COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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CALVIN C. REMINGTON
Interim Chief Probation Officer

July 7, 2016

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

FROM: Calvin C. Remington
Interim Chief Probation Officer

SUBJECT: **DIAKONIA INC. GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Diakonia Inc. Group Home, in November 2015. Diakonia Inc. has three (3) sites, Maywright, Achieve, and Home of Excellence, located in the Third Supervisorial District of San Bernardino County. They provide services to Los Angeles County Probation foster children and Department of Children & Family Services (DCFS). According to Diakonia Inc.'s program statement, its purpose is to provide therapeutic treatment services to adolescents, focusing on behavior problems, interpersonal difficulties, low self-esteem, anger management, victims of abuse, poor school performance, substance abuse, and family conflicts.

Diakonia Inc.-Maywright is a 6-bed site and is licensed to serve a capacity of six (6) boys, 6-17 years old and Non-Minor Dependents (NMDs). Diakonia Inc.-Achieve is a 6-bed site and is licensed to serve a capacity of six (6) girls, 6-17 years old and NMDs. Diakonia Inc.-Home of Excellence is a 6-bed site and is licensed to serve a capacity of six (6) girls, 6-17 years old and NMDs. At the time of the review, Diakonia Inc. served three (3) Los Angeles County Probation foster children and four (4) Los Angeles County DCFS children, along with four (4) children from other counties. Based on the sample, the placed children's overall average length of placement was 12 months, and their average age was 17 years old.

Seven (7) children were randomly selected for the interview sample, three (3) Los Angeles County Probation children and four (4) Los Angeles County DCFS children. There were three (3) children in the sample who were prescribed psychotropic medication, two (2) of which were DCFS children, and those cases were reviewed for timeliness of Psychotropic

Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, three (3) Los Angeles County Probation children and two (2) Los Angeles County DCFS children, were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Diakonia, Inc. and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Diakonia, Inc. was in compliance with three of the 10 areas of our Contract Compliance Review: "Health and Medical Needs"; "Psychotropic Medication"; and "Personal Rights and Social/Emotional Well-Being".

Although, PPQA/GHM noted deficiencies in seven (7) of the 10 areas, and although there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period were found in six (6) of the seven (7) areas. In the area of "Licensure/Contract Requirements", Diakonia, Inc. needed to ensure that all vehicles used to transport residents are in good repair. It was noted in the area of "Facility and Environment" that Diakonia, Inc. needed to make minor repairs in the common areas and the children's bedrooms. It was noted in the area of "Maintenance of Required Documentation and Service Delivery" that Diakonia, Inc. failed to provide a Concurrent Plan goal in a at least one (1) Needs and Services Plan (NSP), two (2) NSPs were missing grievance procedures, one NSP had the same verbiage as the previous NSP and one was missing the sampled child's Special Incidents. In the area of "Education and Workforce Readiness", Diakonia, Inc. failed to enroll a child within three days of placement due to not having the proper paperwork ready for enrollment. In the area of "Personal Needs/Survival and Economic Well-Being", Diakonia, Inc. did not provide Life Books to two (2) different children. In the area of "Discharged Children", Diakonia, Inc. failed to discharge at least one child according to their permanency plan and progression towards goals. In the area of "Personnel Records", Diakonia, Inc. needed to ensure that all staff driver's licenses are available in their personnel files.

REVIEW OF REPORT

On December 22, 2015, Probation PPQA Monitor Joseph Ninofranco held an Exit Conference with Diakonia, Inc. Administrator Ingrid Peyrefitte. Administrator Peyrefitte agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Diakonia, Inc. Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all

deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, an additional follow up will be conducted for all six (6) deficient areas to ensure the agency's adherence to the CAP in this area. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

CCR:REB
LCM:ae

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Lori Glasgow, Executive Officer, Board of Supervisors
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Ingrid Peyrefitte, Administrator Diakonia Inc.
Community Care Licensing

