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August 13, 2012

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

CUNNINGHAM'S 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 Cunningham's Group Home (Cunningham's) in February 2012, at which time the agency had one six-bed site and six placed DCFS children. All six children were males.

Cunningham's is located in the Second Supervisorial District and provides services to Los Angeles County DCFS foster youth. According to Cunningham's program statement, its stated goal is "to increase children's independent adaptive skills and decrease their maladaptive behaviors in order to gain the skills necessary for successful adult adjustment." Cunningham's is licensed to serve a capacity of six boys, ages 11 through 17.

For the purpose of this review, a sample of four currently placed children was selected. Their case files were reviewed and the children were interviewed. The placed children's average overall length of placement was 14 months, and their average age was 17. The files of three discharged children were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Four staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

None of the sampled placed children were prescribed psychotropic medication.

SCOPE OF REVIEW

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

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

SUMMARY

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

At the time of this review, Cunningham's needed to address minor physical plant deficiencies, which did not pose a safety hazard to any placed children. The review revealed the need for more thorough documentation in the NSPs. Cunningham's also needed to properly complete the sign-in/sign-out and weekly allowance logs and develop comprehensive NSPs to include all the required information. Further, Cunningham's needed to ensure the placed children were enrolled in school timely, attended school as required and made academic progress; and achieved their NSPs case goals. Cunningham's also needed to ensure that staff members received timely emergency intervention training per Cunningham's program statement. Overall, however, Cunningham's is providing good care and services to placed children.

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

NOTABLE FINDINGS

The following are the notable findings of our review:

- The resident sign-in/sign-out logs and weekly allowance logs were not always properly completed. The Director stated that all staff members were trained on March 2, 2012, in the procedures for signing residents in and out of the facility and adequately completing weekly allowance logs.

- There were physical plant deficiencies noted during the monitoring review that Cunningham's needed to address. The roof of the detached garage located in the backyard was beginning to slump a little because of a weakening in the structure; the backyard concrete fence had graffiti on it, and the paint on the exterior of the house was chipping. The Executive Director stated that all the deficiencies will be repaired, replaced or repainted immediately. As to the detached garage, Mrs. Cunningham stated that she contacted CCL and the Department of Building and Safety (DBS) in February 2012. An inspection by DBS was conducted on February 16, 2012, and a corrective action plan was ordered. On March 13, 2012, the garage was demolished. A new garage is under construction in accordance with Building and Safety Codes.

- None of the 16 required NSPs were comprehensive, in accordance with the NSP template. It should be noted that these NSPs were developed prior to the 2012 NSP training provided to all contracted providers. The Executive Director and the Group Home Social Worker (GHSW) attended the DCFS NSP training on January 10, 2012, and January 20, 2012, respectively. Effective immediately, the treatment team will create more detailed and comprehensive reports. Cunningham's Administration stated that their GHSW will also complete a review of all chart documentation, report cards, visitation logs and Special Incident Reports (SIRs) for each child for the period required. This will ensure that the GHSW addresses all areas required in the NSP report, including, but not limited to more detailed progress for the updated NSP reports, quality of family visits and documentation of all medical treatment received.

- Three children were not enrolled in school within three school days of placement. The Executive Director reported that some schools refuse to accept children without school records and some enrollments are delayed in order to comply with special education needs. Subsequent to our review, the OHCMD Monitor provided Cunningham's staff with the Education Coordinating Council's website, http://www.educationcoordinatingcouncil.org/Links.htm and a copy of Assembly Bill 490 which explains the educational rights of foster youth, including the school's obligation to enroll children in school while awaiting transfer of school records. Cunningham's staff was instructed to present this to school staff when enrolling foster youth.

- Two children did not attend school as required. Further, although the reviewed NSPs documented the children having truancy issues or refusing to attend school, there was no documentation supporting the efforts made by the agency to ensure that the children attended school regularly, as required.

