PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 22, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment and a Contract Compliance Review of The Dangerfield Institute of Urban Problems (the Group Home) in September 2015. The Group Home has three licensed sites in the Second Supervisorial District and provides services to the County of Los Angeles DCFS foster children. According to the Group Home's Program Statement, its stated purpose is to provide a "stable, constant, nurturing and predictable environment, one that is responsive to the individual child's needs."

The Group Home has three 6-bed sites licensed to serve a capacity of 18 children, boys and girls, ages 1 through 17. The facility also serves Non-Minor Dependents to age 21. At the time of the review, the Group Home served 18 DCFS placed children. The placed children's overall average length of placement was four months and their average age was 18.

SUMMARY

CAD conducted a Fiscal Compliance Assessment which included an agency-wide review of the Group Home's financial records such as financial statements, bank statements, check register, and personnel files to determine their compliance with the terms, conditions, and requirements of the Foster Family Agency Contract, the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

Dangerfield was in full compliance with 3 of 5 areas of the Fiscal Compliance Assessment: Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

CAD noted deficiencies in the areas of: Financial Overview, related to loss from operations; and Cash/Expenditures, related to missing itemized receipts for some gasoline payments.

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

The Group Home was in full compliance with 6 of 10 areas of CAD's Contract Compliance Review: Facility and Environment; Education and Workforce Readiness; Personal Rights and Social/Emotional Well-Being; Psychotropic Medications; Discharged Children, and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to vehicles not being well maintained and Community Care Licensing (CCL) citations; Maintenance of Required Documentation/Service Delivery, related to the Group Home not obtaining the DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs) and Initial NSPs were not developed timely; Health and Medical Needs, related to the initial follow-up medical examinations not occurring timely; and Personal Needs/Survival and Economic Well-Being, related to not providing adequate personal care items.

Attached are the details of CAD's review.

REVIEW OF REPORT

On October 15, 2015, Luis Moreno, DCFS CAD Fiscal, held the Fiscal exit conference with the Group Home's representatives: Lorrie Irving, Assistant Executive Director and Katherine Kimbell, Bookkeeper. On October 30, 2015, Rosalind Arrington, DCFS CAD, held an exit conference with Group Home representative: Lorrie Irving, Assistant Executive Director. The Group Home's representatives agreed with the review findings and recommendations; were receptive to implementing systematic changes to improve the Group Home's compliance with regulatory standards and agreed to address the noted deficiencies in Corrective Action Plans (CAPs).

A copy of this compliance report has been sent to the Auditor-Controller and CCL.

The Group Home provided the attached approved Fiscal and Contract Compliance CAPs addressing the recommendations noted in this report.

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

PLB:KR:LTI:ra

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Elouise Dangerfield, Executive Director, The Dangerfield Institute of Urban Problems
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2015 – 2016

SCOPE OF REVIEW

The Fiscal Compliance Assessment included a review of The Dangerfield Institute of Urban Problems (The Group Home's) financial records for the period of January 1, 2014 through June 30, 2015. Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Foster Family Agency contract, the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 3 of 5 areas of the Fiscal Compliance Assessment: Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Financial Overview

- The Audited Financial Statements for the Fiscal Year (FY) ending December 31, 2014 has an operational loss of $4,837.

Recommendation:

The Group Home's management shall ensure that:

1. A plan is developed and implemented to eliminate the loss from operations and demonstrate that the Group Home can operate without incurring a loss in the future.

Cash/Expenditure

- The Group Home did not provide receipts for $361.44 in gas expenditures from Exxon Mobil for the May 2015 invoice.

Recommendation:

The Group Home's management shall ensure that:

2. Supporting documents are maintained for all expenditures.

PRIOR YEAR FISCAL COMPLIANCE ASSESSMENT FOLLOW-UP

CAD conducted a Fiscal Compliance Assessment of the Group Home in County FY 2014-2015. The assessment resulted in three recommendations. CAD verified that the Group Home implemented all three recommendations.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County FY 2016-2017.