DIAKONIA, INC. NAME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

DIAKONIA INC, MAYWRIGHT
LICENSE NUMBER: # 360911229
RATE CLASSIFICATION LEVEL: 10

DIAKONIA INC, ACHIEVE
LICENSE NUMBER: # 366401135
RATE CLASSIFICATION LEVEL: 10

DIAKONIA INC, HOME OF EXCELLENCE
LICENSE NUMBER: # 360911242
RATE CLASSIFICATION LEVEL: 11

	Contract Compliance Monitoring Review	**Findings: November 2015**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Improvement Needed
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance

	4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance
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	Full Compliance (All)

	4. GH's efforts to provide 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. Reasonable Chores 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 Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, 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 Involved 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 Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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	1. Improvement Needed 2. Improvement Needed 3. Full Compliance

X	**Personnel Records** (7 Elements) 1. DOJ, FBI, 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	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance

DIAKONIA INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The purpose of this review was to assess Diakonia Inc.'s compliance with the County contract and State regulations and include a review of the Diakonia Inc. program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational 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
- Personnel Records

For the purpose of this review, seven (7) placed children, three (3) Probation and four (4) DCFS, were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of this review, three (3) placed children were prescribed psychotropic medication, two (2) DCFS children and one (1) Probation child. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files were reviewed, three (3) Probation and two (2) DCFS, to assess Diakonia Inc.'s compliance with permanency efforts

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following seven (7) areas were out of compliance.

Licensure/Contract Requirements

During an inspection of the facility vehicles, the vehicle located at the Maywright site had a broken tire wall for the jack storage, the tire wrench is loose, and there is ripped upholstery on the passenger side seat.

Recommendation:

Diakonia Inc. management shall ensure that:

1. All vehicles remain are in good repair with no missing or broken items, such as, the tire wall jack storage area and that the upholstery is repaired and maintained.

Facility and Environment

An inspection of the interiors and exteriors of Diakonia Inc. revealed some cosmetic deficiencies in the common areas and children's' bedroom and issues with expired food that required correction.

- At the Maywright House, a living room plug under the window is broken

- At the Achieve House, the outlet covers need to be tightened in the living room. Also, an outlet cover is needed near the kitchen table.

- At the Maywright House, there are several deficiencies within the children's bedrooms. In bedroom #1, the cable wire needs to be secured, remove graffiti on the wall near the window and in the closet and patch the holes in ceiling. In bedroom #3, graffiti needs to be removed in drawers and the closet.

- At the House of Excellence, there are several deficiencies within the children's bedrooms. In bedroom #1, a window screen needs to be tightened. In bedroom #2, loose wires coming from the wall needs to be removed. In bedroom #3, paint peeling near the closet needs to be re-painted.

- At the Achieve House, there are several deficiencies within the children's bedrooms. In bedroom #1, remove the loose wires in the closet. In bedroom #2, the closet rod is loose and needs to be secured. In bedroom #3, remote holder is cracked and needs to be removed or replaced.

- At the Maywright House, Home of Excellence House, and the Achieve House, some food was not immediately dated when it was purchased and shelved in pantry or refrigerator.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. All of the aforementioned physical deficiencies sited in the common areas are repaired in a timely manner.

2. All of the aforementioned physical deficiencies sited in children's bedrooms are repaired in a timely manner.

3. All perishable foods are adequate and have the purchase and expiration dates clearly marked on items prior to storing on shelves.

Maintenance of Required Documentation and Service Delivery

Seven (7) children's Needs and Services Plans (NSPs) were reviewed, and of those, two (2) children were not placed long enough to have an Updated NSP in their file. Therefore, only five (5) of the children had Updated NSPs reviewed, and seven (7) of the children had Initial NSPs reviewed. Of the NSPs reviewed, the following deficiencies were found:

- Three (3) children had Initial NSPs that were not comprehensive in that one (1) did not have the Psychotropic Medication Authorization (PMA) attached to the NSP when there was clear documentation that this youth was receiving psychotropic medication, one (1) file was missing the Initial NSP for 10/26/15, and one (1) did not have the Serious Incidents Reports documented. Additionally, two (2) children stated that they received their orientation packet, which has the grievance procedures included; however, the grievance procedures were not in the file.