- One staff member did not receive the required on-going emergency intervention training, per the group home's program statement. Cunningham's Executive Director stated that Cunningham's will correct this issue, and it is further addressed in their Corrective Action Plan (CAP), which is attached.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held February 23, 2012:

In attendance:

Beatrice Cunningham, Executive Director of Cunningham's Group Home and Jui Ling Ho, Monitor, DCFS, OHCMD.

Highlights:

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

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

We will assess for full implementation of recommendations during our next monitoring review.

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

PLB:RRS:KR:
EAH:PBG:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Board of Directors, Cunningham's Group Home
Beatrice Cunningham, Executive Director, Cunningham's Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

CUNNINGHAM'S GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

5739 Chesley Avenue
Los Angeles, CA 90043
License Number: 191801179
Rate Classification Level: 8

	Contract Compliance Monitoring Review	Findings: February 2012
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Log Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies 9. Sign In/Out Logs	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Needs Improvement 8. Full Compliance 9. Needs Improvement
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	 1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs	 1. Full Compliance 2. Full Compliance 3. Full Compliance

	4. NSPs Implemented and Discussed with Staff 5. Progressing Toward Meeting the NSP Case Goals 6. Timely Initial Needs and Services Plans 7. Comprehensive Initial Needs and Services Plans 8. Therapeutic Services Received 9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated Needs and Services Plans 13. Comprehensive Updated Needs and Services Plans	4. Full Compliance 5. Needs Improvement 6. Full Compliance 7. Needs Improvement 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Needs Improvement
IV	**<u>Education and Workforce Readiness</u>** (8 Elements) 1. Timely School Enrollment 2. Attend School As Required 3. Facilitate Educational Goals 4. Academic Performance and/or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Emancipation/Vocational Programs Provided 8. Facilitate ILP Emancipation Planning	1. Needs Improvement 2. Needs Improvement 3. Full Compliance 4. Needs Improvement 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
V	**<u>Health and Medical Needs</u>** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)
VI	**<u>Psychotropic Medications</u>** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable

VII	**Personal Rights and Social/Emotional Well-Being** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Consequences Fair 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/ Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation in Extra-Curricular, Enrichment and Social Activities	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. Not Applicable 11. Not Applicable 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP Goals 3. Stabilize Placement Prior to Removal	1. Needs Improvement 2. Needs Improvement 3. Full Compliance

X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. Child Abuse Training 11. CPR Training Documentation 12. First Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	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. Not Applicable 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Needs Improvement

CUNNINGHAM'S GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

5739 Chesley Avenue
Los Angeles, CA 90043
License Number: 191801179
Rate Classification Level: 8

The following report is based on a "point in time" monitoring visit and addresses findings noted during the February 2012 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Cunningham's Group Home (Cunningham's) was in full compliance with three of nine sections of our contract compliance review: Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being. Psychotropic Medication was not applicable, because none of the placed children were on psychotropic medication at the time of review. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review, Cunningham's fully complied with seven of nine elements in the area of Licensure/Contract Requirements.

We noted that the resident sign-in/sign-out log and weekly allowance log were not always properly completed.

Recommendations:

Cunningham's management shall ensure:

1. Appropriate and comprehensive allowance logs are maintained.

2. The resident sign-in/sign-out log is always properly completed.

FACILITY AND ENVIRONMENT

Based on our review, Cunningham's fully complied with five of six elements in the area of Facility and Environment.

There were physical plant deficiencies noted during the monitoring review. The roof of the detached garage located in the backyard was beginning to slump due to a weakening in the structure; the backyard concrete fence had graffiti on it, and the paint on the exterior of the house was chipping. The Executive Director stated that all the deficiencies will be repaired, replaced or repainted immediately.

As to the detached garage, Mrs. Cunningham stated that she contacted CCL and the Department of Building and Safety (DBS) in February 2012. An inspection was conducted by DBS on February 16, 2012, and a corrective action plan was ordered. On March 13, 2012, the garage was demolished. A new garage is under construction in accordance with Building and Safety Codes.

