County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

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Chief Deputy Director

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August 29, 2013

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

From: Philip L. Browning
Director

WEST COVINA 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 West Covina Group Home (the Group Home) in May 2013. The Group Home has one site located in San Bernardino County, and provides services to County of Los Angeles DCFS foster youth and Probation Department (Probation) youth, as well as children from other counties. According to the Group Home's program statement, its purpose is, "to help youths develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society."

The Group Home has one six-bed site and is licensed to serve a capacity of six male youth, ages 11 through 17. At the time of review, the Group Home served two placed DCFS foster youth. The placed children's overall average length of placement was two months, and their average age was 16.

SUMMARY

During OHCMD's 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 6 of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Personnel Records.

Deficiencies were noted in the areas of Licensure and Contract Requirements, related to untimely submission of Special Incident Reports and Community Care Licensing (CCL) substantiated allegations against the Group Home staff; Maintenance of Documentation and Services Delivery, as the Group Home needed to ensure comprehensive initial Needs and Services Plans were developed; Personal Rights and Social/ Emotional Well-Being, related to children not being informed about their medication; and Discharged Children, related to children not being discharged according to their permanency plan. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On May 30, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home representative, Rachel Degaga, Facility Manager. The Group Home representative: agreed with the findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will assess for implementation of recommendations during our next monitoring review.

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

PLB:EM:KR:
RDS:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Barbara Okonkwo, President, Board of Directors, West Covina Group Home
Hardip Gill, Executive Director, West Covina Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

WEST COVINA 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 May 2013 review. The purpose of this review was to assess West Covina Group Home (the Group Home) 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, the two placed DCFS youth were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each youth and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, the two sampled youth were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following four areas out of compliance.

Licensure/Contract Requirements

- OHCMD found that Special Incident Reports (SIRs) were not submitted timely and cross-reported to all required parties. In April 2013, one child received treatment at a local hospital, and no SIR was found for this incident. A review of the child's case files revealed documentation of the incident on the internal incident reporting forms, but it was not reported via I-Track. It is noted that two Group Home representatives attended the OHCMD's SIR training in October 2011, and the Group Home had received the PowerPoint presentation for the SIR training from the OHCMD in June 2012.

To ensure that SIRs are submitted in accordance with reporting guidelines, the Group Home conducted an SIR retraining for staff on June 24, 2013. Verification of the training was provided to the OHCMD.

- In September 2012, Community Care Licensing (CCL) substantiated an allegation of corporal punishment, due to the unnecessary restraint of a youth who was never a danger to himself or others at the facility. During the restraint by the Group Home staff, there was a struggle with the youth resulting in two of the youth's bottom teeth being broken. The Group Home submitted a Plan of Correction (POC) and verification of training regarding restraints, which CCL approved. The Group Home suspended the staff member, pending the outcome of the investigation. Upon being notified that the allegation was substantiated by CCL, the staff member was terminated.

  The aforementioned incident was not reported to, or investigated by the County of Los Angeles, as the child was a San Bernardino County placed child. A referral was made by CCL to San Bernardino County Child Protective Services and was investigated by the child's case-carrying social worker. The child's social worker deemed the allegation of physical abuse to be "inconclusive."

  In October 2012, CCL conducted an investigation regarding three SIRs that were not reported timely to CCL. The preponderance of the evidence found that the Group Home had failed to report several incidents to CCL, as required under Title 22. The incidents did not involve County of Los Angeles dependents.

  Additionally, in October 2012, CCL investigated allegations of Personal Rights violations and lack of supervision, as a dependent from another County alleged that the Group Home was not providing adequate food service to residents, and that he was not allowed to participate in activities. It was also alleged that the child had been discharged without prior written approval from the child's authorized representative. The allegations that a child was discharged without prior written approval and that a child was not allowed to participate in activities were substantiated. The Group Home appealed the decision, stating that at no time was the resident unsupervised. The Group Home admitted, however, that proper protocol regarding the issuance of a written Seven-day Notice was not followed; the Group Home had notified the child's social worker verbally. The Group Home submitted POC, which CCL approved.

Recommendations

The Group Home's management shall ensure that:

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

2. The site is in compliance with Title 22 Regulations and free from CCL citations.

Maintenance of Required Documentation and Service Delivery

- One of two initial Need and Services Plans (NSPs) reviewed was not comprehensive and did not meet all the required elements in accordance with the NSP template. The initial NSP did not include the child's signature, or a Group Home representative's signature.

  It was further noted that the two initial NSPs reviewed were developed after the OHCMD NSP training in January 2012. A representative from the Group Home attended the training. The Group Home also received the PowerPoint presentation for the NSP training. The Group Home conducted NSP training for all staff responsible for preparing the NSPs on June 24, 2013; verification of training was submitted to OHCMD.

Recommendations

The Group Home's management shall ensure that:

3. Staff receive NSP training to ensure that comprehensive initial NSPs are developed.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

- A 13-year-old child reported that although he was aware that he was diagnosed with Attention Deficit Hyperactivity Disorder, he had not been informed about the psychotropic medication he was taking and the child was unable to name the medication he was taking. A review of the child's file revealed that there was no documentation signed by the child indicating that he was informed of the medication's name, its anticipated benefits, and side effects. The Group Home presented OHCMD with the child's Psychiatric Medication Authorization, in which the prescribing psychiatrist had indicated that the child was informed, in an age-appropriate manner, about the recommended medications, the anticipated benefits, the possible side effects and that the child's response was agreeable. The Group Home also presented Personal Rights forms signed by the child; however, the form did not address the child being informed about his psychotropic medication. According to the Group Home Administrator, the Group Home plans to conduct monthly surveys of the residents. The residents will be asked about their medications, to ensure that they know the name of the medication, its purpose and side effects.

Recommendation

The Group Home's management shall ensure that:

4. Children are informed about their medication and that there is documentation signed by age-appropriate children as verification that they have been informed about their medication, its anticipated benefits, and side effects.

DISCHARGED CHILDREN

- The review revealed that one discharged child, who had been placed at the Group Home at least 30 days, was not discharged according to his permanency plan. The child's permanency plan was Family Reunification; however, the child was replaced to another group home. During the Exit Conference, the Facility Manager stated that the child had a history of abusing drugs, and was replaced to another Group Home that was better equipped to help the child with his drug abuse problem. The Administrator also stated that the Group Home will make all efforts to ensure that children are discharged from the Group Home according to their permanency plan.

Recommendation

The Group Home's management shall ensure that:

5. All children are discharged according to their permanency plan.

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

The OHCMD's last compliance report, dated October 5, 2012, identified 11 recommendations.

Results

Based on our follow-up, the Group Home fully implemented all 11 recommendations, for which they were to ensure that:

- Services are provided to improve children's attendance and/or academic performance,
- Consequences are fair,
- Children are free to receive or reject voluntary medical, dental and psychiatric care,
- Children are given opportunities to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest,
- Children's clothing inventories are of adequate quantity,
- Children are encouraged and assisted in creating and updating Life Book/Photo album,
- Efforts to assist children placed at least 30 days in making progress toward their NSP goals prior to discharge,
- Staff members receive timely initial health screening,
- Employees receive initial training,
- Employees receive Emergency Intervention training, and
- Full implementation of the outstanding recommendations from the prior monitoring report.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home was posted by the Auditor Controller (A-C) on December 2, 2011. The A-C identified $2,611 in unsupported/inadequately supported expenditures. The DCFS Fiscal Monitoring Section informed OHCMD that the Group Home has paid back the unsupported/inadequately supported expenditures.

WEST COVINA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

4041 Carroll Court
Chino, CA 91710
License # 360911241
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: May 2013**
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	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social 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. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Full Compliance
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	Full Compliance (ALL)
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	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Full Compliance
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 Involvement in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Improvement Needed 2. Full Compliance 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)

WEST COVINA GROUP CORP.

4041 CARROLL COURT
CHINO, CA 91710
(626) 221-6406
FACILITY #36091 0281

July 15, 2013

Ms. Patricia Bolanos- Gonzalez, CSA II
Out-of-Home Care Management Division
9320 Telestar Avenue, Room 216
El Monte, CA 91731

Subject: **CORRECTIVE ACTION PLAN (CAP) ADDENDUM FOR 2012-13, COMPLIANCE REVIEW**

Dear Ms. Gonzalez;

This is in response to your letter dated July 10, 2013 regarding CAP addendum for 2012-13 Compliance Review. Your findings are in bold followed by our responses.

