



**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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



**BOBBY D. CAGLE**  
Director

**GINGER PRYOR**  
Chief Deputy Director

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Fifth District

January 20, 2020

To: Supervisor Kathryn Barger, Chair  
 Supervisor Hilda L. Solis  
 Supervisor Mark Ridley-Thomas  
 Supervisor Sheila Kuehl  
 Supervisor Janice Hahn  
 From: *Cynthia McCoy Hill for*  
 Bobby D. Cagle  
 Director

**DAVID AND MARGARET HOME SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM  
CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the David and Margaret Home Short Term Residential Therapeutic Program (the STRTP) in January 2019. The STRTP has one licensed site located in the Fifth Supervisorial District. The site provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents (NMDs).

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 7
PRIORITY 2 49
PRIORITY 3 3

CAD conducted an on-site Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The STRTP was in full compliance with 1 of 10 applicable areas of CAD's Contract Compliance Review: Personnel Files.

For the purpose of this review, 8 DCFS placed children and 4 Probation foster youth were selected for the sample. CAD reviewed the 12 children's files to assess the level of care and services they received. CAD interviewed 8 of the children and NMDs, as 4 were either moved to a lower level of care or refused to be interviewed. Additionally, 7 discharged children's files were reviewed to assess the STRTP's compliance with permanency efforts.

CAD reviewed 14 STRTP staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted at the STRTP to assess the quality of care and supervision provided to the placed children.

CAD noted deficiencies in the areas of:

- General Contract Requirement, related to Special Incident Reports not properly documented;
- Facility and Environment, related to vehicles used to transport children not maintained or in good repair, the exterior and the grounds not well maintained, common quarters not well maintained, children's bedrooms not safe and well maintained, adequate recreational equipment and educational resources not maintained or in good repair and not readily available to children, adequate nutritious perishable and non-perishable foods not maintained;
- Engagement and Teamwork, related to the children's Child and Family Team (CFT) meetings and collaboration not documented and maintained, the CFT notes not documented each adult participant's role in assisting children with each NSP goal.
- Needs and Services Plans (NSP), related to NSPs not completed accurately and on time, support services and core services not provided to assist the child in making progress towards their NSP goals;
- Permanency & Transition Services, related to permanency case plan goals or concurrent plans not documented in the NSP, placement transition services not identified at the CFT meetings and documented, Aftercare support services and linkages not provided to the child and family post discharge;
- Education and Independent Living Program Services, related to children not enrolled in school immediately upon placement, efforts to maintain the children in their school of origin not documented, children's report cards and records not maintained in their files, collaborative efforts with the educational rights holder to enroll the child in appropriate classes not documented, collaborative efforts with the educational rights holder and the school district to provide the child with the educational needs and support services not documented, efforts to engage children's participation in youth Developmental Services (YDS/Daily Living Skills, or vocational training programs and/or barriers to resolve issues not documented;
- Health and Medical Needs, related to initial and follow-up dental examinations not conducted timely, children over the age of 12 were not provided services related to their sexual and reproductive health care as requested;
- Personal Rights and Social/Emotional Well-Being, related to children not being informed of their rights, the rules and consequences in an appropriate manner upon arrival, children reporting not being supervised or treated with respect by personnel, children reporting feeling harassed or discriminated by personnel, children reporting not feeling safe in the home, children reporting they are not given the opportunity to plan or participate in recreational activities, extracurricular or community activities; and
- Personal Needs/Survival and Economic Well-Being, related to children report not being provided with medical and dental care when needed, not being encouraged or supported in keeping a life book, not being provided assistance in completion of schoolwork when help is needed, not being

provided with Youth Development Services or daily living skills, not receiving assistance in obtaining important documents/records upon request children report not being provided with a sufficient supply of personal hygiene items to meet their needs, children report not being provided with enough food, and children report not receiving the required basic monthly clothing allowance.

On March 6, 2019, DCFS CAD Children Services Administrator Is, Probation's Deputy Probation Officer II, DCFS Out-of-Home Care Management Division Quality Assurance Section, Department of Mental Health Administrators and Out-of-Home Care Investigations Section held an exit conference with the STRTP's Chief Program Officer and Residential Program Manager/STRTP Administrator.

The STRTP representatives agreed with the review findings and recommendations. They were receptive to implementing systemic changes to improve the STRTP's compliance with regulatory standards.

The STRTP provided the attached approved Corrective Action Plan addressing the noted deficiencies in this compliance report. Serious incidents that occurred after receipt of the approved CAP addendum led to CAD placing the STRTP on Hold on July 12, 2019, and the STRTP verbally informed DCFS of its voluntary closure on August 12, 2019.

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

BDC:KR  
LTI:amt

#### Attachments

c: Sachi A. Hamai, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Terri L. McDonald, Chief Probation Officer  
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Charles Rich, MBA, Executive Director, David and Margaret Home  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



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Fifth District

**Sent via US and Electronic Mail**

July 12, 2019

Mr. Charles C. Rich, Chief Executive Officer,  
David and Margaret Home  
1350 3<sup>rd</sup> Street  
La Verne, CA 91750  
[richc@davidandmargaret.org](mailto:richc@davidandmargaret.org)

**NOTIFICATION OF PLACEMENT OF DAVID AND MARGARET YOUTH AND FAMILY SERVICES SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM SITE ON HOLD**

Dear Mr. Rich,

This is a follow up letter to the telephone call that was made to you by the Contracts Administration Division (CAD), Compliance Section Manager, Diana Flaggs, and Mr. Victor Akinmurele, Compliance Unit Manager, on Friday, July 12, 2019, in which they informed you that we are placing the David and Margaret Youth and Family Services Short-Term Residential Therapeutic Program (STRTP) site on Hold status, effective today, July 12, 2019.

David and Margaret Home  
1350 Third Street  
La Verne, CA 91750

Vendor # 004885  
License # 191500192

The Hold is being placed due to the following:

1. The Juvenile Probation Court Department S30 recently ordered an investigation regarding concerns of alcohol use at David and Margaret and the results of that investigation concluded that children placed at the David and Margaret facility are exposed to drugs and alcohol, as follows:
  - a. Children run away, engage in drug use and/or alcohol abuse, and return to the facility under the influence.
  - b. Children smuggle drugs/alcohol into the facility on their person and refuse to allow searches.
  - c. Children use personal telephones to order drugs/alcohol, meet the delivery at the front gate, and then refuse to be searched.

Based on child and staff interviews, it was determined that the David and Margaret staff are not conducting regular safety checks and are not providing vigilant supervision, which is creating an environment for ease of accepted drug/alcohol use. One youth admitted, on a specific occasion, she was able to drink alcohol for two hours with her peers in one of the bedrooms without staff completing the required checks. The youth reported being so intoxicated that she

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initiated a fight with an unrelated peer "because she was drunk". She added that staff did not know that they were intoxicated until after the fight when they smelled the alcohol on their breath. Staff feel exasperated by the restrictions placed on them such as not being able to conduct thorough searches, children allowed to have personal cell phones which staff are not allowed to confiscate or monitor their use. Staff have added that there is staff shortage which is adding to the factor of improper supervision. Overall, there is low morale amongst the staff and it appears apathy has set in.

2. When 12 of the 13 currently placed girls were recently interviewed by the Probation Department staff, they all expressed concerns over the number/frequency of fights, physical altercations, the amount of drugs/alcohol used on the David and Margaret campus, and the overall lack of supervision and consequences.
3. While David and Margaret adhere to the STRTP Interim licensing staffing ratio, it appears that the pattern of staffing may not be sufficient to operate an effective STRTP Program.
4. David and Margaret currently has a staff holding two critical mental health service delivery positions (one as the clinical director and the other as the Mental Health Head of Services). To effectively provide mental health services, two different staff need to carry out these roles. There is also an under-utilization of its allocated and allotted Mental Health Program dollars.

