/staff about meal (i.e. the salad was great; the chicken was dry):

Attachment 5

Attachment 6

Activities Suggestions

Resident's Name:_____

Date:

Indoor Activity Suggestions:

1._____

2._____

3._____

Outdoor Activity Suggestions:

1._____

2._____

3._____

Cooking Activity Suggestions:

1._____

2._____

3._____

Resident's Signature:_____

For Activities Coordinator Use Only

Please document outcomes of the suggested activities: