County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNI/NG
Director

BRANDON NICHOLS
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

April 22, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

MACRO HOMES GROUP HOME FISCAL COMPLIANCE ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment and Contract Compliance Review of Macro Homes (the Group Home) in March 2015. The Group Home has one site located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and youth. According to the Group Home's Program Statement, its stated purpose is "to provide a structured milieu that facilities control of chronic problematic behavior and assists each child in dealing with the emotional issues that require out of home placement."

The Group Home has a 6-bed site and is licensed to serve a capacity of 6 female children, ages 6 through 17. At the time of the review, the Group Home served 6 DCFS place youth. The placed children's overall average length of placement was one month and their average age was 15.

SUMMARY

CAD conducted a Fiscal Compliance Assessment which included an on-site review of the Group Home's financial records such as financial statements, bank statements, check register and personnel files to determine the Group Home's compliance with the terms, conditions and requirements of 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 Group Home was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

CAD noted deficiencies in the area of: Cash/Expenditures, related to not maintaining a fixed asset inventory.

During CAD's Contract Compliance Review, the interviewed children generally reported feeling safe at the Group Home. There were several complaints about the care and services and several children reported not feeling comfortable in their environment and did not feel they were treated with respect and dignity. This will be noted in the scope of review.

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; Health and Medical Needs; Psychotropic Medication; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to the vehicle in which placed children are transported not being well maintained, Special Incident Reports (SIRs) were not submitted timely and Community Care Licensing (CCL) citations; Maintenance of Required Documentation and 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), the children not being assisted in maintaining important relationships and Initial and Updated NSPs not signed with the participation of the developmentally age-appropriate children; Personal Rights and Social/Emotional Well-Being, related to a child reporting not being treated with respect and dignity; and Personal Needs/Survival and Economic Well-Being, related to a child's clothing inventory not being of adequate quantity and quality.

Attached are the details of CAD's review.

REVIEW OF REPORT

On April 23, 2015, Leticia Foster, DCFS CAD and Mary Espinoza, DCFS Out-of-Home Care Management Division held an exit conference with the Group Home representative: Casey Zuniga, Macro Homes Administrator. The Group Home's representative agreed with the review findings and recommendations, was receptive to implementing systematic changes to improve compliance with regulatory standards and to address the noted deficiencies in a compliance Corrective Action Plan (CAP) and a Fiscal Corrective Action Plan (FCAP).

A copy of this compliance report has been sent to the A-C and CCL. The Group Home provided the attached approved CAP and FCAP addressing the recommendations noted in this report. On July 16, 2015, CAD conducted a follow-up visit to the Group Home to verify implementation of the compliance CAP. Effective September 17, 2015, the Group Home was placed on a "Hold" status due to an increasing number of CCL complaints, children reporting not feeling safe in their placements and inappropriate interactions between staff and the children. The "Hold" status progressed to a "Do Not Use" status on December 24, 2015, when the Group Home failed to take immediate action to address the concerns and did not submit a complete CAP for DCFS approval. All children were transitioned from the Group Home on January 25, 2016.

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

PLB:KR:LTI:lf

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Denise Gammage, Executive Director, Macro Homes
Public Information Office
Audit Committee
Sybil Brand Commission
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

MACRO HOMES
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 –2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included review of Macro Homes' (the Group Home's) financial records for the period of January 1, 2014 through December 31, 2014. Contracts Administration Division (CAD) staff reviewed the financial statements, bank statements, check register and personnel files, the Group Home's compliance with the terms, conditions and requirements of 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 4 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following area out of compliance:

Cash/Expenditures

- The Group Home did not maintain a fixed assets inventory.

The Group Home developed a fixed asset inventory that will be kept for each Fiscal Year (FY) and copies will be given to CAD at the close of the FY.

Recommendation:

The Group Home's management shall ensure that:

1. A fixed asset inventory is developed and maintained that includes all required elements.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County FY 2015-2016.

MACRO HOMES
CONTRACT COMPLIANCE REVIEW SUMMARY
License Number: 191221473
Rate Classification Level: 9

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

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/Progress Reports Maintained 4. Children's Academic Performance 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	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. 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 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)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance

	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 Involved in the 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. Improvement Needed 3. Full Compliance 4. Full Compliance 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. Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), and Central Child Abuse Index (CACI)'s are 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)

MACRO HOMES GROUP HOME
CONTRACT COMPLIANCE REVIEW
FY 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the March 2015 review. The purpose of this review was to assess Macro Homes' (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 Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

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

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

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure/Contract Requirements

- A vehicle was not maintained in good repair.

A vehicle in which the children are transported was not well maintained. The back center seats were torn and needed to be repaired. CAD brought this issue to the attention of the Group Home representative on April 2, 2015. The Group Home provided a photograph and receipt dated April 18, 2015, verifying the tears were repaired. CAD returned on July 16, 2015, to verify the vehicle was in good repair.