For the four reasons listed above, David and Margaret STRTP is placed on Hold. No new referrals of children, youth and NMDs will be made until after a Review Conference has been convened and an acceptable corrective action plan is implemented.

We are extending David and Margaret the opportunity to request a Review Conference to allow an opportunity to make inquiries and provide information, which you believe to be relevant in this matter.

Should you choose to have a Review Conference, to be convened within the next three weeks demonstrating successful resolution of the issues detailed below, please contact Ms. Vanessa Stamp, CAD Compliance Unit Manager, at (213) 351-0181, by July 19, 2019.

In accordance with Exhibit N of the STRTP contract, DCFS may request corrective action, place a Hold, and/or make a recommendation for a Do Not Use (DNU) status on a Contractor, as warranted based on egregious safety concerns and failure to implement corrective action.

If you have any questions, please feel free to contact me at (213) 351-0238.

Sincerely,



Diana Flaggs, Administrative Manager III  
CAD Compliance Section Manager

DF:vs

# David & Margaret

Youth and Family Services  
1350 Third St, La Verne, CA 91750 (909) 596-5921

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Corrective Action Plan Addendum Submittal Date: 6/10/19

## Area I General Contract Requirements

### *Area of Non-Compliance:*

Special Incident Reports (SIRS) are properly documented.

### *Reason(s) for Deficiency:*

The identified reasons for deficiency include: 1) Staff and Supervisors not adequately trained on how to appropriately complete and submit SIRs and 2) Lack of Quality Assurance Oversight and follow-up by the appropriate supervisors.

### *Corrective Action Steps:*

From CAP Part 1: Submitted on: 4/24/19

- 1) The agency did a formal retraining with supervisors whom submit SIRs on 4/10/19 and 4/11/19 (see sign in sheets and attached agenda). This training was conducted by the agency's training coordinator whom is a part of the Quality Improvement Assurance Department. It focused on the need to submit all SIRs within no more than 24 hours; whom SIRs are to go to; how to complete them correctly, and the need for follow-up addendums.
- 2) The training coordinator is responsible for reviewing all SIRs that were submitted the prior week to identify concerns or issues with the SIR. Starting 4/15/19, she supplies a report to the applicable supervisors, the residential program manager, and the chief program officer. As needed the identified supervisor is to work with staff to add and needed additional information and/or addendums. If there are issues with it being submitted late and/or not to the right parties, the applicable supervisor is to work with the supervisee to correct it and then follow-up with the staff and/or supervisor which may include retraining, verbal counseling, progressive disciplinary action, etc.
- 3) Due to the increased volume of SIRs, the agency had added a new position to assist in the Quality Assurance/Improvement department and this person started 4/22/19 which will allow the training coordinator more time to focus on improving the SIR process as this position will assist in covering some of the duties the Training Coordinator is currently doing.
- 4) The QA/I department is now responsible for printing all SIRs for the month and these are given to the STRTP administrative assistant so she can file them in the youth's charts at the beginning of the following month (target date is by the 10<sup>th</sup> of the following month).
- 5) The agency also has now posted signs in the staff's offices reminding them to complete SIRs before leaving shift and has developed a one-page guideline for them to use to assist in submitted them to the right parties and as needed this will be updated by the Quality Assurance/Training Department and reposted. (implemented 4/19/19—see attached).

**Added Requested Corrective Action Steps: Submitted 5/21/19:**

*Renew Hope. Inspire Change.*

# David & Margaret

## Youth and Family Services

- 6) To address the concerns with the high volume of SIRs, the agency has implemented within the weekly report identified in number 2 above that identifies the youth and what SIRs they had written on them for that week. If there is a consistent pattern (such as AWOLing, substance use, truancy, etc.), the Residential Case Manager (CM) is to meet with the youth and attempt to engage and problem solve the concerning behavior(s) and this will be documented in a case note. In addition, the agency's Intensive Care Coordinator will be responsible for bringing this up and addressing on-going SIR concerns within the next Child and Family Team meeting to identify potential solutions with the team and this will be documented in the CFT minutes. (This step will be implemented the week of 5/20/19). When the agency's QA/I department does its random quarterly chart audits, it will identify if this is being done and will provide feedback to the appropriate supervisor and as needed will assist in retraining the staff. If retraining is identified as not the issue and it is a job performance concern, then the supervisor is responsible for implementing corrective action steps with the supervisee in addition to any needed retraining.

### Area II Facility and Environment

#### *Areas of Non-Compliance:*

Vehicles used to transport children maintained and in good repair;

Common Quarters are well maintained;

Childrens Bedrooms are safe and well maintained;

Adequate recreational equipment and educational resources are maintained in good repair and readily available to children; and

Adequate nutritious perishable and non-perishable foods are maintained.

#### *Reason(s) for Deficiency:*

The identified reasons for deficiency include: 1) Lack of established protocol and procedures and 2) Lack of oversight by supervisory staff.

#### *Corrective Action Steps:*

From CAP Part 1: Submitted on: 4/24/19

#### **Vehicle:**

- 1) The process to ensure vehicles are safe to drive is that vehicles are to be inspected upon check out by the staff as they complete a vehicle inspection form (see attached) and if there are issues or concerns with the vehicle they are to turn it into the agency's mechanic whom will determine if it is safe to drive and/or make any necessary repairs to ensure it is safe to drive. In addition, the mechanic is to now complete a monthly vehicle inspection (see attached) on every vehicle and logs this into an agency spreadsheet when it is completed. This is verified by his supervisor.

#### **Common Quarters:**

- 2) For the two cottages that have a lack of appropriate decorations, the agency has purchased various posters/art work to make it more "home like" and will have them installed by 4/30/19.

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- 3) All the cottages have first aid kits and actually did at the time of the review, but they were not in the same place. First aid kits are now centrally located in the same space in each cottage in the cottages what used to be medication room. The kits are to be checked weekly by the AM counselor to ensure they have the needed supplies in them and are restocked as needed by submitting a supply request.
- 4) All bathroom door knobs have been checked and are secured.
- 5) On March 7<sup>th</sup> the residential supervisor met with the supervisor staff over the cottages and discussed making for them to make sure that staff and youth understand that cleaners need to be secured and locked up after use, not to have electrical items plugged in and near water, cleaning cabinets, addressed food being left out and needing to be plated nicely, etc. In addition, laminated signs have been made and are in each bathroom reminding the youth to not have plug in phones/radios for safety concerns. During daily room checks performed in the morning by either the AM Counselor and/or the cottage supervisor, they will verify that there are no plugged in electronics in the bathrooms (if there are they will ask the youth to unplug them and/or remove them) and check to see if the bathroom fans are working (if not he/she will put in a maintenance request).
- 6) New dining room chairs were purchased on March 7<sup>th</sup> and March 26 and installed in two of the cottages (Wynn and Turner). New dining room chairs have been purchased for Tarr cottage and will be installed by 5/3/19 (pending they are on time as they are being shipping).
- 7) New Refrigerators were purchased on March 7<sup>th</sup> and installed in all three of the cottages.
- 8) New cushions for the living room sofas and chairs were installed in Wynn and Turner cottages approximately a month ago. Tarr Cottage couches and chairs were cleaned on 4/4/19. However, two chairs are still looking stained so we have removed them from the cottage and are looking if they can have a slip cover and/or will replace them with something else (there is still enough seating without them).
- 9) To address the overall cleanliness of the cottages, we have discussed with our cleaning crew and have increased them to spending one full day each week, in each of the cottages, to primarily focus and do deep cleaning on the kitchens and bathrooms. This will work to ensure the ability for mold to grow in the bathrooms is significantly decreased. In addition, at least one time a month they will clean behind the stoves, refrigerators and washer and dryers. (Note: the stoves were moved, and staff cleaned behind them on 4/22/19 and verified by maintenance). To assist in keeping the backsplash clean the agency will look to install stainless steel plates or something similar above the stove on the wall by 5/8/18.
- 10) The loose shelves were removed from the storage furniture and the doors have been fixed to close properly. There are some doors missing on the storage furniture which will require us to make new ones and this is anticipated to be completed by May 17<sup>th</sup>.

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## Youth and Family Services

- 1) The detergent dispensers (if these are the laundry ones noted in the report) are secured to the wall and the hose from it is secured to the washing machines.

### **Children's Bedrooms are Well Maintained:**

- 1) The bedroom screens continue to be an issue of constantly fixing and putting them back up, but we have purchased some magnetic screens that will secure with magnets stuck on the window frames which hopefully will assist in being able to easily put the screens back up and not deal with bent frames and having to replace many screens weekly. We will be installing our first one on 4/23/19 to test it out.
- 2) Bed storage drawers were fixed, the graffiti were removed, loose detached frame was removed with the nails, mattress and mattress cover were removed/replaced, and others were washed. Typically, we do service requests but in some of these instances due to the immediacy of the need it was just done without them.
- 3) The bedrooms with the odors were cleaned and one room was due to a youth whom struggled with hygiene issues which staff have worked with her on and she has improved her hygiene.
- 4) Bedroom carpets have been cleaned by the agency staff and cleaning crew, but they are scheduled to be professionally steamed cleaned on 4/30/19. This will make them look better but this is still a temporary solution as the agency intends to replace the carpet with tile flooring to be more durable. The timeframe for this is approximately 90 to 120 days to replace it all. The agency has to complete the installation of the guard station before the state will approve any additional spending of TSC funding. The city of La Verne notified the agency that the plans are approved and have to go through the building and safety final approval which should be completed by the end of this month. Then we can begin to break ground and build and the anticipated timeframe to complete is about 45 days.

The following processes are also being added to provide more oversight by supervisory staff to mitigate the above conditions from happening again. These forms and procedures will be put into place starting May 1st:

- a) A new procedure is being put into place that each day a staff or supervisor will complete the Daily Cottage Check Off List; if a staff completes it a supervisor must review the items and sign off on it (this form will be stored in the cottages);
- b) The residential program manager is responsible for at least weekly spot checking that these are being completed and following up with the cottage supervisor if there are issues or concerns with it not being done or done correctly;
- c) A monthly mattress and drawer check-off list is to be completed by the 10<sup>th</sup> of the following month (see attached). These are to go the residential program manager upon completion to be reviewed and filed by the residential administrative assistant. If the residential program manager identifies any issues or concerns, he/she is responsible for addressing this with the applicable cottage supervisor.

### **The STRTP maintains adequate recreational equipment and educational resources in good repair and makes them readily available to children:**

- 1) The agency has finally received the laptops ordered from LACOE and is in the process of upgrading the software and security. We will be setting up a computer lab with 10 laptops and a printer and in

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addition to each cottage at least having 3 laptops with printer access in each cottage for youth to use. Youth will have access on these to WIFI. The anticipated date to have the 3 laptops in the cottages with a new printer and WIFI on them is no later than May 24<sup>th</sup>. By the end of June, we anticipate having the computer lab set up and fully functional. Youth however can continue to access computers we have in the staff offices and/or the agency library as needed.

### **The STRTP maintains adequate nutritional perishable and non-perishable foods:**

- 1) Since the review, we have been putting out on the kitchen tables or in the refrigerator various fresh fruits for youth to grab without asking staff. In addition, we have also implemented putting out a basket of other available snacks for them to grab such as breakfast bars, cheese crackers, etc. (verified on daily check off list)
- 2) Cottages are to also have sufficient amounts of items to make sandwiches such as bread, lunchmeats, vegetables, cheese, and condiments as well as other items like soups, cereal, etc. which the youth can access without asking (verified on daily check off list).
- 3) In addition, we will be implementing a cottage store where by youth whom the prior day were on level will earn the opportunity to pick from the cottage store which will have a variety of special snacks they can choose from. This is anticipated to be implemented by May 8<sup>th</sup>.
- 4) The residential program manager on March 7<sup>th</sup> reviewed with cottage supervisors and either she and/or the supervisor discussed with morning staff individually, the concerns over leaving food out for long periods of time, to ensure they are covered, dated, and placed in the refrigerator after the official breakfast time is over (verified on daily check off list).

### **Added Requested Corrective Action Steps or information not identified above: Submitted 5/21/19**

- 1) All bathroom fans were fixed and/or identified as working on 3/19/19 and 3/20/19. Only 1 fan had an issue during the review and this was fixed on 3/19/19 and verified on 3/20/19.
- 2) Under Common Quarters #6 above: Turner had the new dining room chairs installed on 3/14/19, Wynn had them installed on 4/4/19 and Tarr had them installed on 4/30/19 (the agency decided to replace Tarr's dining room chairs those these were not identified as an issue during the review).
- 3) Under Common Quarters #7 above: The new refrigerators were installed in all the cottages on 3/20/19.
- 4) Under Common Quarters #8 above: The new cushions for the common area couches and chairs for Wynn and Turner cottages (the ones identified during the review) were installed on 2/26/19.
- 5) To ensure cottages are clean and particularly the bathrooms and kitchen areas refer to above Common Quarters #9: The agency has increased the use of a professional cleaning crew to focus on one cottage each cleaning day (before they would do three cottages in a day) to do a deep cleaning in the cottages and particularly focusing on the bathrooms and kitchen areas which tend to get the most dirty. A new step that will be added is that the Chief of Operations and/or the Chief Program Officer will spot check

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the cleaning crew at least one cottage a month after they deep clean it to ensure they are meeting standards in cleaning which will be documented on the monthly cleaning review form (starting at the end of May). In addition, the agency will have the carpets professionally steam cleaned at least quarterly and/or earlier if it is identified as needed by the residential case manager (supervisor of the cottage) until the carpet is replaced with more durable and stain resistant flooring. If needed earlier, the residential case manager is responsible for submitting a request to maintenance and to follow-up as needed until it gets done. The Chief of Operations and Maintenance supervisor are responsible for scheduling and working with the cleaning crew and/or carpet cleaners.

- 6) Through the use of the Daily Cottage and/or the Monthly Mattress and Drawer check off lists, these will assist staff and cottage supervisors with identifying and following up on things that need to be fixed such as any furniture needing repair and bedding or mattresses that need to be replaced. When things are identified, the applicable staff and/or supervisor is to ensure a maintenance request is submitted and if it is a more immediate need, then the cottage supervisor is to follow-up with a phone call to the Chief of Operations or Chief Program Officer, whom will work with the maintenance supervisor to get the issue taken care of in a more timely manner.
- 7) In response to the youth whom had concerns about the temperature of her room, the room was checked and the airflow was deemed fine by maintenance (unfortunately there is not an exact date when this was accomplished). However, in the process, it was noted that Tarr cottage had some issues with airflow and these were repaired on 3/4/19 (see attached bill). In the future, if a youth brings up concerns about temperature, if possible we will see if we can move the youth to another room as certain rooms may have some differences in temperature based on the number of windows and how much sunlight the area gets, etc.
- 8) To provide requested further clarification on the cottage store: The cottage store does not charge youth for snacks or the items in it and these are in addition to the snacks the youth are provided already.