- Three (3) children had Updated NSPs that were not comprehensive in that one (1) Updated NSP was missing from the file and could not be reviewed. Of those reviewed, one (1) child had the same verbiage in the "Adjustment to Placement" section on two (2) Updated NSPs with no update or modification and needed to be more comprehensive with an explanation of "parental involvement", one (1) was missing the total number of Serious Incident Reports (SIRs) documented during the reporting period and one (1) did not have a concurrent plan for the child.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. The aforementioned NSP deficiencies are corrected, so that each child has a comprehensive Initial NSP and have child specific language in all initial NSPs.

2. The aforementioned NSP deficiencies are corrected, so that each child has a comprehensive Updated NSP, which includes child specific language, correctly documenting all the children's SIRs and completed NSPs are placed and readily available in each child's file.

Education and Workforce Readiness

Seven (7) children's files were reviewed for education and workforce readiness. One (1) child stated that she was not enrolled into school within three (3) days of being placed at the Group Home. The child's NSP confirmed that she was not enrolled due to not having all the appropriate paperwork for enrollment.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. Children are enrolled into school within three (3) days of being placed and all paperwork is available.

Personal Needs/ Survival and Economic Well-Being

It was also revealed that two (2) of the children did not have Life Books. Both children reported that they were told about a Life Book, but never received it. When staff were asked about this, they explained that they have the Life Books available, but the children refused to receive them. The Group Home has documentation that the children will receive Life Books but not an actual form stating that the books were received.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. Life Books are provided to all children with an explanation of what goes in a Life Book and assistance and encouragement to use of their Life Books. This is in accordance with the Master County Contract, which states that the Provider "shall encourage and assist each Placed Child in creating

and updating a life book/photo album of items that relate to their childhood memories."

Discharge Children

Five (5) discharge files were reviewed, two (2) Probation and three (3) DCFS and the following deficiencies were found:

- One (1) child was completely defiant during his stay at Diakonia Inc. The child constantly assaulted staff, and the police were called out but did not detain the child. The child was ultimately given a "7-day removal notice"; therefore, the child was not discharged according to their permanency plan and the child was not at all progressing towards their goals.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. All placed children are discharged according to their permanency plan

2. All placed children are progressing towards their goals

Personnel Records

A review of the Personnel files revealed that one (1) of the five (5) files did not have a valid Driver's License for that employee.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. All employees have a copy of their valid driver's license in their personnel files.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated August 17, 2015, identified 15 recommendations.

Results

Based on the follow-up, Diakonia Inc. fully implemented seven (7) of the 15 previous recommendations for which they were to ensure that:

- All children files have a comprehensive allowance/clothing log which ensures that all children are receiving their monthly clothing allowance. They shall also ensure that all children's files contain a monthly clothing allowance waiver if the clothing allowance is not issued monthly.

- All sites continue to strive to be free of substantiated complaints by adhering to all Community Care Licensing Requirements and Standards

- All children's NSP's have the County Workers signature authorizing the implementation of the NSP.

- All children have updated NSP's that document the child's progress towards their permanency goal.

- All children's NSP's document the county workers monthly contact

- All placed children receive their minimum weekly allowance

- All employees have documentation of their education/experience included in their personnel files.

However, it was discovered that Diakonia Inc. failed to fully implement eight (8) of the previous 15 recommendations for which they were to ensure that:

- All vehicles are free from repair

- All of the aforementioned physical deficiencies sited in the common areas and children's bedrooms are repaired in a timely fashion.

- Comprehensive Initial NSPs are developed and include all required elements in accordance with the NSP template

- Comprehensive Updated NSPs are developed and include all required elements in accordance with the NSP template

- All NSP's are present in the file and all discharge files document the child's progress toward their permanency goals in all updated NSPs.

- Documentation of progress toward meeting NSP goals is maintained in NSP's for discharged children placed at least 30 days

- All placed children receive a Life Book and are encouraged and assisted in maintaining their book throughout their placement.

- All employees have a copy of their valid driver's license in their personnel files.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home is not scheduled for this fiscal period by the Department of Auditor Controller.