If you have any questions, please call our administrator Tonya Alexander at (909) 591-2589.

Sincerely,

Hardip Gill
Executive Director

CORRECTIVE ACTION PLAN (CAP) ADDENDUM FOR 2012-13 COMPLIANCE REVIEW

1. **LICENSURE/CONTRACT REQUIREMENTS:**

4. Are Special Incident Reports (SIRs) appropriately documented and cross-reported timely? (SAFETY)

To ensure that all SIR's are reported to the appropriate agency. The Facility Manager on the shift will complete the SIR. The administrator will be notified and the SIR will be reviewed. The Administrator will finalize the SIR and send it to the appropriate agency. We will follow the incident report guidelines policies and procedures.

OHCMD Findings:

9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review? (SAFETY)

SIR# 331638 (FOUR DAYS LATE) & SIR# 333257 (FIVE DAYS LATE) NOT SUBMITTED TIMELY, on 4/25/13, the resident was treated at the Pomona Valley Hospital, and In-house incident Report was not found on the incident, but no SIR vial I-track was found. In September 2012, Community Care Licensing (CCL) substantiated an allegation of corporal punishment, a result of unnecessary restraint of a you who was never a danger to himself or a danger to other residents at the facility. During the restraint by the facility staff there was a struggle with the minor resident resulting in two of his bottom teeth being broken. An approved Corrective Action Plan (CAP) was provided by the Group Home. CCL received satisfactory training documents on restraint from the Group Home. In October 2012, CCL conducted an investigation regarding three Special Incident Reports (SIRs) that were not reported timely to CCL. The preponderance of the evidence found that Licensee failed to report several incidents to CCL, as required under Title 22. Also, in October 2012, CCL investigated allegations for Personal Rights violations, facility not providing adequate food service, discharging a client without prior written approval from client's authorized representative, and a client was not allowed to participate in activities the allegations were substantiated, the group home appealed the decision, stating that at no time the resident was not supervised, but submitted the proper protocol was not followed with regards to issuing the CSW a written seven-day-Notice, but a verbal notice was given to CSW. Per CCL, the group home provided a "workable" plan of correction.

In regards to submitting late incident report, a meeting was conducted with our residential counselors and facility managers on 10/4/2012 to discuss guidelines to process the incident report. **Refer to ATTACMENT # 1 regarding guidelines and process and a copy of sign-in sheet which were submitted to CCL**. The I-Track report that wasn't found on 4/25/13 simply was an oversight. our procedure is to write an incident report and forward the report to the Facility Manager to input into the computer. The Group Home will use the following procedure for I-Track:

CAP:

1. Residential Counselor will complete the incident report.
2. Residential Counselor will forward the report for Facility Manger review and enter the report in I-Track.
3. Facility Manager will forward the report to Administrator for his review.
4. Administrator will review the report and email it to the responsible parties.

The incident dated September 2012; this resident was a ***San Bernardino County resident***. This resident was using verbal threats, laughing at the staff and turning the light on and off. When

the resident attempted to pick the TV up then at that time the staff put him in a restraint. He never picked the TV up. Due to improper restraint the resident was injured. All staff was re-trained for Pro-Act. **Refer to ATTACHMENT # 2 for approval of the re-training.**