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS
CONTRACT COMPLIANCE REVIEW

License # 191801451	License # 191800563	License # 198205013
Rate Classification Level 11	Rate Classification Level 11	Rate Classification Level 11

	Contract Compliance Review	**Findings: September 2015**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Provided Children's Transportation Needs 3. Vehicle Maintained in Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign-In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Food	Full Compliance (All)
III	**Maintenance of Required Documentation/Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. DCFS Children's Social Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed

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

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

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the September 2015 review. The purpose of this review was to assess The Dangerfield Institute of Urban Problems' (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's Program Statement, as well as internal administrative policies and procedures. The compliance review covered the following 10 areas:

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

For the purpose of this review, 5 placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed 5 children and reviewed their case files to assess the care and services the children received. Additionally, 3 discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, 2 of the 5 sampled children were prescribed psychotropic medication. The case files were reviewed to assess for timeliness of Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

CAD reviewed 5 staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted of the Group Home to assess the provision of quality of care and supervision provided to children.

CONTRACTUAL COMPLIANCE

CAD found the following 4 areas out of compliance:

Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

The armrest in the van for Group Home #2 was broken and the screws were exposed. CAD immediately notified the Group Home representative of this issue with the vehicle.

The vehicle was taken to an auto dealership and replacement parts were ordered. Prior to receiving the part, the vehicle lease ended on October 28, 2015, and a new vehicle model (2015) was obtained.

- Community Care Licensing Division (CCL) citation.

CCL cited the Group Home as a result of deficiencies and findings noted during a Case Management visit on March 27, 2015. According to the report, CCL substantiated health related services deficiencies for: (1) an incident that occurred at the facility on March 20, 2015, where a child removed cough medication from the facility medicine cabinet which was left unlocked by on-duty staff. The child's action went unnoticed by the on-duty staff and the child took the cough medicine to school the next day. The child was not supervised as he was able to remove the medication from the medicine cabinet and keep it in his possession. CCL requested a Plan of Correction (POC) for the Group Home to submit a written POC to the Licensing Program Analyst (LPA) by April 1, 2015, giving details of how these types of deficiencies will be prevented from occurring again at the facility. The Group Home staff received a three-day suspension and in-service re-training on Title 22 Health & Safety Regulations. CCL cleared the POC on November 17, 2015. On March 25, 2015, the Group Home informed the Out-of-Home Care Management Division (OHCMD) of the incident and submitted a Special Incident Report (SIR). OHCMD requested a Corrective Action Plan (CAP) requiring the Group Home to address the steps it will take to ensure medication is safeguarded at each site; result of the internal investigation; and proof showing all staff are re-trained in safeguarding medication. OHCMD approved the CAP on March 31, 2015.

Recommendations:

The Group Home's management shall ensure that:

1. Vehicles are maintained in good repair.

2. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

Maintenance of Required Documentation and Service Delivery

- The Department of Children and Family Services (DCFS) Children's Social Worker's (CSW's) authorization to implement NSPs were not obtained.

One case file did not have the DCFS CSW's signature or documentation of the Group Home's efforts to obtain the DCFS CSW's authorization to implement the NSPs. Another case file had one documented effort to obtain the DCFS CSW's signature on the Initial NSP due on March 25, 2015, and was not signed until May 18, 2015. The Updated NSP due on May 25, 2015, was not signed until June 20, 2015.

- Development of timely, comprehensive Initial NSP with child's participation was not conducted.

One case file did not contain the child's signature on the Initial NSP and the Group Home did not document why the child's signature was not obtained.

Recommendations:

The Group Home's management shall ensure that:

3. The Group Home obtains or documents efforts to obtain the DCFS CSW's authorization to implement the NSPs.

4. Timely, comprehensive Initial NSPs are developed with the participation of the child.

Health and Medical Needs

- A follow-up medical exam was not conducted timely.

