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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 4, 2012

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

WASHINGTON-HANCOCK HOME FOR GIRLS, INC., GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Washington-Hancock Home for Girls, Inc., (Washington-Hancock) in April 2012, at which time Washington-Hancock had one six-bed site with six DCFS placed children. All six children were females.

Washington-Hancock is located in the Second Supervisorial District and provides services to DCFS foster youth. According to Washington-Hancock's program statement, its stated goal is "to meet the needs of neglected, abused and delinquent-oriented youths who are dependent wards of the court by rehabilitating, re-socializing and providing them with support systems." Washington-Hancock is licensed to serve a capacity of six females, ages six 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 length of placement was seven months and their average age was 16. The files of three discharged children were reviewed to determine if the placement destination met their permanency plan requirements 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 placed children were prescribed psychotropic medication.

SCOPE OF REVIEW

The purpose of this review was to assess Washington-Hancock's compliance with the County contract and State regulations. The visit included a review of the Washington-Hancock'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 interviewed 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 reported 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 communications with the placed children and that they do their very best to address the children's needs in a timely manner.

There were deficiencies noted during the monitoring review. Washington-Hancock needed to develop timely and comprehensive NSPs, which address all required elements in accordance with the NSP template. Washington-Hancock also needed to ensure all Special Incident Reports (SIRs) are appropriately documented and cross-reported; the placed children attend school as required and make progress toward their academic performance; and all children make progress toward meeting their NSP goals. Additionally, Washington-Hancock needed to obtain, or document efforts to obtain the DCFS Children's Social Workers' (CSWs) authorizations to implement the NSPs and ensure the placed children receive timely initial and follow-up dental examinations.

Based on our review, the aforementioned deficiencies revealed that Washington-Hancock needed to provide more thorough documentation in the NSPs and to ensure the placed children attended school as required. Overall, Washington-Hancock is providing good care and services to placed children.

Washington-Hancock was receptive to implementing some systemic changes to improve compliance with regulations and the contract. The Executive Director and her management staff were cooperative and agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- Some SIRs were not cross-reported to the OHCMD and CCL. The Executive Director will ensure that all SIRs are appropriately documented and cross-reported timely to the appropriate agencies.

- Three of the 10 reviewed NSPs did not contain the CSWs' signatures to implement the NSPs, and there was no documentation indicating that efforts were made by Washington-Hancock's staff to obtain the CSWs' authorization. The Executive Director stated that the Washington-Hancock treatment team will ensure that children and their authorized representatives are offered the opportunity to participate in the development of, and any modifications to, the NSP and that the CSWs give written approval of the NSPs, in accordance with Title 22 Regulations and the County contract requirements.

- Three of the four sampled children were not making progress toward meeting their NSP goals. The Executive Director stated that every effort would be made to ensure all placed children make progress toward meeting NSP goals. The treatment team will separate the goals into small tasks and utilize the Specific, Measurable, Attainable, Results-oriented, Time-limited (SMART) technique when creating treatment goals to ensure that all goals are reasonable, reachable, and assessable.

- Four of the 10 initial and updated NSPs reviewed were not timely. The Executive Director stated that Washington-Hancock hired a licensed Group Home Social Worker (GHSW) to ensure all NSPs are completed timely.

- None of the 10 NSPs reviewed were comprehensive in that they did not include all required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals related to permanency, life skills and visitation. Some updated NSPs did not include permanency goals or address progress regarding family visits toward reunification or transitional housing. Additionally, some updated NSPs did not include progress regarding children's physical, dental and/or psychological health, or they lacked detail regarding contacts by Washington-Hancock staff with the CSWs.

  On March 21, 2012, the GHSW reviewed the NSPs with the OHCMD Monitor to better understand the content required in the NSPs and Quarterly Report. The GHSW will ensure the treatment team creates 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 required reporting period to ensure that the GHSW addresses all required areas of the NSP report.

- Three of the four children did not attend school as required. Although the reviewed NSPs documented the children having truancy issues or refusing to attend school, there was no documentation supporting the efforts made by Washington-Hancock staff to ensure children attend school regularly. The Executive Director stated that Washington-Hancock staff has always made a concerted effort in getting children to attend school. Staff members have used verbal interventions and encouragement to assist the children in making the school transition. The Executive Director will ensure that, effective immediately, a Child Care Worker will check weekly with the schools for attendance up-dates on children who have truancy issues. The issue of children ditching school or classes will also be addressed during counseling and with the CSWs.

