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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 10, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

HATHAWAY-SYCAMORES CHILDREN AND FAMILY SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Hathaway-Sycamores Children and Family Services Group Home (Hathaway-Sycamores) in May 2012, at which time they had a total population of 14 boys, inclusive of nine DCFS placed children, one Probation placed child, and four privately placed children.

Hathaway-Sycamores is located in the Fifth Supervisorial District and provides services to DCFS and Probation foster youth. According to Hathaway-Sycamores' program statement, its stated goal is "to transition resourceful, responsible and resilient youths back to their family and community." Hathaway-Sycamores has one campus, with a licensed capacity for 48 children, serving boys ages 6-17.

For the purpose of this review, five DCFS children and one Probation placed child were interviewed, and their case files were reviewed. The placed children's overall average length of placement was four months, and the average age was 15. Three discharged children's files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged according to their permanency plan. Five staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

All six children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

SCOPE OF REVIEW

The purpose of this review was to assess Hathaway-Sycamores' compliance with the County contract requirements and State regulations. The visit included a review of Hathaway-Sycamores' program statement, administrative internal policies and procedures, the case files of six currently placed and three discharged children, and a random sampling of five personnel files. Visits were made to the site to assess the quality of care and supervision provided to children, and we conducted interviews with six children to assess the care and services they were receiving.

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

SUMMARY

Generally, the children interviewed reported feeling safe and satisfied with residing at Hathaway-Sycamores; however, one child reported he did not feel safe around one staff member. Hathaway-Sycamores was providing services as outlined in the agency's program statement. Noted deficiencies included the need to improve the comprehensiveness and cross-reporting of Special Incident Reports (SIRs) related to unauthorized absences (AWOLS). Also, not all children met the DCFS clothing standards for quantity.

Hathaway-Sycamores' management was receptive to implementing some systemic changes to improve their compliance with Title 22 Regulations and the County contract requirements. They agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following were the notable findings of our review:

- Hathaway-Sycamores needed to submit comprehensive SIRs related to AWOLS per the procedural guidelines and ensure they are cross-reported to the necessary parties. The Residential Director stated that he understood the finding and would ensure that the staff submit SIRs per Contract requirement with all appropriate elements completed and cross-reported to the required parties. It should be noted, Hathaway-Sycamores' representatives attended the SIR training on October 5, 2011. It is anticipated that future SIRs will be comprehensive and appropriately cross-reported.

- Since the last review, Hathaway-Sycamores was found to have one substantiated allegation as a result of deficiencies and findings during CCL investigations. On April 15, 2011, CCL substantiated an allegation that a staff member had held on to a child's shirt to prevent him from going AWOL, resulting in the child sustaining scratches to his neck. A CAP was required and completed that included providing additional staff training on Personal Rights and re-visiting the child's safety plans and prescribed intervention. The Referral was "evaluated out" to CCL and law enforcement. DCFS obtained the completed CAP required by CCL.

- One 10 year-old child reported that he did not feel safe around one staff member as he reported the staff had spun the child by his arms and thrown him on two occasions. The OHCMD Monitor made a referral to the Child Protection Hotline (CPHL) and advised the Residential Director to eliminate contact between the staff member and child until completion of the investigation. The DCFS investigation deemed the allegation to be unfounded. CCL deemed the allegation as inconclusive. The Residential Director stated that Hathaway-Sycamores will continue to train and supervise the staff on appropriate and positive interactions with the children.

- Two of six children reported they were not satisfied with the food, one not liking the menu choices and the other stated the food tasted "nasty" without further elaboration. The Monitor reviewed the menus, kitchen facility, cooking process, and other food options available to the children, noting a variety of menu offerings. The Residential Director indicated that the children are encouraged to express their concerns through the Youth Council and present suggestions regarding the food.

- A Probation placed child reported that he felt one staff member did not like him and treated him differently, not providing him with the same privileges as the other children. The child made reference to one occasion when he had requested water at bedtime and was denied the opportunity by the staff member even though other children were granted water. He was not specific, but indicated that there had been other instances of not being treated the same as the other children.

  The OHCMD Monitor made a referral to the CPHL. This referral was "evaluated out." The Monitor has since spoken with the child's Probation Officer and was advised that she had discussed the allegation with the child and the staff. The Probation Officer felt that the child had not gotten what he had requested, but also concluded that the staff did not have any issues with the child.

- One of six children interviewed reported that staff decided what the recreation activities were, without input from the children. The other children indicated that they can ask at any time and that they can advise their peer representation from each unit from the Youth Council in weekly meetings to bring suggestions to the administration. The Residential Director reports that children were continuously

asked for their input, especially when monthly activity calendars were being developed.