February 3, 2016

Monitoring Review CAP

I. **Licensure/Contract Requirements**

A. Area of non-compliance: (MAYWRIGHT BOYS HOME)

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

The Ford Van has a broken well for the jack storage, the time wrench is loose, and there is ripped upholstery on the passenger seat.

Explain the cause:

Staff did not observe the area of jack storage or tire wrench being loose. This was over looked in error.

Details on correcting the non-compliance:

The facility has replaced the broken well for jack storage, the tire wrench has been tightened. Also the passenger seat with the small tear has been repaired.

How will CAP be implemented?

Maintenance Dept. Supervisor will assist with inspections of all vehicles on a weekly basis.

Quality Assurance plan:
Administrator will continue to check the facility vehicles on a weekly basis to ensure proper maintenance of the vehicles and will be logged onto a "Maintenance Log Sheet".

II. **Facility and Environment**

A. Area of non-compliance: (MAYWRIGHT & ACHIEVE)
Are common quarters well maintained?

Explain the cause:

MayWright- during an inspection the crack on the covers was not observed in error. Achieve-during the inspection it was not noted the covers were loose. This was an oversight in error.

Details on correcting the non-compliance:

MayWright- the Living room plug under the window that was broken was replaced.

Achieve-the outlet covers in the living room were tightened. The outlet cover was replaced.

How will CAP be implemented?

Maintenance Dept. Supervisor will assist with inspections of all facilities on a weekly basis.

Quality Assurance plan:

Administrator will continue to inspect the facilities on a weekly basis.

B. Area of non-compliance: (MayWright, Home of Excellence & Achieve
Are children's bedrooms well maintained?

Explain the cause:

MayWright-facility overlooked the graffiti on the window seal near the wall, in the dresser drawers under the clothes or in the closet. The holes in ceiling were due to cable wires from the T.V. that was put in bedroom #1.

Home of Excellence-The window screen had normal wear and tear due to being removed when the screens are cleaned. The paint was an oversight near the closet that was peeling.

Achieve-Bed#1, the wires that are running in the closet are for the cable for future installations of T.V.'s in all our youth bedrooms. Bed #2, it was not noticed that the closet rod was loose. Bed #3, remote is for the fan and is screwed into the holder, to prevent from lost of the remote.

Details on correcting the non-compliance:

All repairs for each item were repaired for each facility.

How will CAP be implemented?

Maintenance Dept. Supervisor will assist with inspections of all facilities on a weekly basis.

Quality Assurance plan:

Administrator will continue to inspect the facilities on a weekly basis.

C. Area of non-compliance:
Does the group home maintain adequate nutritious perishable and non-perishable foods?

Explain the cause: (MAYWRIGHT, HOME OF EXCELLENCE & ACHIEVE)

Some of the food in all three group home sites had no food dates.

Details on correcting the non-compliance:

Facility Managers dated all the food items that were not currently dated.

How will CAP be implemented?

NOC shift staff will ensure that all food items are dated properly on daily basis.

Quality Assurance plan:

Program manager will ensure on a bi-weekly basis before grocery shopping is completed and after that all food items are dated.

III. **Maintenance of Required Documentation and Service Delivery**

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

(MAYWRIGHT& HOME OF EXCELLENCE)

Explain the cause:

MayWright-

Ueckers- "Adjustment to Placement" is the same verbiage in 1/26/15 NSP and on 4/26/15. No NSP on file for 10/26/15. NSP dated 4/26/15 needs to be more comprehensive with explanation of parental involvement.

Prado-No grievance procedures were in file due to an oversight, this was an error.

Aguillar- NO grievance procedures were in file due to an oversight, this was an error.

Flores- No health & education passport in file due to it not being given LA COUNTY PROBATION,

Home of Excellence-

Pruitt did not have SIR's documented in NSP dated 11/19/14.

Tollison-does not have psych med authorization attached in initial NSP with nor explanation. There is no concurrent plan or NSP dated 10/28/14.