### Area III Engagement and TeamWork

#### *Areas of Non-Compliance:*

The child's CFT meetings & collaboration are documented and maintained; and

The child's CFT documented each adult participant's role in assisting the child with each NSP goal.

#### *Reason(s) for Deficiency:*

The identified reasons for deficiency include: 1) Training for staff on the above to appropriately complete and fill out CFT minutes. 2) Quality Assurance Oversight to support the staff and supervisors and supervisors to utilize feedback to as needed apply corrective action steps.

#### *Corrective Action Steps:*

From CAP Part II: Submitted on: 4/29/19

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- 1) A training was completed on 3/28/19 which focused on how the clinical flow of treatment should take place from admission screening/placement to NSP to MH Treatment Plan to CFTs back to NSP and MH treatment plan, etc. then ultimately to transition/discharge. It was reviewed at this meeting that the most recent NSP is to be taken into the meeting and reviewed and then modified as needed when the next one is due and this should be documented on the CFT minutes. See attached agenda and sign in sheet.

### Added Requested Corrective Action Steps or information not identified above: Submitted 5/21/19

- 1) The agency's Intensive Care Coordinators are responsible for ensuring that the CFT minutes identify the collaboration of the team and each adult participant's role in assisting the youth in meeting each NSP goal. To ensure this is happening the agency's QA/I department is doing trainings at least during the months of May, June, and July (it may continue on after this) on NSP completion and will also address this in these trainings with the ICC's.
- 2) When the agency's QA/I department does its random quarterly chart audits, it will identify if this is being done and will provide feedback to the appropriate supervisor and as needed will assist in retraining the staff. If retraining is identified as not the issue and it is a job performance concern, then the supervisor is responsible for implementing corrective action steps with the supervisee in addition to any needed retraining.

### Area IV Needs and Services Plans

#### *Areas of Non-Compliance:*

The NSPs were completed accurately and on-time;

Support services and core service were provided to assist the child in making progress toward his/her NSP goals (trauma informed & culturally sensitive);

If child is CSEC or has a history of running away, the STRTP & CFT developed an individualized plan for services to address this need;

The NSP Permanency Section documented the child's case plan goals (ie. Concurrent plan, progress made, barriers);

Placement transition services are being identified at children's CFT meetings;

For NMDs, NSPs identified their 90-day six-month transition plan and the STRTP efforts to assist the NMD transition to independent living & self-sufficiency;

For NMDs, NSP is consistent with the TILP plan;

Aftercare supportive services and linkages are provided to the child & family post-discharge by the STRTP provided feedback and input on case plan and transition goals; and

The STRTP provided post permanency support services.

#### *Reason(s) for Deficiency:*

The identified reasons for deficiency include: 1) Lack of formally established policy and procedure for completion of NSPs—clearly defined roles and expectations 2) Staff whom complete the NSP not fully understanding requirements of the NSPs based on STRTP expectations/regulations (lack of training) and 3) Not enough Quality Assurance Oversight to provide support to staff and supervisors and supervisors to utilize feedback to as needed apply corrective action steps.

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### *Corrective Action Steps:*

From CAP Part II: Submitted on: 4/29/19

- 1) A training was conducted on NSP completion on 4/8/19 (see attached agenda and sign in sheet) and it focused again on the process of the clinical loop of the NSP and the concerns noted from the review (staff were provided the feedback and it was reviewed with them so they could learn from it). It identified who is responsible for completing what sections of the NSP as well as that goals should be broken down into 30 day "baby step goals" to help the youth be successful and then revised as needed. Achieved goals being taken off the active goal list and moved to the achieved goal section.
- 2) As noted earlier the agency had hired an additional QA/I person to the department and the QA/I department will be responsible for reviewing the NSP prior to it being sent out for consistency in narrative in the documentation such as goals, services, identified needs, and SIRs are in alignment and that they are individualized to the youth. In addition, the department will identify if there are issues or concerns that are not identified as being addressed, if there are no updates/progress on goals, and/or missing ILP services. If there are any concerns or issues the QA/I department will follow-up with the identified staff and appropriate supervisor to get correct what can be corrected and/or provide additional retraining and/or corrective action which as needed may include progressive disciplinary action. As appropriate, the QA/I department will notify the Chief Program Officer if there continues to be issues or concerns with an identified staff and/or supervisor.
- 3) In addition, the QA/I department will now (effective May 1<sup>st</sup>) also be responsible for inputting the SIR # and a brief description identifying what the SIR was for into the NSP for that time period since the department reviews all SIRs and provides feedback and follow-up as needed with the identified supervisor. This will work to ensure that all SIRs reported are on the current NSP.
- 4) To ensure that NSPs are sent out timely the agency upon a youth's placement into the agency's STRTP, staff are informed via email of the placement by the intake coordinator (this is implemented). In addition, the residential programs administrative assistant in conjunction with the agency's quality assurance/improvement department adds this child to a generated calendar of when Needs and Service plans need to be completed and submitted and this is distributed to applicable agency staff whom contribute to the development of the NSP. This calendar is sent out weekly detailing the following weeks due NSPs. The first NSP is to be completed and submitted within 10 calendar days to the applicable placing worker and thereafter at least every 30 days. The Quality Assurance/Improvement Department assists in tracking and following up with applicable staff and supervisors to ensure the NSPs are sent out according to applicable timelines. If an NSP is not completed by the morning of the due date, a QA/I representative will send an email and as needed phone call to the applicable supervisor and staff to ensure it is completed and sent out by the end of that day. If an NSP does not go out on the day it is due, the Chief Program Officer is notified and will follow up with the appropriate supervisor to identify what the barrier was and what corrective action steps need to be implemented including as needed progressive disciplinary action.
- 5) If there is a reason why the youth does not sign the NSP (for instance runaway at the time, on home pass, refuses to sign) this shall be clearly documented in the NSP as to the reason why and there shall be attempted follow-ups documented to get the youth to sign it within the applicable NSP. This is to be

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- 6) completed by the agency's ICC (Intensive Care Coordinator) and when the QA/I department whom does random chart audits identifies if this was not completed, he/she will follow-up with the appropriate supervisor of the ICC whom shall retrain and/or as needed implement progressive disciplinary action.
- 7) The agency has developed a formal NSP Policy and Procedure to assist compliance in this area (see attached).
- 8) Finally, the QA/I department will provide on-going monthly training regarding NSPs for the next several months (May, June, July) based on common issues or concerns identified and this should adjust to quarterly after applicable staff improve in their NSP documentation.