- Four of six children's clothing lacked sufficient quantities to meet the DCFS clothing standards. The Residential Director indicated that he will follow-up to ensure all items that the children were lacking would be purchased to meet the DCFS clothing standards. Documentation was received by OHCMD that reflects the children have since purchased additional clothing items and now have sufficient clothing to meet DCFS standards.

- One child who had been placed for nearly three months reported he had not had the opportunity to be involved in the selection of his clothing, as he had yet been provided the opportunity to go shopping for clothing. The Residential Director indicated that the child may not have gone shopping as he had not been at Hathaway-Sycamores very long. He further explained that he would follow-up to ensure the child is provided the opportunity to go shopping monthly in the community. Documentation was received by OHCMD that reflects the child has since gone clothes shopping.

- Two staff personnel files did not contain documentation of having completed the required initial training within the first 90 days of their start date. The Residential Director stated that he will ensure that the initial Training Passport will be appropriately documented, completed, and maintained in the staff's personnel file at the Human Resource Department.

EXIT CONFERENCE

The following are highlights from the Exit Conference held July 19, 2012:

In attendance:

Joe Ford, Vice-President of Residential Services; Shawn Bettencourt, Residential Director, Hathaway-Sycamores; and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

The Vice-President and the Residential Director indicated that the review was helpful for Hathaway-Sycamores and they were in agreement with most of the findings.

As agreed, Hathaway-Sycamores provided an approved CAP addressing each recommendation noted in this compliance report. The CAP is attached.

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

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

PLB:RRS:KR:
EAH:PBG:dl

Attachments:

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Renee LaBran, President, Board of Directors, Hathaway-Sycamores Children and Family Services
William P. Martone, Executive Director, Hathaway-Sycamores Children and Family Services
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing

HATHAWAY-SYCAMORES CHILDREN AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2933 North El Nido Drive
Altadena, California 91001
License Number: 197804907
Rate Classification Level: 14

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

	8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	
IV	**Educational and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourage Children's Participation in YDS	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	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** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe	1. Full Compliance 2. Improvement Needed

	3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed 14. Full Compliance 15. Full Compliance
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely	1. Full Compliance 2. Full Compliance

	3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance

HATHAWAY-SYCAMORES CHILDREN AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

2933 North El Nido Drive
Altadena, California 91001
License Number: 197804907
Rate Classification Level: 14

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

CONTRACTUAL COMPLIANCE

Based on our review, Hathaway-Sycamores complied with six of 10 sections of our Contract Compliance Review: Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; and Discharged Children. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of six children's case files and/or documentation from the provider, Hathaway-Sycamores fully complied with seven of nine elements reviewed in the area of Licensure/Contract Requirements.

Hathaway-Sycamores needed to submit comprehensive SIRs related to AWOLS per the procedural guidelines and ensure they are cross-reported to the necessary parties. The Residential Director stated he understood the finding and would ensure that staff submits the SIRs per the contract requirement with all appropriate elements completed and cross-report to required parties. It should be noted, Hathaway-Sycamores' representatives attended the DCFS SIR training on October 5, 2011. It is anticipated that future SIRs will be comprehensive and appropriately cross-reported.

Since the last review, Hathaway-Sycamores was found to have one substantiated allegation as a result of deficiencies and findings during CCL investigations. On April 15, 2011, CCL substantiated an allegation that a staff had held on to a child's shirt to prevent him from going AWOL, resulting in the child sustaining scratches to his neck. A CAP was required and completed that included providing additional staff training on Personal Rights and re-visiting the child's safety plans and prescribed intervention. The Referral was "evaluated out" to CCL and law enforcement. DCFS obtained the completed CAP required by CCL.

Recommendations:

Hathaway-Sycamores' management shall ensure:

1. SIRs are comprehensive and appropriately cross-reported.

2. Compliance with Title 22 Regulations and the County contract requirements.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review, Hathaway-Sycamores fully complied with 11 of 15 elements in the area of Personal Rights and Social/Emotional Well-Being.

One 10 year-old child reported he did not feel safe around one staff as he reported the staff had spun the child by his arms and thrown him on two occasions. The OHCMD Monitor made a referral to the CPHL and advised the Residential Director to eliminate contact between the staff member and child until completion of the investigation. The DCFS investigation deemed the allegation to be unfounded. CCL deemed the allegation as inconclusive. The Residential Director stated that Hathaway-Sycamores will continue to train and supervise the staff on appropriate and positive interactions with the children.

Two of six children reported they were not satisfied with the food, one not liking the menu choices and the other stated the food tasted "nasty" without further elaboration. The Monitor reviewed the menus, kitchen facility, cooking process, and other food options available to the children, noting a variety of menu offerings. The Residential Director indicated that the children were encouraged to express their concerns through the Youth Council and present suggestions regarding the food.