- One child was not enrolled in school timely. The Executive Director stated that she will ensure all children are enrolled in school within three school days of placement. If there are circumstances that prevent the timely enrollment of a child, the reasons will be documented and placed in the child's file.

- One child's dental information was not documented; it could not be confirmed that the child received timely initial and follow-up dental examinations. In addition, another child did not have a timely initial dental examination; her dental examination was 29 days late. The Executive Director stated that she will develop a chart to track dental examinations, which she will review daily to ensure that the responsible staff member takes the children to the dentist as required.

- Two of the three discharged children were not discharged according to their permanency plan and did not successfully meet all of their NSP goals prior to discharge. The Executive Director stated that Washington-Hancock will take all necessary treatment measures to assist children with setting and meeting their stated goals. The treatment team will have monthly meetings to discuss children's progress and response to treatment.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held May 4, 2012:

In attendance:

Jacqueline Washington, Executive Director, and Jui Ling Ho, DCFS OHCMD Monitor.

Highlights:

The Executive Director was in agreement with our findings and recommendations, and she shared that the review was helpful as it provided them an opportunity to improve

their documentation on SIRs and NSPs, as well as encouraged staff to ensure the discharged children were successfully meeting all of their NSP goals prior to discharge.

Washington-Hancock provided an approved 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:jh

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
Jacqueline Washington, Director, Washington-Hancock Home for Girls, Inc.
Leonora Scott, Regional Manager, Community Care Licensing
Jean Chen, Regional Manager, Community Care Licensing

WASHINGTON-HANCOCK HOME FOR GIRLS, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

517 West 48th Street
Los Angeles, CA 90037
License Number: 191871149
Rate Classification Level: 7

	Contract Compliance Monitoring Review	Findings: April 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. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Not Applicable 9. Full Compliance
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	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement. 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Progressing Toward Meeting the NSP Case Goals 6. Timely Initial NSPs 7. Comprehensive Initial NSPs 8. Therapeutic Services Received	1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Needs Improvement 7. Needs Improvement 8. Full Compliance

	9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated NSPs 13. Comprehensive Updated NSPs	9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Needs Improvement 13. Needs Improvement
IV	**Education and Workforce Readiness** (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. Not Applicable 8. Not Applicable
V	**Health and Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Needs Improvement 5. Needs Improvement 6. Needs Improvement
VI	**Psychotropic Medications** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (Both)
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	Full Compliance (ALL)

	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	
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/Photo Album	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 the 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	Full Compliance (ALL)

	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	

WASHINGTON-HANCOCK HOME FOR GIRLS, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

517 West 48th Street
Los Angeles, CA 90037
License Number: 191871149
Rate Classification Level: 7

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

CONTRACTUAL COMPLIANCE

Based on our review, Washington-Hancock was in full compliance with four of nine sections of our contract compliance review: Facility and Environment; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Records. Psychotropic Medication was not applicable, as none of the placed children were prescribed psychotropic medication at the time of review. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of four children's case files and/or documentation from the provider, Washington-Hancock fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

We noted that the SIRs were not always properly completed and cross-reported. The Executive Director will ensure that all SIRs are appropriately documented and cross-reported timely to the appropriate agencies. She further stated that she will check SIRs for accuracy and timeliness, and her approval will be required before SIRs are entered into the I-Track system.

Recommendation:

Washington-Hancock's management shall ensure:

1. All SIRs are appropriately documented and cross-reported timely.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

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

We noted that three of 10 reviewed NSPs did not contain the CSWs' signatures to implement the NSPs, and there was no documentation indicating that efforts were made by Washington-Hancock's staff to obtain the DCFS CSWs' authorizations. Additionally, four of 10 NSPs reviewed were not timely, and none of the NSPs reviewed were comprehensive in that they did not include all the required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals related to permanency, life skills and visitation. Some updated NSPs did not include permanency goals or address progress regarding family visits toward reunification or transitional housing. Also, some updated NSPs did not include progress regarding children's physical, dental and/or psychological health, or they lacked detail regarding contacts between Washington-Hancock staff and CSWs. Further, three of four sampled children were not making progress toward meeting their NSPs goals.

The Executive Director stated that staff will be given additional training, which will address all required sections in the NSP to ensure NSPs are comprehensive and that children make progress toward achieving their NSP goals. In addition, the treatment team will ensure that placed children and their authorized representatives are offered the opportunity to participate in the development of, and any modifications to the NSP and that the CSWs provide written approval of the NSPs in accordance with Title 22 Regulations and the County contract requirements.