**Added Requested Corrective Action Steps or information not identified above: Submitted 5/21/19**

- 1) To ensure that the correct period is noted on the NSP, the Administrative Assistant sets up the next NSP template for the staff to complete and this AA will input the next correct dates (as indicated in the Policy and Procedure referenced in # 7 above) which will be verified by the QA/I department when they review the NSP and if it is the wrong date, they will fix it.
- 2) To ensure the accurate reporting of SIR data as indicated above in #4, since the QA/I department reviews all SIRs, this department will now input the SIR information onto the NSP.
- 3) To ensure that there is documentation of efforts to gather all parties' signatures as per the new policy and procedure referenced in #7 above it states (numbers below correspond to the P&P):
  4. Once the NSP is completed or updated, the ICC (or therapist—if ICC is not available and/or the therapist is the ICC) is responsible for reviewing the NSP with the youth and obtaining the youth's signature as well as signing the NSP him/herself. If for some reason the ICC and/or therapist are unavailable, the head of service or designee that meets the requirements above will meet with the youth and obtain the signature and sign the NSP him/herself.
  5. If the youth is unable or refuses to meet and/or sign the NSP this shall be documented on the NSP as well as in a progress note within the youth's mental health record. If the youth is unable to sign due to for example being in a psychiatric hospital and/or on a home pass, this will be documented on the NSP and in the clinical mental health record and the ICC (or therapist as noted above) will be responsible for following up when the youth returns to obtain the necessary signature. Then the QA/I department whom does random chart audits identifies if this was not completed, he/she will follow-up with the appropriate supervisor of the ICC whom shall retrain and/or as needed implement progressive disciplinary action.
  6. If the youth refuses to sign the NSP, the ICC (or therapist) will attempt to process this with the youth and identify the reasons for the refusal and see if these reasons can be resolved. In addition, the ICC (or therapist) or other party may enlist the help of someone else on the CFT to assist in resolving the youth's concerns and obtain the signature (this typically would be someone whom has an established relationship with the youth—such as an STRTP counselor,

placing worker, parent/legal guardian, etc.). If the youth continues to refuse to sign the NSP, this will be discussed in the next CFT and an attempt will be made to resolve the youth's concerns or issues at this CFT and obtain the necessary signature at that time (this will be documented in the applicable progress notes, CFT minutes, NSP, etc.); however, this is not to hold up the NSP from being completed and sent out to the appropriate parties within the required timeframes. As noted above when the QA/I department does random chart audits will follow-up with the appropriate supervisor of the ICC and take appropriate action as indicated.

8. After all necessary agency staff and the youth has signed or it is documented the youth is unable or refuses to sign the NSP and it has been reviewed by the QA/I department, the residential administrative assistant is responsible for ensuring the placing worker's signature is obtained which includes 3 documented attempts within 5 days. These attempts will be kept with the NSP. The 1st attempt is to be to the placing worker, the 2nd attempt is to include the placing worker and supervisor, and the 3rd attempt for DCFS is to be to the placing worker, supervisor, and the appropriate email address of the office where the DCFS worker is located. For probation the 3rd attempt is to the placing worker and supervisor. A copy of the completed and signed NSP will be kept in both the youth's residential and mental health records. If there are issues that arise, the residential administrative assistant is to notify the residential program manager and the QA/I department whom may notify the Chief Program Officer as needed.
- 4) The training held on 4/8 for NSPs reviewed with staff the review feedback and discussed ways to improve NSP documentation. This included not using blanket statements, the same NSPs for different periods, and addressing the youth's needs including CSEC and running away episodes. However, as noted above, the agency's QA/I department will continue to provide monthly training on NSPs to work with staff to meet the standards (as noted in #8 above) based on the review as well as based on errors found when reviewing the NSP prior to them being sent out. There will be training sign in sheets and an agenda of what was covered for each training.

#### **Area V Permanency and Transition Services:**

##### *Areas of Non-Compliance:*

The NSP Permanency Section documented the Child's case plan goals (concurrent plan, progress made, barriers, etc.);

Placement transition services are being identified at children's CFT meetings;

For NMD's NSPs identified their 90 day and six-month transition plan and the STRTP efforts to assist the NMDs transition to independence living & self-sufficiency;

For NMDs, NSP is consistent with the TILP plan;

Aftercare support services and linkages are provided to the child & family post discharge by the STRTP;

The STRTP provided feedback and input on case plan and transition goals; and

The STRTP provided post permanency support services.

##### *Reason(s) for Deficiency:*

The identified reasons for deficiency include: 1) Lack of formally established policy and procedure for completion of NSPs—clearly defined roles and expectations 2) Staff whom complete the NSP not fully

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understanding requirements of the NSPs based on STRTP expectations/regulations (lack of training) and  
3) Not enough Quality Assurance Oversight to provide support to staff and supervisors and supervisors to utilize feedback to as needed apply corrective action steps.

### *Corrective Action Steps:*

From CAP Part II: Submitted on: 4/29/19: This addressed proper completion of NSPs as noted above in the NSP section to include documenting permanency goals on the NSP, Placement Transition Services identified at CFT and noted in NSP, NSP is consistent with the TILP plan and documents efforts to assist the NMD transition to independent living & self-sufficiency, and providing feedback and input into the case plan on the NSP. This was included in trainings already provided, will be provided and in the NSP policy and procedure as noted above.

### **Added Requested Corrective Action Steps or information not identified above: Submitted 5/21/19**

- 1) The agency's Intensive Care Coordinator will be responsible for ensuring that the CFT meetings/minutes and the NSP clearly identify the placement transition services, the plan with family or guardian whom the youth is to reunify with which may include such things as on-site visits, weekend passes, etc. and how the agency or others will support the youth which will also be included in the NSP. These things will be included in the on-going monthly trainings noted above by the QA/I department.
- 2) The agency's Residential Case Manager will be responsible for completing the 90-day transition plan at least 90 days before a youth in placement turns 18. This will be tracked by the QA/I department when it is due and the Residential Program Manager is responsible for ensuring it is completed and filed in the residential chart. (see attached new form—90 Day Transition Plan—this form may still be modified but it is the current template).
- 3) The agency's Intensive Care Coordinator (ICC) will be responsible for working with the placing worker to ensure a copy of the most recent/active TILP is obtained for youth 16 and older and filed in the youth's residential chart and is to use this in conjunction with the CFTs and NSPs to make sure they are in alignment (this was discussed and will continue to be discussed in trainings).
- 4) The ICC will also be responsible to ensure that linkage to after care support services is provided to the youth, family and/or placing worker which may include continuing on with services from David & Margaret. This is to be documented on the agency's STRTP Transition Plan (see attached form template) which is to be completed within no more than 7 days when a youth is discharged from the agency and filed in the youth's residential file.
- 5) The QA/I department in their quarterly random chart audits will review if the above items are completed accurately and in the file. They will provide feedback report to the supervisor whom is responsible for retraining the staff and/or implementing a corrective action plan with the staff.

### **Area VI Education and Independent Living Program Services:**

#### *Areas of Non-Compliance:*

Children are enrolled in school immediately upon placement;

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Efforts to maintain children at school of origin are documented;  
The children's report cards/progress reports, and if applicable current copies of IEPs are maintained in their files;  
Collaborative efforts with the educational rights holder to enroll the child in appropriate classes are documented;  
Collaborative efforts with the educational rights holder & the school district to provide the child with educational needs & supportive services are documented;  
Efforts to engage children's participation in Youth Development Services, or vocational training programs, and/or barriers to resolve issues are documented;

### *Reason(s) for Deficiency:*

The identified reasons for deficiency include: 1) For enrollment not happening timely, agency staff were operating under the old perception that it was 3 days and also a lack of understanding regarding that a youth is to be immediately enrolled; 2) Staff whom complete the NSP not fully understanding requirements of the NSPs based on STRTP expectations/regulations (lack of training) and also lack of established policy and procedures about whom completes sections and what is required 3) Not enough Quality Assurance Oversight to provide support to staff and supervisors and supervisors to utilize feedback to as needed apply corrective action steps.