Recommendation:

Cunningham's management shall ensure:

3. The group home's exterior and physical plant are well maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review, Cunningham's fully complied with 10 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We noted that three of four sampled children were not progressing toward meeting their NSP goals. In addition, none of the 16 initial and updated NSPs reviewed were comprehensive in that they did not include all the required elements in accordance with the NSP template. These NSPs did not include specific and measureable treatment goals as they related to permanency, life skills and visitation. Some NSPs contained permanency case plan goals which were different than the goals in Court orders. Further, some goals were not appropriate and needed to be more specific, realistic, and measurable. These deficiencies were discussed with the Executive Director who stated she would instruct her staff to review and address the identified deficient areas and include accurate information in the NSPs. It should be noted that these NSPs were developed prior to the January 2012 NSP training provided to all contracted providers. The Executive Director and Group Home Social Worker attended the DCFS NSP training on January 10, 2012, and January 20, 2012, respectively, to gain a better understanding the language contained in the NSP and Quarterly Report and to ensure a collaborative approach when developing comprehensive NSP/Quarterly reports.

Recommendations:

Cunningham's management shall ensure:

4. Children are progressing towards meeting their NSP goals.

5. Initial and updated NSPs/Quarterly Reports are comprehensive and include required information.

EDUCATION AND WORKFORCE READINESS

Based on our review, Cunningham's fully complied with five of eight elements reviewed in the area of Education and Workforce Readiness.

We found that two children did not attend school as required and did not make progress toward their academic performance and/or attendance. Additionally, three children were not enrolled in school timely. The Executive Director reported that some schools refuse to accept children without school records and some enrollments are delayed in order to comply with special education needs. Subsequent to our review, the OHCMD Monitor provided Cunningham staff with the Education Coordinating Council's website, http://www.educationcoordinatingcouncil.org/Links.htm and a copy of Assembly Bill 490 which explains the educational rights of foster youth, including the school's obligation to enroll children in school while awaiting transfer of school records. Cunningham's staff was instructed to present this to school staff when enrolling foster youth. Further, Cunningham's Executive Director stated that an incentive program was developed to increase residents' school attendance and improve their grades.

Recommendation:

Cunningham's management shall ensure:

6. All children enroll in school timely.

7. All children attend school regularly, as required.

8. The treatment team works with both public and non-public schools to increase children's academic performance.

DISCHARGED CHILDREN

Based on our review, Cunningham's fully complied with one of three elements reviewed in the area of discharged children.

We found that one of three reviewed discharged children was not discharged according to his permanency plan, and two of three discharged children were not successfully meeting all of their NSP goals prior to discharge. The Executive Director stated that Cunningham's will take all necessary treatment measures to assist a client with setting and meeting their stated goals. The treatment team will have monthly meetings to discuss client progress and response to treatment.

Recommendations:

Cunningham's management shall ensure:

9. Children are discharged according to the permanency plan.

10. Children make progress toward meeting their NSP goals prior to discharge.

PERSONNEL RECORDS

Based on our review, Cunningham's fully complied with 13 of 14 elements in the area of Personnel Records.

A review of the personnel records revealed that one staff member did not receive her annual emergency intervention training as required per Cunningham's program statement. The Executive Director stated that effective immediately she will verbally notify each staff within 90 days of expiration of their certificate. A notice will be posted as a reminder of date, time and location of training.

Recommendation:

Cunningham's management shall ensure:

11. All staff members receive the required emergency intervention training per the group home's program statement.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior report issued on May 12, 2011 were implemented.

Results

The OHCMD's prior monitoring report contained three outstanding recommendations. Specifically, Cunningham's was to ensure: NSPs were comprehensive, including all required elements in accordance with the NSP template, all children's bedrooms were well maintained, and staff encouraged and assisted children in creating and updating a life book/photo album.