Recommendations:

Washington-Hancock's management shall ensure:

2. Washington-Hancock staff obtain, or document efforts to timely obtain, the DCFS CSW's authorization to implement the NSP.

3. NSPs are developed timely.

4. Initial and updated NSPs are comprehensive and include all required elements.

5. All children are assisted with progressing toward meeting their NSP case goals.

EDUCATION AND WORKFORCE READINESS

Based on our review of four children's files and/or documentation from the provider, Washington-Hancock fully complied with three of six elements reviewed in the area of Education and Workforce Readiness. Youth Development Services were not applicable to this review because two of the reviewed children were not eligible for the services, one child was placed less than 90 days, and another child refused services.

We found that one child was not enrolled in school timely. In addition, three of the four children did not attend school as required and did not improve their academic performance and/or attendance. Although the reviewed NSPs documented the children having truancy issues or refusing to attend school, there was no documentation

supporting efforts made by Washington-Hancock staff to ensure children attended school regularly.

The Administrator stated that Washington-Hancock staff have always made a concerted effort in getting children to attend school. Staff members have used verbal interventions and encouragement to assist the children in making the school transition. Washington-Hancock staff may walk with children and/or transport them to school. If efforts are met with opposition and resistance by the children, staff complete an incident report and provide the information to the CSWs and OHCMD, and document all the efforts made in the child's NSPs. The Administrator also stated that every effort would be made to assist residents in making progress toward meeting NSP goals. The treatment team would break down goals in small tasks and utilize the S.M.A.R.T. technique when creating treatment goals to ensure that all goals were reasonable, attainable, and assessable.

Recommendations:

Washington-Hancock's management shall ensure:

6. All children are enrolled in school timely.

7. All children attend school as required.

8. Children improve academic performance and/or attendance.

HEALTH AND MEDICAL NEEDS

Based on our review of four children's files and/or documentation from the provider, Washington-Hancock fully complied with three of six elements reviewed in the area of Health and Medical Needs.

One child's dental information was not in the child's file and could not be located; it could not be confirmed that the child received timely initial and follow-up dental examinations. Another child did not have a timely initial dental examination; her dental examination was 29 days late. The Executive Director stated that she will develop a chart to track dental examinations which she will review daily to ensure that the responsible staff member takes the children to the dentist as required.

Recommendations:

Washington-Hancock's management shall ensure:

9. All children receive dental examinations as required.

10. All children receive timely initial dental examinations.

11. All children receive timely follow-up dental examinations.

DISCHARGED CHILDREN

Based on our review of three children's files and/or documentation from the provider, Washington-Hancock fully complied with one of three elements reviewed in the area of Discharged Children.

We found that two of the three discharged children were not discharged according to the permanency plan and did not successfully meet all of their NSP goals prior to their discharge. The Executive Director assured that Washington-Hancock will take all necessary treatment measures to assist children with setting and meeting their stated goals. The treatment team will have monthly meetings to discuss children's progress and response to treatment.

Recommendations:

Washington-Hancock's management shall ensure:

12. Efforts are made to ensure all children are discharged according to the permanency plan.

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

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the OHCMD's prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was dated May 23, 2011.

Results

The OHCMD's prior monitoring report contained five outstanding recommendations. Specifically, Washington-Hancock was to ensure common quarters were well maintained; children had access to appropriate educational resources such as computes with internet service; NSPs were comprehensive, including all required elements; all placed children met the criteria as per the program statement and CCL requirements; and all children were served more palatable meals and snacks.

Based on our follow-up of these recommendations, Washington-Hancock fully implemented four of five recommendations. Corrective action was requested of Washington-Hancock to address the recommendation that was not implemented.

Recommendation:

Washington-Hancock's management shall ensure:

14. Full implementation of the outstanding recommendation from OHCMD'S prior monitoring report, which is noted in this report as Recommendation 4.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Washington-Hancock's fiscal operations from January 1, 2009 to December 31, 2009. The fiscal report, dated September 1, 2011, states Washington-Hancock had $1,672 in unsupported/inadequately supported costs. Washington-Hancock submitted a fiscal CAP, which is monitored by the DCFS Fiscal Monitoring Section.

The DCFS Fiscal Monitoring Section informed the OHCMD that Washington-Hancock has reimbursed DCFS for the unsupported/inadequately supported costs; there is no outstanding debt.

Washington-Hancock Home For Girls
517 W. 48th Street
Los Angeles, CA 90037
(323) 291-6435

June 8, 2012

To: Department of Children and Family Services
Out-of-Home Care Management Division
9320 Telstar Ave.
Suite 216
El Monte, CA 91731

RE: Corrective Action Plan For Contract Compliance Review Based on May 4, 2012 Review

Licensure/Contract Requirements

Element 3

Not all special incident reports were appropriately documented and cross-reported on a timely basis.