At the exit conference, the Group Home was informed that a child's March 26, 2015, medical documents states that a follow-up appointment was due in one month, but the child's next appointment was May 12, 2015. There was no documentation in the case file as to why the follow-up was not conducted on time. CAD notified the Group Home of the requirement to have timely follow-up medical exams.

Recommendation:

The Group Home's management shall ensure that:

5. Follow-up medical exams are conducted timely.

Personal Rights and Social/Emotional Well-Being

- Children are provided with adequate ethnic personal care items.

The child stated that the Group Home staff didn't have the key to the cabinet where the body wash is stored and she had to borrow body wash from another child who lives in the home. During the home inspections, CAD verified that the Group Home had an additional supply of personal care items stored in a locked cabinet at each home.

At the exit conference, the Group Home's Assistant Executive Director stated that she has a key, along with all the staff, for all the locked cabinets/doors at each Group Home, and all the homes have extra body wash available for the children. The Group Home did not have the particular brand that the child wanted at the time. The Group Home was reminded to make certain that ethnic personal care items are available to children at all times.

Recommendation:

The Group Home's management shall ensure that:

6. Adequate ethnic personal care items are provided.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

CAD's last compliance report dated January 29, 2016, identified 9 recommendations.

Results:

Based on CAD's follow-up, the Group Home implemented all 9 recommendations for which they were to ensure that:

- All SIRs are submitted timely and cross-reported.
- Exterior of the home are well maintained.
- Children's bedrooms are well maintained.
- Sufficient educational resources are maintained at all times.
- Adequate nutritious perishable and non-perishable food are maintained.
- Children attend school and facilitate achieving the child's educational goals.
- Initial medical exams are conducted timely.
- Initial dental exams are conducted timely.
- An appropriate rewards and discipline system is in place.

At the exit conference, the Group Home representative expressed the desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home will implement new procedures to strive towards greater compliance. CAD will continue to assess implementation of the recommendations during the next review. OHCMD will provide ongoing technical assistance prior to the next review.

The DANGERFIELD INSTITUTE

"Finding a Safe Harbor"

NON PROFIT ORGANIZATION
IRS#95-4167526

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LOS ANGELES, CA 90043
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November 12, 2015

To: Luis Moreno, Fiscal Compliance Administrator
Department of Children and Family Services

From: Elouise Dangerfield, Executive Director

Summary of Findings:

FCAT Section I-Financial Overview

Question No. 3

Finding

According to the Audited Financial Statements for the period ending December 31 2014 the Contractor incurred a loss from operation of $4,837.00.

Group Home contract agreements. Part II (Standard Terms and Conditions) Paragraph 21 (Events of Default), which states in part. "County may terminate this Contract for default for insolvency in the event that Contractor ceases to pay its debts in the ordinary course of business or cannot pay its debts as they become due, whether it had filed bankruptcy or not, and whether insolvent within the meaning of the Federal Bankruptcy Law or Not."

Agency Proposed FACP:

The decrease in net assets (loss from operations) of $4,837, for the year ended 12/31/14 occurred as a result of a dip in revenue compared to the prior year. In a business environment as dynamic as ours it is not always easy to make timely cuts in expenses to offset a reduction in revenue. Some expense cuts, just by their nature, may still result in a timing difference between when the revenue was lost and when the matching expense is reduced.

This loss from operations in no way indicates any measure of insolvency. We have been able to meet all of our financial obligations on a timely basis. Also, our total net assets position remains strong and positive. In addition, each of the prior two years of operation produced an increase in net assets.

As a corrective action we are now looking at our operating results each month, rather than each quarter, in an effort to more quickly implement expense reductions and head off any possibility of a repeat performance in 2015.

FCAT Section IV-Cash Expenditures

Question No 23 & 26

Finding

Itemized receipts for an electronic payment of Exxon Mobil Credit Card was incomplete total Exxon Mobil charges fro the billing period ending May 8, 2015 was $1,394.38, but $1,132.94 of receipts were provided.