Cunningham's Group Home
Po Box 1638
Inglewood Ca 90302
310-6739185

April 3, 2012

County of Los Angeles
Dept. of Children and Family Services
Out of Home Care Management Division
Attn: Patricia Bolanos-Gonzales
9320 Telstar Avenue
El Monte, Ca. 91731

Dear Ms. Bolanos-Gonzalez

The following information is the Corrective Action Plan (CAP) for Cunningham's Group Home for the "Compliance Monitoring Review Evaluation" conducted on 2/7/12.

I. LICENSURE CONTRACT REQUIREMENTS

Element 7:

Allowance logs were not properly completed.

Corrective Action

Cunningham's Group will ensure that appropriate and comprehensive allowance logs are maintained. The staff in charge of distributing the allowance will monitor each resident as he acknowledges receipt of his allowance by signing his name, date and the amount he received in the allowance log provided. The staff will in turn sign his or her name in the log.

Element 9:

Sign-in/sign-out log was not properly completed.

Corrective Action

All staff will be trained by their facility manager by 3-2-12 as to the procedure for signing residents in and out of facility, including mandatory staff signatures.

dates/times out and in. Once the training is completed a copy of the attendance sheet(s) will be sent to our monitor. If any of the staff misses the initial training, make-up training will be scheduled to ensure that all staff is re-trained. Beginning immediately child care staff will be responsible for completing all sign in/out log sheets for each resident. The Facility manager at each facility will review the log sheets for each resident each morning in order to make sure there have not been any omissions. Executive Director, Beatrice Cunningham will review the log sheets on Friday and Sunday for accuracy. When an omission/error/question occurs, Beatrice Cunningham will talk with that staff responsible by phone or in person in order to correct/update the information.

Beatrice Cunningham, Executive Director, Cunningham's Group Home, will ensure that the allowance log, sign-in/sign-out log are adequately completed and maintained. Effective date: 3/2/12.

II. **Facility and Environment**

Element 10:

The roof of the detached garage located in the backyard was beginning to slump a little, the backyard concrete fence had graffiti on it, and the paint on the exterior of the house was chipping.

Corrective Action

1) Mrs. Cunningham contacted CCL and the Department of Building and Safety (DBS) in February 2012. An inspection by DBS was conducted on February 16, 2012 and a corrective action plan was ordered. On March 13, 2012, the garage was demolished. The new garage is under construction in accordance with Building and Safety Codes.

2) All graffiti has been removed as of 3/13/12.

3) The exterior painting will begin on 5/20/12.

A weekly inspection of the facility will be conducted by the Administrator designee. All deficiencies must be reported to the Administrator upon finding. The Executive Director, Beatrice Cunningham will ensure that these deficiencies are addressed within two days for appropriate corrective actions. Effective date: 3/13/12.

III. MAINTENCEOF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element 20, 22, 28:

Not progressing toward meeting the Needs and Services (NSP) case goals

NSP not comprehensive

Corrective Action

The Executive Director and the Group Home Social Worker attended the DCFS NSP training on January 10, 2012 and January 20, 2012, respectively. Effective immediately, the treatment team will create more detailed and comprehensive reports. The GHSW will also complete a review of all chart documentation, report cards, visitation logs and SIRs for each child for the period required. This will ensure that the GHSW addresses all areas required in the NSP report, including, but not limited to more detailed progress for the updated NSP reports, quality of family visits and documentation of all medical treatment received.

Cunningham's Group Home treatment team will implement "SMART" goals and ensure that these goals are:

Specific	knowledge and Behavior being targeted for change
Measurable	which can be observed and counted (and the means by which Behaviors are to be exhibited and measured are stated)...
Attainable	which the client can reasonable be expected to accomplish, commit to, and perform...
Results-Oriented	the Planned Client Services will result in the Services Objectives being accomplished...
Time-Limited	and the date(s) set for accomplishing the Service Objectives and Steps

Beatrice Cunningham and the treatment team will work closely with the resident to ensure that the Quarterly section for the Permanency Case Plan Goal will include detailed information regarding how the agency worked with the placed child to pursue the permanency case goals and what efforts were made during the past quarter regarding the feasibility of the child's return to his home.

placement in another facility, or moved to independent living.