The resident involved in the incident In October 2012, was a ***Riverside county resident.*** This particular resident came back to our facility several times. The first time we took him back because it went to juvenile hall, due to the run-away. The second time he came back to our facility was because he requested to come back. He was released to his mother but it didn't work out due to having problems with his step-father and brother. When the resident came back his behaviors started to show. He was stealing from the other residents such as XBOX; he broke van window shields twice and was punching holes in the wall. His social worker was given a verbal 7 day notice. The administrator was in contact with the social worker several times a week in regards to his behavior. The resident also appears at times under the influence of a controlled substance. The resident's birthday was at the end of September; he AWOLED that day and night. The next day he was taken to his social workers office by two staff. The social worker was called that weekend stating that we needed help with this resident because he was getting too aggressive. Administrator talked to the social worker the previous week and he stated that the resident had an interview for new placement, I believe October 2nd, and Administrator asked the social worker if he could move the interview up to October 1st. The resident was interviewed at the social workers office on the 1st. Our staff went to the TDM and waited with the resident until the new placement agency made their decision. The resident was accepted that day to a new placement. Prior to the TDM Administrator was in contact with the social worker at least every 2 hours. The staff and the social worker were instructed that if he could not find placement for the resident we would transport him back to the facility, however he was placed. The social worker asked Administrator to forward all reports. Administrator told the social worker that the incidents from the weekend were not reported to licensing but I would send him a rough draft. Prior to the resident leaving he decides to let the administrator know how he felt about her and the facility. This particular morning there was extra staff due to the resident becoming aggressive towards staff. Keep in mind this was the day after his birthday and when he came back to the facility he appeared to be under the influence. He was asked was he under the influence but he stated he wasn't, although his eyes were red. This is where the allegations accrued. He stated that he was called out of his name. There were at least 5 staff present and 3 residents waiting to be transported. He also made an allegation of not having enough food. This particular resident would eat a lot of food; it appeared that he had a problem getting food in the past so he was given seconds and sometimes thirds. After all the allegations, it was substantiated that the administrator didn't give the Social Worker a 7 day notice in writing. **Refer to ATTACHMENT #3 for 7 day's notice procedure.**

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY:

OHCMD Findings:

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

CAP: WCGH Management will conduct a meeting with our contracted therapist to address NSP requirements. The comprehensive factor will be stressed. All future NSPs will include the following:

1. The needs and service is completed by the therapist. It's emailed to the Administrator for review.
2. Once reviewed the needs and service is printed. The resident should get a copy of the needs and service for review then sign a copy.

3. The social worker will be emailed a copy for review and signature. Within a week if the social worker doesn't respond, he/she will be sent a second email. If the social worker doesn't respond with the second week. A staff will be directed to call the social worker to schedule an appointment to go to he/she office for signatures.
4. After all signatures are completed the NSP will be filled in the residents file for review.

   The Facility Manager will be responsible for emailing the social workers for signatures and making the appointments to meet with the social worker for signatures.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING:

OHCMD Findings:

45. Are children informed about their medication and their right to refuse medication? (WELL-BEING)

PMA request shows that the 13-year-old child was informed about his medication, however, the child reported that he didn't know what the medication was for and there was no documentation provided showing the child acknowledged that he understood what the medication is for.

CAP: *Residents are free to receive or reject voluntary medical, dental and psychiatric care. Group Home will put a question in our resident survey. The questions will state:*

Are you aware that you are free to refuse medical, dental and psychiatric care?
Do you know the name of your medication?
Do you know the purpose of your medication?
Do you know and understand the side effects of your medication?
When taking your medication are you currently having any side effects?

The above questions will be on the Survey. The above questions will be asked and it will be documented that staff has discussed the medication protocol with the resident and he understand the above questions. The Facility Manager is responsible for completing residential survey's monthly. ***Attached is a copy of Resident Survey.***

IX. DISCHARGE CHILDREN:

OHCMD Findings:

#56. For children placed at least 30 days, was the child discharge according to the permanency plan? (PERMANENCY)

The resident permanency plan was Family Reunification which the child failed to meet and was replaced to another Group Home.

The resident in question went to another Group Home because his drug addiction was too severe for our facility. He was encouraged by his mother and DCFS SW to go to a drug treatment program. He volunteered for the program with the understanding that if he finishes a successful drug treatment program, he would be discharged to his mother. In this case his Permanency Plan changed but wasn't updated in writing. This information will be requested from each child's DCFS SW upon intake. To ensure the Permanency plan is correct at the time of discharge, GH will follow Steps:

CAP: The Administrator will contact the DCFS SW by email to discuss the changes in the permanency plan. Once the DCFS SW agree to the new plan; an updated Permanency Plan will be issued and followed by the Group Home. The Administrator will be responsible for all correspondence and updated changes.