A-C Handbook Section B.2.4 states, "all credit card disbursements must be supported by original invoices, store receipt or other external authenticating documents indicating the item purchases, the employee making the purchase, and the justification for the purchase."

Effective November 1, 2015, Exxon/Mobile receipts will be reconciled every week by Katherine Kimbell, the Bookkeeper, ensuring all receipts have been received. There are three cards, card #006 and #014 will be held by Lorrie Irving, Assistant Executive Director and card #015 will be held by Denise Rozier, Administrative Assistant, she will maintain card and receipts for gas from staff purchases.

Elouise Dangerfield

Elouise Dangerfield, Executive Director

11/12/2015

Date

Dangerfield Institute of Urban Problems
GROUP HOME PROGRAM

December 3, 2015

To: Rosalind Arrington, Children's Services Administrator I
Department of Children and Family Services
Contracts Administration Division Contracts Compliance Section
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

DIUP CORRECTIVE ACTION PLAN (CAP)

The following is Dangerfield Group Home Program's Corrective Action Plan in response to the Contract Compliance Monitoring Review commencing on September 8, 2015 and conducted by DCFS Contracts Administration Division – Contracts Compliance Section. This Corrective Action Plan addresses the findings and recommendations reviewed during the Field Exit Summary on October 20, 2015. All findings reported in the current Compliance Monitoring Review were new findings; therefore no previous CAP narrative is included in the current Corrective Action Plan. DIUP Group Home Administrator is responsible for ensuring CAP implementation. Dangerfield Group Home Program's Corrective Action Plan will be completely executed by November 30, 2015.

I. LICENSURE/CONTRACT REQUIREMENTS

ELEMENT #3 (SAFETY):

Does the group home maintain vehicle in which the children are transported in good repair?

CAD FINDINGS:

Group Home 2 vehicle's armrest was broken – screws were exposed.

CORRECTIVE ACTION PLAN:

A routine vehicle inspection conducted by group home staff revealed the armrest was loose and would need to be replaced. DIUP Group Home Administrator immediately ordered a replacement armrest on 09/24/2015. Prior to receiving the replacement part, the vehicle lease reached maturity 10/28/2015 and was traded in for a current year (2015) model. The new vehicle meets all vehicle safety standards. DIUP Facility manager will conduct a weekly vehicle inspection and correct any deficiencies immediately to ensure that all group home vehicles remain in good repair. A copy of all vehicle inspections will be retained in a file and reviewed by Group Home Administrator monthly to ensure CAP compliance.

ELEMENT #9 (SAFETY):

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

CAD FINDINGS:

Group Home 1 had CCL substantiated Health Related Services citation(s).

CORRECTIVE ACTION PLAN:

It was noted during the previous monitoring review period that DIUP had no substantiated Community Care Licensing complaints. During the current compliance monitoring review period (2014-2015), DIUP had two substantiated (both related to the same incident) Community Care Licensing Complaints in which a timely Plan of Correction (POC) was submitted and subsequently approved. The Plan of Correction detailed DIUP's revised shift change procedures. The new procedures indicate that staff is required to do a walk-thru at each shift –change. Staff must complete, document outcome and sign the shift change form. All shift change forms will be kept in a binder at each facility. Each facility manager will review the binder every Monday morning and sign to confirm review. On a monthly basis all shift change forms will be reviewed by administrator to ensure POC compliance. Any infraction in DIUP's new policy will result in an automatic write up and suspension of the responsible employee. As an additional precautionary method, a double door medication cabinet was purchased for the group home where the incident occurred.

To prevent future Community Care Licensing substantiated allegations in the same categories; DIUP trained all group home staff on 03/21/2015 and 03/25/2015. The training specifically addressed Health & Safety Shift Change procedures and practices.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

ELEMENT #16 (WELL-BEING):

Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan?