Cunningham's group home will assure that visitation plans, counseling, and IEP information is included in the NSP.

Beatrice Cunningham will ensure that the CAP remain implemented and is working as intended effective on 3/2/12.

IV. EDUCATION AND WORKFORCE READINESS

Element 29:

The child was not enrolled in school within three days after placement / Efforts were not documented.

Corrective Action

Cunningham's Group Home staff will make every effort to enroll residents in school within 3 days of placement. Cunningham's staff was instructed to present AB 490 to school staff when enrolling foster youth. If for some reason we are not successful enrolling our youth within 3 day, we will document our efforts made in the child's case file. We will also request documentation from the school.

Element 30 /32 :

Academic performance and/or attendance not increased

Corrective Action

In order to increase resident's school attendance to 100% of the time the treatment team will develop an incentive program. This program will reward children for getting up and going to school each day. Additional incentives will be added when the child also stays at school and attends all classes for the day. Each child will take an attendance sheet to school daily and return it to the staff on duty when they return home. .

The incentive program will also be used to improve resident's grades. In addition, the facility manager or designee will make regular visits to the school one to two times a month. They will make contact with the school counselor and/or the teacher. They will ask the teachers what the child can do to improve their grades including possibilities for extra credit. The group home will continue to enlist assistance from LAUSD Neglected & Delinquent Program in obtaining IEP's, credits from previous schools and collaboration with teachers regarding any problems with attendance or grades. LAUSD Neglected & Delinquent Program also provides on-site-tutoring to the resident twice a week. Beatrice

Cunningham will ensure that these plans are carried out. Effective date: 3/2/12

IX. DISCHARGED CHILDREN

Element 70:

The children placed at least 30 days, and was discharged not according to permanency plan

Corrective Action

A monthly contact will be made with CSW by Beatrice Cunningham to ensure all residents are discharged according to their permanency plan. Each child will review their discharge case plan and begin NSP goal development within two weeks of admission with the GHSW. Thereafter the review will be done on a monthly basis to discuss progress and address all concerns. GHSW will make notes of this review with the child in their file, including any barriers preventing them from being successful. If a discharge plan /NSP goal needs to be modified the minor and GHSW will develop a draft. The proposed changes will be submitted to the treatment team for approval. The CSW will be notified of any changes in NSP goals/discharge plan and their approval will be documented and the CSW contact will be noted on the CSW Log.

Element 71:

The children placed at least 30 days, did not successfully meeting NSP goals.

Corrective Action

The Executive Director and the Group Home Social Worker attended the DCFS NSP training on January 10, 2012 and January 20, 2012, respectively, to have a better understand of the language contained in the document, including the collaborative approach to developing comprehensive NSPs/QRs.

Cunningham's will immediately assure that all identified goal are broken down into small task in order to be accurately implemented and assessable for future evaluation. These goals will also be specific, measurable, attainable, result oriented and time limited to help each child resident successfully meet his NSP goals.

Beatrice Cunningham is responsible for ensuring that these plans are being carried out effective 3/2/12

X. PERSONNEL RECORDS

Element 86:

One Staff did not receive the appropriate emergency intervention training per Cunningham's program statement.

Corrective Action

Cunningham's Group will ensure that all staff receives emergency intervention training in a timely manner per our program statement. Beatrice Cunningham will verbally notify each staff within 90 of expiration of their certificate. A notice will be posted as a reminder of date, time and location of training. Beatrice is responsible for ensuring that these plans are carried out. Effective date: 3/2/12

Sincerely

Beatrice Cunningham

Beatrice Cunningham
Executive Director