- Special Incident Reports (SIRs) were not submitted timely.

A review of 33 SIRs revealed that four were not timely submitted via the I-Track database. One SIR references an incident that occurred around Christmas Day and the SIR was submitted on January 6, 2015. A second SIR involved a child's expired Psychotropic Medication Authorization that expired on January 11, 2015 and the SIR was submitted on January 15, 2015. A third SIR involved assaultive behavior between two placed children and it was not submitted timely. A fourth SIR involved a child being late to class on March 18, 2015 and it was not reported until April 12, 2015.

During the exit conference, the Group Home representative stated staff will be trained on timeframes for submitting SIRs via the I-Track database. On July 28, 2015, the Group Home's facility manager trained the staff. On July 16, 2015, CAD compliance reviewed seven SIRs and verified that all SIRs were crossed-reported and submitted timely.

- Community Care Licensing (CCL) citation.

CCL cited the Group Home as a result of a complaint received on October 31, 2014. On November 6, 2014, CCL substantiated allegations of neglect/lack of supervision, where a staff member did not properly intervene during a fight between two children. CCL requested a Plan of Correction (POC) from the Group Home which included intervention and how to better protect clients. CCL also assessed a civil penalty of $50 as a violation penalty per day until the correction is completed. The POC required the Group Home facility manager to meet with each staff individually to discuss the basics of Crisis Prevention Institute and proper procedures for de-escalation and the safety of staff and residents in the home. This incident did not lead to a Child Protection Hotline (CPH) referral. This complaint is currently under appeal with CCL.

Recommendations:

The Group Home's management shall ensure that:

1. All vehicles are maintained in good repair.

2. All SIRs are submitted timely.

3. 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 Needs and Services Plans (NSPs) was not obtained.

The Group Home did not obtain the DCFS CSWs' authorization to implement the NSPs for 2 of 3 NSPs reviewed. For one NSP, three attempts were made but one attempt was not timely. For another NSP, two attempts were made but one of the two attempts was not timely.

During the exit conference, the Group Home representative stated that staff will be directed to make at least three attempts and document the days when contact was made to the DCFS CSW requesting authorization to implement the NSP. On July 28, 2015 the Group Home administrator provided training to the staff on NSP timeframes for obtaining DCFS CSW's approval.

- A child was not assisted in maintaining important relationships.

The Group Home did not assist one child with maintaining important relationships; she did not have contact with her family and was not given the opportunity to be paired with a mentor.

At the exit conference, the Group Home representative stated that the DCFS CSW will be contacted to discuss family members that can be involved with the child. It was confirmed that the Group Home contacted the DCFS CSW to arrange visitation for the child. On July 16, 2015 during a follow-up visit CAD compliance reviewed another placed child's file and verified the child was assisted in maintaining a relationship with family members.

- Development of a timely Initial NSP was not completed with the child's participation.

The Group Home did not develop a timely NSP with the participation of the developmentally age-appropriate child in one of two sampled files. The NSP was due on March 2, 2015 and was not signed by the child.

- Development of a timely Updated NSP was not completed with the child's participation.

The Group Home did not develop a timely Updated NSP with the participation of the developmentally age-appropriate child in 1 of 1 Updated NSP reviewed. The NSP was due on March 20, 2015 and was not signed by the child.

During the exit conference, the Group Home representative stated that the Group Home will ensure staff is trained on NSP timeframes and protocols to ensure Initial and Updated NSPs are signed timely by all parties. On July 28, 2015, the Group Home administrator provided training to the staff on NSP timeframes for obtaining signatures.

On July 16, 2015, CAD made a follow-up visit to the Group Home and reviewed the most current Initial NSP to ensure it was signed timely with the participation of the age-appropriate child; no Updated NSPs were due.

Recommendations:

The Group Home's management shall ensure that:

4. DCFS CSW's authorization to implement NSPs is obtained.

5. Children are assisted in maintaining important relationships.

6. Initial NSPs are developed timely with child's participation.

7. Updated NSPs are developed timely with the child's participation.

Personal Rights and Social/Emotional Well-Being

- Staff do not treat children with respect and dignity.

One of four sampled children reported that comments were made about her appearance and she was not treated with respect and dignity.

During the exit conference, the Group Home representative stated that staff was counseled on not to make comments about the children's appearance and a cultural sensitive training will be provided to Group Home staff.

On July 16, 2015 CAD conducted a follow-up visit and confirmed that on May 12, 2015, the Group Home provided training to staff on various topics including: self-awareness, racial/cultural ethnic identification, perception, bridging the gap and the use of a diversity wheel.