From CAP Part II: Submitted on: 4/29/19 but revised on 5/21/19:

- 1) The agency's student resource specialist in conjunction with the agency's school liaison will look to immediately enroll youth into school placement upon placement with the agency if it is determined that the youth will not continue in their school of origin as determined by Bonita Unified's educational liaison in consultation with the youth and the educational rights holder. This typically will mean looking to enroll the youth in school on the date of placement if the youth is placed before noon with the agency. This will give us some time to finish the upfront necessary intake paperwork and then take the youth to the school district to enroll. Even if the youth refuses to go, the agency staff will take the necessary paperwork and enroll the youth and then work therapeutically to get the youth to go to school. In addition, the school district's reasoning for not keeping a youth in the school or origin will also be documented within the NSP by the agency's school liaison. When the QA/I department reviews the NSP, the person reviewing will look for this in the NSP and flag it for correction if the above is not in the NSP.
- 2) The agency had a meeting with Bonita Unified on 3/13/19 to discuss enrollment timeframes and ideas to look to decrease truancies were discussed. The district was going to look at the possibility of doing an on-site type of school and a follow-up meeting is pending to be scheduled sometime in later May and/or June.
- 3) The agency has secured an agreement with Five Keys Charter School whom provides schooling on-site at the agency, but it is only available for Non-Minor Dependents. We worked this out with them for some of our THP F/C youth but also the NMD's in STRTP to give them another option to complete their schooling.
- 4) The agency's school liaison in collaboration with the youth's identified case manager are responsible for obtaining report cards/progress reports and a copy of the IEP (unless it is obtained at placement) which

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are to be filed in the youth's file. If an NMD refuses to provide these to the agency staff, the case manager will be responsible for calling the CSW and working to obtain them and this will be documented in the NSP and a case note. The QA/I department does random audits of charts at least quarterly and will identify and inform the applicable staff and supervisor if there are missing school documents.

- 5) To address the issue that two youth brought up never being assisted with homework, the agency will remind youth periodically in cottage group meetings which are to take place on Wednesdays in each cottage that staff will assist them with school work and/or will assist them with linking up with district or LACOE tutoring. This may also be put onto the NSP and come up in CFTs and will be documented by the ICC. (The agency will also remind staff of this in a staff meeting on May 1<sup>st</sup>).

### **Added Requested Corrective Action Steps or information not identified above: Submitted 5/21/19**

- 1) The agency's life skills coordinator is responsible to work with the residential case manager in assisting the youth in understanding and accessing Youth Development Services, vocational training programs, working on daily living skills, and/or identify barriers to resolve issues and these are to be documented in the NSP. When the QA/I department reviews the NSP, the person reviewing will look for this in the NSP and flag it for correction if the above is not in the NSP. They will provide feedback report to the supervisor whom is responsible for retraining the staff and/or implementing a corrective action plan with the staff.

### **Area VII Health and Medical Needs:**

#### *Areas of Non-Compliance:*

Initial Dental examinations are conducted timely;

Required follow-up dental examinations are conducted timely;

The STRTP is providing children over the age of 12 with medical services related to sexual & reproductive health care if required or requested.

#### *Reason(s) for Deficiency:*

The identified reasons for deficiency include: 1) Nurse not appropriately completing job duties and lack of sufficient oversight by supervisory staff; and 2) Not enough Quality Assurance Oversight to provide support to staff and supervisors and supervisors to utilize feedback to as needed apply corrective action steps.

From CAP Part II: Submitted on: 4/29/19 but revised on 5/21/19:

Note: Not just based on this review but due to issues the agency had already identified with the nurse, the agency and the current nurse have decided to part ways though the current nurse will continue to assist until the new nurse starts. The agency has hired a new nurse whom will start on 5/8/19.

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- 1) The agency has begun to utilize the forms 561 a and b in the middle of March. The agency had utilized its own form but will from now on utilize the above forms to document appointments. However, for the 561 c, the agency is requesting to utilize the agency's psychiatrist progress note instead of having the agency psychiatrist complete the 561 c which will duplicate information which is found on the progress note. The progress note will have the treatment being provided, medications prescribed if applicable, and any follow-up care needed. However, if a youth sees an outside psychiatrist, the agency will have this psychiatrist complete the 561 c form. The new nurse is familiar with foster care requirements, but the agency's residential program manager will ensure she is aware of and utilizes these forms and files them in the appropriate medical chart.
- 2) The new nurse will also be trained by the residential program manager to complete all necessary documentation including to complete SIRs for medical appointment refusals or missed appointments and the reasons why as well as it should be documented in a progress note in the youth's medical file and on the applicable NSP. In addition, all appointments are to be noted on the NSP. The residential program manager will be responsible for spot checking random youth files at least weekly to ensure this is taking place and documenting this on the agency's supervision form.
- 3) The agency is going to implement a new procedure with the new nurse that she must meet at least monthly with all youth whether or not they request it, in order to check in and see how they are doing and if they have any medical concerns or issues that they need/want checked. This will be documented in the youth's medical file and any applicable follow-up. Again, the residential program manager will be responsible for spot checking random youth files at least weekly to ensure this is taking place and documenting this on the agency's supervision form.
- 4) The residential program manager whom is also the administrator did follow-up on youth#12 statement that she reported having been given medication in the past despite having run away and due to suspicion of drug usage. The administrator could not find any evidence that this had been done previously with this youth.
- 5) The QA/I department as noted elsewhere reviews NSPs and if there are identified concerns of medical/dental services not documented correctly, these will be brought to the nurse's and the residential program manager's attention (administrative supervisor for the nurse). In addition, if any concerns or issues come up during the random quarterly chart audits by the QA/I department (whom will be looking at completion of forms correctly—561 forms, etc., documentation of monthly check up visits in notes, appropriate follow-up care when indicated, etc.), these also will be brought to the nurse's and the residential program manager's attention whom is responsible for retraining and/or implementing corrective actions which may include progressive disciplinary action. Again as needed, this will be documented on a supervision form and/or if needed employec performance reminder.

**Added Requested Corrective Action Steps or information not identified above: Submitted 5/21/19**

1. To address concerns regarding missed medication being administered by the previous nurse and there being no SIR and to identify and take corrective action on this in a timely manner, the residential program manager will be responsible to spot check the MARs sheets at least weekly and if there are any

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- identified missed or refused medications by the nurse, the residential program manager will go into the I-Track to cross reference and see if there is an SIR to correspond to it. This will be documented on the agency supervision form and any additional training and/or corrective action that is needed to be taken.
2. At least quarterly, the QA/I department as part of the random chart auditing will review the MARs (if applicable for the youth) and spot check similarly to the above and note if there are any identified issues or concerns and as needed the appropriate supervisor will be notified and expected to take corrective action steps with the staff again which will be documented on the agency supervision form.
  3. To ensure that all youth have timely dental exams conducted within required timeframes (30 days of placement if no known previous dental exam in last six months, or next six month visit and/or what the previous dentist has recommended for follow-up), the nurse will keep a spreadsheet for dental (and for physical) appointments completed and this will be reviewed at least monthly with the residential program manager and documented on the agency supervision form. If there are issues that come up, the nurse will clearly document this in a progress note (spot checked by the residential program manager) and also within the NSP which is reviewed by QA/I department.
  4. All youth are made aware at intake and sign a form titled "Sexual Health Information Acknowledgement" implemented 1/15/19 and the agency plans to do the DCFS provided sexual health and reproductive rights training with STRTP staff on 6/26/19. This training is also being implemented as part of our 90-day orientation period training program for new staff.