Details on correcting the non-compliance:

Program therapist will continue to strive and work hard with each youth to develop comprehensive NSP'S. However, youth Uecker was not willing to have family involvement within the 1st quarter of 2015. There was no new information between the months of January – April 2015, his goals or progress had not changed.

There was an oversight of grievance procedures for minors not being in file with youth Aguillar and Prado. All documentation has been placed in each minor's files to date. Pruitt has had minimal SIR'S since placement an oversight in error for SIR'S not to be documented in NSP. Tollison's JV-220 authorization is stored in her file, separately from NSP'S. NSP for 11/19/14 has been placed in her file

How will CAP be implemented?

Program manager will ensure on a weekly checklist all documentation is filed in all youths file.

Quality Assurance plan:

Administrator will ensure that all required documents are placed in all youth's file on a weekly basis.

IV. Education and Workforce Readiness

Area of non-compliance:

Was the child enrolled in school within tree school days after placement of did the GH document efforts? (HOME OF EXCELLENCE)

Explain the cause:

Pruitt- was not enrolled due to it being summer break, this was noted in her initial NSP, and minor has been placed with our agency since 8/19/14.

Tollison- was not enrolled in (3) days due to her having an IEP. It is stated in her initial NSP. Youth has been placed with our agency since 4/28/14.

Details on correcting the non-compliance:

All youth are enrolled in school within 3 days, unless there is an active IEP.

How will CAP be implementing?

Our agency will continue to implement required laws of education for all our youth.

Quality Assurance plan:

Administrator will ensure that all youth are enrolled in school within 3 days, which is required by state law.

VII. Personal Needs/Survival and Economic Well-Being

Area of non-compliance:

Are children encouraged and assisted in creating and updating a life book/photo album? (MAYWRIGHT BOYS HOME)

Explain the cause:

Aguillar - was given the opportunity to keep his life book in his bedroom, however minor refused to store his life book in his bedroom.

Prado- was given the opportunity to keep his life book in his bedroom, however Minor refused to store his life book in his bedroom.

Facility stored both life books in the office for safekeeping. Upon entry both youth were given the opportunity to read and sign the life book agreements that our facility keeps in their files.

Details on correcting the non-compliance:

Agency will continue to encourage each youth to keep in possession their personal life book. However, if they refuse the facility will store it for the youth.

How will CAP be implementing?

Recreational liaison will continue to assist all youth in updating their life books on a monthly basis.

Quality Assurance plan:

Program Manager will ensure all youth creating there own personal life books.

IX. **Discharged Children**

Area of non-compliance:

For children placed at least 30 days, did the child make progress toward meeting their NSP goals? (MAYWRIGHT)

Explain the cause:

Jacob- was placed in our agency approximately for four months from June – October 2015. During the 1st 30 days, minor was eager to focus on his goals. However, minor had a downward spiral and was not willing to be in compliance with any goals that were set in the 30-day NSP.

Retamoza- was placed with our agency from July – October 2015. Minor was not eager to focus on any goals while in placement. He was very resistant to everything the program had to offer. Minor only focused on having visits with his mom.

Details on correcting the non-compliance:

Program therapist will assist the youth in ensuring that all NSP goals are attainable for each youth.

How will CAP be implementing?

Program therapist will assist youth in setting simplicity goals that are attainable while being placed at the facility within the first 30 days.

Quality Assurance plan:

Treatment team will ensure every 30 days each youth receive comprehensive goals. The team will ensure that each youth has progressed towards their personal goals simplified for each youth.

X. Personnel Records

Area of non-compliance:

Do required employees, who transport children, have a valid CA driver's license?

(MAYWRIGHT)

Explain the cause:

There was not a valid driver's license of J. Jordan in the personnel file at the facility.

Details on correcting the non-compliance:

There is a master personnel file of all employees stored in a different location. The current copy of the license was only filed in the master file. This was an oversight in error.

How will CAP be implementing?

Program manager will ensure all personnel files at the facility are updated on a monthly basis.

Quality Assurance plan:

Administrator will follow-up on a monthly basis on all personnel files at the facility.

Leo Wright-Director

Leo Wright