Recommendations:

The Group Home's management shall ensure that:

8. Staff treats children with respect and dignity.

Personal Need/Survival and Economic Well-Being

- A child's clothing inventory was not adequate in quantity and quality.

One of four sampled children reported not having an adequate quantity and quality of clothing when initially placed in the Group Home. The child reported having the same outfit for one week and the same undergarment (bra) for two weeks. The child reported that she was given old clothes to wear from previous children that were placed in the Group Home. The child also reported that her Probation Officer purchased clothing for her because she only had sweats to wear to school. On April 8, 2015, CAD verified the child had sufficient clothing per guidelines.

During the exit conference, the Group Home representative stated the Group Home will meet the County's clothing requirements. On July 16, 2015, CAD compliance reviewed one newly placed child and verified that the child's clothing inventory was adequate in quantity and quality. The Group Home Administrator provided training on July 28, 2015 to the staff on the requirement to have an adequate clothing inventory during initial placement as well as on the clothing guidelines.

Recommendations:

The Group Home's management shall ensure that:

9. Children's clothing inventory is adequate in quantity and quality.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD) GROUP HOME CONTRACT COMPLIANCE REVIEW

OHCMD's last compliance report, dated June 16, 2014, identified 9 recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 5 of 9 recommendations for which they were to ensure that:

- All smoke detectors located in the hallway, living room and bedroom are functioning properly when tested.
- All children feel safe in the Group Home at all times.
- Children are provided with sufficient snacks.
- Discipline and consequences are fair and equally administered by staff.
- Children are provided privacy when receiving personal and confidential phone calls that are not monitored or prohibited by court order.

The Group Home did not fully implement 4 of 9 recommendations for which they were to ensure that:

- All SIRs are properly cross-reported, in compliance with the County contract and SIR reporting guidelines.
- The Group Home is in compliance with Title 22 Regulations and free of CCL citations.
- Children are treated with respect and dignity at all times.
- All children are provided with sufficient clothing to meet DCFS clothing standards for quantity and quality.

Recommendation:

The Group Home's management shall ensure that:

10. The outstanding recommendations from the prior report noted in this report as recommendations 2, 3, 8, and 9 are fully implemented.

At the exit conference, the Group Home's representative expressed their desire to remain in compliance with Title 22 Regulations and contract requirements.

CAD conducted a follow-up visit on July 16, 2015 and the Group Home had fully implemented 8 of 9 recommendations. The Group Home has not fully implemented having the night staff fax or e-mail the DCFS CSW to obtain the authorization for the implementation of the NSPs. The Group Home was advised to fully implement their procedures to comply with the recommendations in this report. This Group Home was placed on a Do Not Use status on December 24, 2015. All placed children were transitioned to new placements by January 25, 2016.

MACRO HOMES

1403 KERRICK ST. LANCASTER, CA. 93534-2224
Phone (661) 945-5503 FAX (661) 945-3703 E-Mail - res05dhm@verizon.net

KATHLEEN F. KERRIGAN
ADMINISTRATOR

VICTORIA HANCOCK
CHIEF EXECUTIVE OFFICER

LETTY REESER
SECRETARY

Kari Dicob
TREASURER

Helga Kiaian ***May 20. 2015***

Fiscal Compliance Administrator
County of Los Angeles
Department of Children and Family Services
Contracts Administration Division
3530 Wilshire Blvd, 5th Floor
Los Angeles, CA 90010 ***Phone: (213) 351-0274***

CORRECTIVE ACTION PLAN (CAP) for MACRO HOMES FIXED ASSETS.

Macro Homes developed a Fixed Assets Log that was initiated on May 20, 2015 and will be for each fiscal year and copies will be given to Department of Children & Family Services & CPA at IBS at the close of the fiscal year (January 1-December 31). Cheryl Reuter, Child Care Worker and Administrative Assistant, will maintain the log as assets are changed during the year. In addition, she is creating a Fixed Assets Notebook to contain copies of receipts and warranties.

A copy of the new Fixed Assets Log is attached.

If you have any questions, please contact me at 661-945-5503, cell 661-435-6171.

Sincerely,

Kathleen Kerrigan

Kathleen Kerrigan, MA
Administrator

MACRO HOMES, INC.
1165 West Ivesbrook Street
Lancaster, CA 93534
Tel: 661- 948-9276 *Fax: 661-945-3703*
E-Mail: macrohomes@verizon.net
We are a small group home that provides a structured living environment for girls.