### Area VIII Personal Rights and Social/Emotional Well-Being:

#### *Areas of Non-Compliance:*

- Children report that they were informed of the rules and consequences upon arrival, in an appropriate manner;
- Children report they were informed of the Foster Bill of Rights upon arrival, in an appropriate manner;
- Children report that they participated in the development of their CFT team;
- Children report being supervised by personnel;
- Children report being treated with respect by personnel;
- Children report they do not feel harassed or discriminated against for any reason;
- Children report feeling safe in the home;
- Children report there is an adult they can talk with privately;
- (If there is no significant adult relationships are established) Children ages 10 and older, they are offered some type of mentorship program;
- Children report they are allowed to attend religious services of their choice (or to not attend if not interested)
- Children report they are given the opportunity to plan recreational activities with the provider;
- Children report they are given the opportunity to participate in recreational activities on site;
- Children report they are given opportunities to participate in extracurricular or community activities;
- Children report they were informed about their right to refuse psychotropic medication;
- Children report they were informed about their right to obtain information on safe sex and reproductive health information;

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Children were informed about their right to have contraceptives and a container to lock them in.

### *Reason(s) for Deficiency:*

The identified reasons for deficiency include: 1) Lack of clear expectations and protocols; 2) Need for additional training and 3) Lack of supervisory oversight in identified program areas.

From CAP Part II: Submitted on: 4/29/19 and revised on 5/21/19:

### *Children Report They Are Given An Intake Orientation And Are Informed Of Their Rights*

Note that NMD #1 was admitted 12/12/17 and the agency did quite a bit of change to its intake packet between the time she was admitted to the time of the review.

- 1) The agency does have information about the following in its intake packet which is gone over and provided to the youth and a copy of identified form below is attached:
  - a. Runaway Plan/Information;
  - b. Daily Point System and Consequences;
  - c. Right to refuse medical care and medication;
  - d. Foster Youth Bill of Rights and
  - e. Right to have contraceptive and a container to lock them in.

To also ensure staff are aware of the above rights, Human Resources will provide a copy of these to new hires and have them sign an acknowledgement form for a, c, and e. The agency already has them sign the Foster Youth Bill of Rights. These will be kept in their HR file.

- 2) The issue reported by NMD#1 regarding not being able to be taken to church due to staff saying they are too busy and/or not enough staff, supervisors have been informed that if there are issues regarding this, they are to bring them to the residential program manager or supervisor on duty who will assist them with solving the barriers/issues. The residential case manager or designee if they are out is responsible for facilitating a business meeting on Wednesday or working individually with a youth if they can't attend it to identify and develop weekend plans for the youth and cottage which is to include Church, outside recreational activities, etc. They or the designee will be responsible for completing these plans and working with other applicable supervisors to get adequate staffing coverage for the event. As noted above, if there are issues or barriers they are to bring them to the residential program manager or if applicable supervisor on duty to assist in resolving these which might mean calling in additional staff to assist in covering the event/activity, etc.

### *Children Report Living In A Safe and Comfortable Environment*

- 1) The issue with the hair for all youth has been clarified with supervisors that all youth may get their hair done and this will be clarified with staff on May 1<sup>st</sup> in the all staff meeting.
- 2) The ICC will be responsible for documenting in the NSP on page 9 adults whom the youth has identified that he/she can talk to privately. If there are none identified, then the ICC will work with the youth on developing at least one which may connect to the below regarding linking the youth up with a mentor. Also, please note that the NMD who said this actually had a slightly older sister whom she would talk to

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but probably in her mind didn't consider her an adult and actually upon transition moved to live with her sister whom is out of state.

- 3) In regards to ensuring youth whom have no significant adult relationship is established is offered some type of mentorship program (examples might include Saving Innocence for CSEC youth, LGTB Center, Peace for Kids, Big Brother/Big Sister, etc), the agency's Intensive Care Coordinator will be responsible for working with these youth and documenting that they are offered and if the youth is willing to participate in the program assisting with linkage to the program. This will be documented in the NSP by the ICC. The QA/I department upon reviewing the NSPs will ensure that this information is on the NSPs when applicable and/or inform the ICC and the applicable supervisor of the need to address this with the youth and document it on the next NSP. Note the agency will currently utilize outside providers but is working on its own mentoring program and is revising training for mentors and expects to begin to connect youth with agency mentors sometime in late June or early July.
- 4) To address the concern the youth and staff reported about needing to increase the amount of staff in the cottage to assist in working with the youth, the agency has voluntarily decreased its census in order to support this in happening as a lower census has allowed us to shift staff around with a day-time ratio of 1:3 to 4 depending on the need in the particular cottage.
- 5) The NMD #5 whom indicated making several requests to discuss and important matter with the case manager, this was addressed with the case manager and the issue resolved with the youth which had to do with providing her gift cards to allow her to buy things to replace the damaged items (see attached).
- 6) As part of the concerns identified by youth seem to be customer service related, the agency will look to do a retraining for staff and supervisors on good customer service skills by the end of May 2019. To also give youth an avenue to express their concerns, they may utilize the agency's grievance forms which are turned in the QA/I department and the department staff follow up with the applicable supervisor whom shall be responsible for following up with the staff and document any retraining or corrective action on the supervision form. In addition, the agency will implement a quarterly satisfaction survey of youth in placement which will contain various questions but these as well: What staff have been helpful to you and why and What staff have not been helpful to you and why. The results of this will be used to spotlight staff that youth identify are doing a great job and a way to retrain or take other steps with staff whom youth identify as having concerns with their job performance.

### Children Report They Are Engaged and Participate In The Development and Implementation of Their NSPs

Note: Mentoring and staffing ratios are discussed above. Also one of the youth reported access to Netflix which the agency has had in the cottages for over a year? However, currently the agency is doing an inventory on games in the cottages and is asking youth what games they might like and will be purchasing new games or replacing older games that are missing pieces, etc. This is expected to be completed by the 2<sup>nd</sup> week of May 2019. (Note this was actually completed 5/20 and 5/21 regarding replacing or buying new games—see attached receipts).

- 1) The agency supports youth being involved in outside extracurricular activities and the ICC is responsible for overseeing this and as needed working with the residential program to coordinate needed supervision

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and transportation. If there are issues with either of these, the residential program manager is to be informed so the issues/barriers can be solved.

- 2) Regarding recreational activities for youth, each Wednesday there is to be facilitated a cottage business (noted earlier) group by the residential case manager or designee whereby recreational activities for the weekend are to be discussed with the youth and they are to assist in developing the plans. The Case Managers or designee of the houses are the ones who develop the final weekend plans and are to work if needed with other supervisors to ensure adequate staffing to do the activities (which may mean calling in additional on-call staff, coordinating with another cottage or program, etc). The residential program manager is responsible for overseeing this and will monitor to ensure that there are different activities being provided and that again if there are concerns or issues preventing these activities, the residential program manager will work to resolve these. The residential program manager will also follow-up with the residential council that meets monthly to see if this is happening.

### **Area IX Personal Needs/Survival and Economic Well-Being:**

#### *Children Report Being Provided with Required Services:*

##### *Areas of Non-Compliance:*

- Children report being provided with medical care when needed;
- Children report being provided with dental care when needed;
- Children report they are encouraged to and supported by the provider in keeping a life book;
- Children report being provided assistance in completion of schoolwork when help is needed;
- Children report being provided with Youth Development Services or daily living skills;
- NMDs report receiving assistance in obtaining important documents/records (i.e., ID, SSN, birth certificate, etc.) upon request;
- Children report being provided with a sufficient supply of personal hygiene items that meet their needs;
- Children report being provided with enough food;
- Children with special diet needs report that appropriate accommodations are being provided;
- Children being allowed to spend their own allowance, with Prudent Parent Standards;
- Children report receiving the required basic monthly clothing allowance amount;
- Children report being allowed to make their own clothing purchase selections, within Prudent Parent Standards; and
- Children report being provided enough clothes.