CAD FINDINGS:

CSW did not sign initial NSP and no documentation in case file to show efforts to get approval/signature (Child #3). Initial NSP (3/26/15) has one documented effort to get CSW approval/signature – CSW signed 5/18/15, updated NSP (05/26/15) has one documented effort to get CSW approval/signature – CSW signed 06/20/15 (Child #5).

CORRECTIVE ACTION PLAN:

On 11/11/2015 DIUP conducted an NSP training using the revised NSP procedures to specifically address the deficiencies noted during monitoring review. In accordance with DCFS' current contract requirements, the NSP procedure has been revised to include that all NSPs' CSW signature attempts must be completed within 5 days of the NSPs' due date. All attempts must be documented in the client's case file. Agency Administrator will periodically select client files to ensure revised procedure compliance.

ELEMENT #23 (WELL-BEING):

Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

CORRECTIVE ACTION PLAN:

On 11/11/2015 DIUP conducted an NSP training using the revised NSP procedures to specifically address the deficiencies noted during monitoring review. It has always been DIUP's policy to have all developmentally age-appropriate children participate in developing their treatment plan. The policy has been revised to include steps to take when a child refuses to participate or is not developmentally appropriate to participate when age suggest that they should be. The specific reason for client's non-participation/signature and CSW's notification must be documented in the client's case file. Agency Administrator will periodically select client files to ensure revised procedure compliance.

V. HEALTH AND MEDICAL NEEDS

ELEMENT #31 (WELL-BEING):

Are required follow-up medical examinations conducted timely?

CAD FINDINGS:

Child's 03/26/15 medical appointment document states follow-up needed in 1 month but the next exam was on 05/12/15 (Child #5)

CORRECTIVE ACTION PLAN:

Of the children's files reviewed the initial and follow-up medicals were conducted on time. This finding was based on one minor not having their follow-up medical appointment within exactly one month of the prior visit. The medical examination form dated 3/26/15 indicated that there needed to be follow-up in 1 month (no specific date listed) however; the medical office's calendar was not reviewed prior to completing the form. DIUP staff made the medical appointment before leaving the 3/26/15 visit and was given the next available date of 5/12/15 for the follow-up appointment. Minor was seen on scheduled appointment date and no additional follow-up was needed.

Under our revised DIUP Health & Medical Needs procedures, Quality Assurance designee will review all medical examination forms upon receipt. All follow-up appointments, if not already scheduled will be scheduled prior to leaving medical office. If the first available appointment falls outside of the follow-up time frame indicated, DIUP staff will request the Medical Examination Form be changed to reflect the actual scheduled appointment. If the medical office is unable to change the form immediately, DIUP staff will request an appointment card indicating the date of the scheduled appointment. A copy of the appointment card will be retained in the client's case file. Agency Administrator will periodically review client files to ensure revised procedure implementation. All Applicable staff was retrained on DIUP's revised procedure 11/12/15.

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BIENG

ELEMENT #52 (WELL-BEING):

Are children provided with sufficient supply of clean towels along with adequate personal care items appropriate to their ethnic needs, and are these items readily accessible?

CAD FINDINGS:

Child did not receive body wash one morning because staff on duty did not have the key and Administrator did not have a key (Child #5).

CORRECTIVE ACTION PLAN:

DIUP implemented new procedures to ensure that personal care items are available to clients at all times. A weekly supply inventory must be completed by on-duty Day-Shift Staff. If any supplies are depleted, staff will replace and notate replenishment on supply inventory checklist. All inventory checklists will be placed in a binder and reviewed by Group Home Administrator on a monthly basis. Additionally, DIUP Group Home Administrator received keys to all supply closets to ensure that supplies are readily available at all times. All applicable staff was retrained on DIUP's new procedure 11/15/2015.

On behalf of DIUP, Group Home Administrator, Lorrie Irving is respectfully submitting the aforementioned Corrective Action plan for your review.

Elouise Dangerfield

Elouise Dangerfield
Executive Director

Date: 12/3/2015