May 26, 2015

To: Leticia Foster

From: Macro Homes, Inc.
1165 West Ivesbrook Street
Lancaster, CA 93534

Re: Corrective Action Plan for Macro Homes Exit Review Management Division held 5/26/15 with Leticia Foster and Mary Espinoza

#3) Does the group home maintain vehicle in which the children are transported in good repair? (SAFETY)

- **The back of the center seats are torn and in need of repair.**

Corrective Action Plan
Macro Homes purchased seat covers for the center back seats on 5/18/12

#4) Are all Special Incident Reports (SIR's) appropriately documented and cross-reported timely? (SAFETY)

- **Four SIR's were not appropriately documented.**

Corrective Action Plan
Macro Homes will submit SIR's in a timely fashion. Night staff or Facility Manager will review SIR's. SIR's will be submitted same day for AWOL's, hospital stays, and police involvement. If staff is not sure if Itracks need to be sent, staff will consult with Facility Manager. SIR training will be held on 7/28/15. Facility Manager will ensure all reports are submitted and cross-reported on time. Staff need further training.

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

- **CCL cited the Group Home as a result of deficiencies and financing**

Corrective Action Plan

On 11/6/14, CCL sited homes for neglect/Lack of supervision. Beginning 11/7/15 Facility Manager retrained each staff (individually) with a CPI refresher course and standard procedures. Facility Manger faxed training log and POC to CCL on 11/13/14.

#16) Did the group home obtain or document efforts to obtain the County Workers authorization to implement the Need and Services Plan? (WELL-BEING)

- **Child 1's NSP was due on 1/20/15. The agency made two attempts via email on 1/20/15 and 2/3/15 to DCFS Social Worker to obtain signature page and another attempt via phone telephone on 2/13/15. Child 2's NSP was due on 3/2/15. Two attempts were made via email on 03/6/15 and 3/18/15 to obtain County Social Worker signature.**

Corrective Action Plan

Initial Reports are due by the 35th day of placement and Quarterly Reports are developed every 90 days after placement and will be sent to the CSW within five days after the due date. Night staff will submit three attempts via FAX or email within five days after the due date of each NSP. Macro Homes will keep a paper trail of attempts of the five-day period excluding weekends and Holidays. Facility Manager verbally informed night staff on 5/1/15. Facility manager discussed protocol for submitting Initial and Quarterly reports at staff meeting on 5/5/15.

#22) Does the agency assist the children in maintaining important relationships? (PERMANENCY)

- **Important relationships for the child were not maintained nor was there documentation supporting efforts.**

Corrective Action Plan

Macro Homes' staff will work with CSW's to seek CASA workers, mentors, family visits and tutors. Staff will send and maintain documentation sent to CSW's to help assist the children maintain important relationships. Facility Manager will send an email to CSW within 30 days of residents' placement and request assistance with important relationships. Macro Homes will hold a meeting on 7/28/15 to discuss the importance of maintaining these relationships.

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

#24) Did the treatment team develop timely, comprehensive, updated, Needs and service plans (NSP's) with the participation of the developmentally age-appropriate child? (WELL-BEING)

- **Child 1's NSP was developed timely and was comprehensive but was not signed by the youth.**

<u>Corrective Action Plan</u>
Macro Homes has assigned Administrator/House Social Worker to go over NSP with the residents. Residents will sign NSP's by the due date. Night staff will submit the NSP to CSW via email or fax. Administrator will go over NSP with each resident the following day. Residents will sign NSP during the meeting with the Administrator/House Social Worker. Macro Homes will have training on NSP protocol on 7/28/15.

#40) Do children report being treated with respect and dignity? (WELL-BEING)

- **Child stated that staff made a comment about her hair being "nappy".**

<u>Corrective Action Plan</u>
Macro Homes held a Cultural Sensitivity meeting on 5/12/15. The purpose the meeting was to bring cultural awareness to Macro Homes' staff in efforts to improve communication between staff and residents. The meeting consisted of appropriate ways to address residents as well as each other without being offensive. The meeting consisted of

- **Self-awareness**
- **Racial/Cultural ethnic identification**
- **Perception**
- **Bridging the gap**
- **Use of Diversity wheel**

#50) Are children's on-going clothing inventories of adequate quantity and quality (fitted according to industry size charts, clean, in good condition, and appropriate for intended use and season)? (WELL-BEING)

- **Child did not have adequate clothing**

<u>Corrective Action Plan</u>
Macro Homes will meet the county's clothing requirements effectively immediately starting 4/27/15 consisting of two outfits at initial placement, four outfits within 15 days of initial

placement, six outfits within 30 days of initial placement and eight outfits within 60 days of initial placement (all outfits include undergarments as well as pants, shorts, skirts, dresses, shirts and socks). Macro Homes appointed assistant Facility Manager to ensure that clothing requirements are met upon placement. Training will be held on 7/28/15.

Administration will be responsible for ensuring the cap is fully implemented and followed.

Administrator, Kathleen Kerrigan **Date:** 7/27/15

Facility Manager, Casey Zuniga **Date:** 7/27/15