*Reason(s) for Deficiency:* 1) Nurse not appropriately completing job duties and lack of sufficient oversight by supervisory staff; 2) Outdated agency policies and procedures that needed to be updated; 3) Lack of clear protocols and procedures and accountability for staff; and 4) Need for more QA/I oversight.

From CAP Part II: Submitted on: 4/29/19 but revised on 5/21/19:

- 1) As noted earlier, to track that the nurse is scheduling timely appointments she will keep an appointment spreadsheet of the youth and this will be reviewed at least monthly by the residential program manager and documented on the agency supervision form. In addition, to ensure timely follow-up for needed

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appointments, in weekly supervision the residential program manager will review with the nurse needed follow-up appointments and spot check files. In the case of the NMD#1 it is true the nurse should have communicated better with her and it was followed up on and she did receive a quote of cost from the dentist for the braces and it was discussed in her CFT on 3/21/19 along with her medical coverage needed follow-up so she could look to get it covered through insurance as she was moving out of state (see attached).

- 2) In regards to life books, the agency has ensured that all youth have a copy of a life book that they can work on in March and a revised version on April 22<sup>nd</sup> (the agency put together an updated one and distributed it). At intake, the youth are provided a copy of the life book. Most of the lifebooks are currently being kept by the life skills coordinator as the youth don't want them left in the cottages where others can read them, etc. In addition, the life skills coordinator is to schedule and facilitate or ensure another staff facilitates a weekly life book group activity time in the cottages (this will start at the end of May—see attached group sign in sheets) Youth are encouraged but not mandated to attend and no consequences are given to them for not attending. The life skills coordinator is responsible for ordering arts and crafts supplies and to get feedback from the youth on what they would like to use for their life books. The residential program manager is responsible for spot checking this at least monthly that this is happening by reviewing group sign in sheets.
- 3) Children being provided assistance was addressed in section VI above #5 and is as follows: To address the issue that two youth brought up never being assisted with homework, the agency will remind youth periodically in cottage group meetings which are to take place on Wednesdays in each cottage that staff will assist them with school work and/or will assist them with linking up with district or LACOE tutoring. This may also be put onto the NSP and come up in CFTs and will be documented by the ICC. (The agency will also remind staff of this in a staff meeting on May 1<sup>st</sup>).
- 4) Children report being provided YDS or daily living skills was addressed in section VI and is as follows: The agency's life skills coordinator is responsible to work with the residential case manager in assisting the youth in understanding and accessing Youth Development Services, vocational training programs, working on daily living skills, and/or identify barriers to resolve issues and these are to be documented in the NSP. When the QA/I department reviews the NSP, the person reviewing will look for this in the NSP and flag it for correction if the above is not in the NSP. They will provide feedback report to the supervisor whom is responsible for retraining the staff and/or implementing a corrective action plan with the staff.
- 5) The residential case manager (CM) is responsible for working with youth and identifying if they need important documents and assistance in obtaining any of them. This is to be documented in a case note. Though the CM is ultimately responsible, the CM may delegate staff to assist the youth in completing paperwork needed to obtain documents and/or to take the youth to appointments. If the agency has the document it would be provided to the resident within no more than 1 business day, but if the resident has to go and apply for it or pick it up, this would be arranged to take place within no more than 5 business days at most but typically it would attempt to be completed within 2-3 business days.

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- 6) The agency has a supply of hygiene items available to the youth but also to support the youth in being able to purchase if they want their own specific personal hygiene items (if they so choose to), the agency has increased the monthly amount (starting in April) from \$10.00 to \$30.00. Youth can use this on personal hygiene items, make-up, and/or clothing, etc. This also may roll this over if they choose.
- 7) The agency has changed the way it is doing its clothing allowance and the clothing allowance will now be given out to the youth no later than the 3<sup>rd</sup> of the month (effective starting June) and the goal is that youth will be taken to expend these funds as quickly as possible but no later than the 15<sup>th</sup> of the month, unless the youth is saving their money. For the month of May, the clothing allowance for May will be given by May 24<sup>th</sup>. Also, the agency has corrected the procedure it had of youth being only allowed to spend \$40.00 dollars on shoes but will apply reasonable prudent parent standards on purchases until the youth has the minimum requirements based on the DCFS 2281. The agency will look to supplement as needed the clothing allowance to ensure the youth has the required items within the necessary timeframes as specified in the Clothing Allowances Policy numbered 0900-506.10. After the youth has the necessary minimum clothing standards, the youth if she wants is allowed to carry over money and spend it on the clothing or shoes as she deems fit.
- 8) Note for NMD #3, we mailed what the agency owed her for clothing allowance, weekly allowance, and other money to her worker on 5/20/19 (see attached check copy and receipt). To ensure that youth get what they are owed when they experience an unplanned discharge, the Residential Case Manger will complete the Discharge Money Owed form and follow the outlined procedure (new form and new procedure--see attached). If it is a planned discharged, the money is provided to the youth and they sign for it.
- 9) To address concerns noted about the food the agency has:
  - a. Ensured that there is a sufficient supply of fresh fruits in each of the cottages and other snacks that youth can grab without asking staff (this is verified by the daily cottage check off list completed by the supervisor and/or the staff and verified by the supervisor-the person whom identifies the need is to inform a supervisor if not a supervisor so the fruit or snacks can be restocked);
  - b. That there are sufficient amounts of items to make sandwiches and other items such as soups, and cereal, etc. (this is verified by the daily cottage check off list completed by the supervisor and/or the staff and verified by the supervisor-the person whom identifies the need is to inform a supervisor if not a supervisor so the snack items can be restocked);
  - c. We met with Huntington Culinary (the agency's food supplier) on 3/25 to discuss looking at the current menu which is a 6-week cycle and to make changes to it based on feedback from staff and youth (this is still in process and will be completed by the 2<sup>nd</sup> week of June). We have provided a survey for the youth and staff as both eat meals on-site as to what are the top 3-5 meals they currently like and what are the top 3-5 meals they would like. As part of revamping our menu, this will include such things as a make your own nights examples include a street tacos bar, hamburger bar, omlet bar, baked potato bar, supreme nacho bar, etc.

In addition, we are looking at having youth pick their meals the week before meaning like offering (based on their feedback) them a menu card whereby they can choose their meals for the following week (we would look to offer up to 2-3 meal options a day with a vegetarian option or

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if needed based on a youth's special diet including religious or medical an option with their input will be provided). Finally, we are looking to see how we can institute a weekly option for fast food as a reward/incentive (by the end of May). This process is being coordinated by the residential program manager and Chief Program Officer.

- d. To address concerns about the food being under-cooked the agency will ensure that there are meat thermometers in each cottage and a sheet indicating the temperature the meat should be at to be considered cooked for staff to reference (to be completed by 5/1/19). In addition, the agency will have its staff complete the safe serve class by June 15<sup>th</sup> and all new staff will complete it within the first 45 days of employment.

### Children Report Receiving Basic Life Skills Training and Employment

- 1) During the intake process, the intake worker will discuss the restitution procedure the agency uses and then at the initial CFT, the process of restitution that the agency utilizes will again be highlighted with the youth and the other team members. If a youth does something to warrant restitution such as property damage, the agency's case manager will call the worker to let the worker know, discuss it with the youth and the ways the youth can pay it or work it off, and be responsible to put into the NSP if the youth has to pay restitution and what it was for and the amount that is left to pay or if it was paid off.

Submitted by: Michael Miller, LMFT  
Chief Program Officer

Signature: \_\_\_\_\_