Correction

The Executive Director will ensure that from now on all Special Incident Reports will be appropriately documented and cross-reported on a timely basis. Before special incidents are put on I-Track, the Executive Director will require that they be discussed and are checked by her for her final approval as to their accuracy and timeliness.

Maintenance of Required Documentation and Service Delivery

Element 17

Not all Needs and Services Plans (NSPs) were in compliance with the County contract requirement for obtaining the DCFS Children Social Worker (CSW's) authorization to implement the NSP.

Correction

The Executive Director will ensure that the placed children, and their authorized representatives are offered the opportunity to participate in the development of and any modifications to the NSP and that the CSW gives written approval of the NSP and any modifications, in accordance with Title 22 Regulations and County contract.

The Executive Director will ensure to document all efforts made to obtain the CSW's authorization to implement the NSPs. The Executive Director will make the phone contacts with the CSW's on an on-going basis. The contacts and the results of the contacts will be documented and kept in a file. The Executive Director will review the records on an on-going and timely basis.

Element 20

Three of four sampled children were not progressing toward meeting their NSP goals.

Correction

Every effort would be made for all residents to make progress toward meeting NSP goals. The treatment team would break down goals in small tasks and utilize the S.M.A.R.T. technique when creating treatment goals to ensure that all goals were reasonable, attainable, and assessable.

The Executive Director will ensure that the CAP remain implemented and is working as intended effective immediately.

Element 21, 22, 27 & 28

Not all NSPs were timely

None of the NSPs were comprehensive.

Correction

The Executive Director will make a chart reflecting the placement date of each child and the date that the NSP should be completed and submitted for each child. The Executive Director will review this chart on an on-going basis, not less than every five days to ensure that the NSPs are completed and submitted on a timely basis.

In addition, on 3/21/12, Group Home Social Worker (GHSW) reviewed the NSPs with OHCMD group Home monitor 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. Also, 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.

The 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

The Executive Director 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.

Washington Hancock Home for Girls will assure that visitation plans, counseling, and IEP information is included in the NSP.

The Executive Director will ensure that the CAP remain implemented and is working as intended effective immediately.

Education and Workforce Readiness

Element 29

One child was not enrolled in school within three school days after placement.

Correction

The treatment team will ensure that from now on all children will be enrolled in school within three days of placement. If there are circumstances which prevents the enrollment of a child within three days of placement, the reasons will be documented and placed in the child's file.

The Executive Director will make a chart reflecting the placement date of each child and the deadline date that the child must be enrolled. The Executive Director will review this chart on an on-going basis and will instruct a Child Care Worker to enroll the child by the appropriate date. The Executive Director will follow-up to verify and ensure that the child has been enrolled in school on a timely basis.

Element 30/32

Three sampled children did not attend school as required. Three sampled children's academic performance and /or attendance did not increase.

Correction

The Executive Director will ensure that from now on a Child Care Worker will on a weekly basis check with the schools for attendance up-dates for each girl. This will be in conjunction with the telephone calls from the school concerning the child's absences. The issue of the child ditching school or some classes will be addressed in counseling and with the child's social worker.

When a child has to be absent from school for medical or emergency reasons this information will be given to the attendance office in writing.

On site tutoring program will continue providing for youth to meet their educational needs.

The Executive Director will ensure that the CAP remain implemented and is working as intended effective immediately.

Health and Medical Needs

Element 40, 41, and 42

One child's dental information could not be located. Therefore, it can not confirm the child received timely initial and follow-up dental examinations.

Another child did not receive timely initial dental examination.

Correction

The treatment team will ensure that from now on all children receive timely initial and follow-up dental exams. The executive Director will make a chart of names and dates of placement of children. The chart will reflect dates that dental exams must be done. The Executive Director will review the chart daily and will verify that the Child Care Worker takes the child to the dentist in a timely, required manner. If the insurance is not in force to cover the visit this information will be recorded in the child's record.

Discharged Children

Element 70 & 71

Two of three the discharged children were not discharged according to the permanency plan and not successfully meeting all of their NSP goals prior to their discharge.

Correction

The Executive Director will ensure Washington-Hancock will take all necessary treatment measures to assist children with setting and meeting their stated goals. The treatment team will have monthly meetings to discuss children's progress and response to treatment.

Submitted by:

Jacqueline L. Washington
Executive Director