A Probation placed child reported that he felt one staff did not like him and treated him differently. Further, that the staff member did not provide him with the same privileges as the other children. The child made reference to one occasion when he had requested water at bedtime and was denied the opportunity by the staff even though other children were granted water. He was not specific, but indicated that there have been other instances of not being treated the same as the other children.

The OHCMD Monitor made a referral to the CPHL. This referral was evaluated out. The Monitor has since spoken with the child's Probation Officer and was advised that she had discussed the allegation with the child and the staff. The Probation Officer felt that the child had not gotten what he had requested, but also determined that the staff did not have any issues with the child.

One of six children interviewed reported that staff chose what the recreation activities were, without input from the children. The other children indicated that they were able to ask at any time and advise their peer representation from each unit of the Youth Council to bring suggestions to the administration at the weekly meetings. The Residential Director reports the children are continuously asked for their input, especially when monthly activity calendars are being developed.

Recommendations:

Hathaway-Sycamores' management shall ensure:

3. All children are safe and feel safe in the Group Home and that staff receive on-going training on appropriate and positive interaction and discipline techniques.

4. Children are provided a venue to make suggestions and aware of their ability to register a complaint about the food without fear of reprisal.

5. Staff treat children with respect and dignity and receive on-going training on appropriate, fair, and positive interaction techniques with children.

6. All children are made aware of their ability to assist in planning recreational activities and how to make suggestions for activities in which they have an interest.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review, Hathaway-Sycamores fully complied with six of eight elements in the area of Personal Needs/Survival and Economic Well-Being.

Four of six children's clothing lacked sufficient quantities to meet the DCFS clothing standards. The Residential Director indicated that he will follow-up to ensure all items that the children were lacking would be purchased to meet the DCFS clothing standards. Documentation was received by OHCMD that reflects the children have since purchased additional clothing items and now have sufficient clothing to meet DCFS standards.

One child, having been placed for nearly 3 months, reported he had not had the opportunity to be involved in the selection of his clothing as he had yet been provided the opportunity to go clothes shopping. The Residential Director felt the child may not have gone shopping as he had not been at Hathaway-Sycamores very long. He further indicated that he would follow-up to ensure the child is provided the opportunity to go shopping monthly in the community. Documentation was received by OHCMD that reflects the child has since gone clothes shopping.

Recommendations:

Hathaway-Sycamores' management shall ensure:

7. All children have sufficient quantities of clothing to meet DCFS standards.

8. All children are provided the opportunity to go clothing shopping in the community and select clothing of their choice that meets acceptable guidelines.

PERSONNEL RECORDS

Two staff personnel files did not contain documentation of having completed the required initial training within the first 90 days of their start date. The Residential Director stated that he will ensure that the initial Training Passport will be appropriately documented, completed, and maintained in the staff's personnel file at the Human Resource Department.

Recommendation:

Hathaway-Sycamores' management shall ensure:

9. All approved employees receive the required initial training and documentation of the completed training is maintained in the personnel files.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was dated October 18, 2011.

Results

The OHCMD's prior monitoring report contained five outstanding recommendations. Specifically, Hathaway-Sycamores was to ensure that appropriate and comprehensive allowance logs are maintained; the group home exterior is well maintained; current court authorizations are obtained and maintained for psychotropic medication each child is prescribed; staff treat all children with respect and dignity; and all children's clothing inventories are of adequate quantity. Based on our follow-up of these recommendations, Hathaway-Sycamores fully implemented three of five recommendations.

Recommendation:

Hathaway-Sycamores management shall ensure:

10. Full implementation of the outstanding recommendations from OHCMD's prior Monitoring Report which are noted in this compliance report as Recommendations 5 and 7.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Hathaway-Sycamores has not been posted by the Auditor-Controller.

Hathaway-Sycamores
CHILD AND FAMILY SERVICES

Mrs. Patricia Bolanos-Gonzalez
Mr. Donald Luther
Out of Home Care Unit
County of Los Angeles, DCFS
9320 Telstar Ave. #216
El Monte, Ca 91731

September 7, 2012

Dear Mrs. Bolanos-Gonzalez and Mr. Luther,

This letter is written as a follow up to a Group Home Monitoring Review of **The Hathaway-Sycamores' El Nido Group Home**, license #197804907, conducted by you on May 30, 2012 and Exited on July 19, 2012. The Group Home Evaluation Review indicates that there are four areas that require corrective action. The areas are: Licensure/Contract Requirements, Personal Rights, Personal Needs/Survival and Economic well-being, Personnel Records.

The Plan of Correction is as follows:

1.) **Licensure/ Contract Requirements**

(3.) Are all special Incident reports (SIRs) appropriately documented and cross reported timely? (NO)

Finding: Not all SIR's are appropriately cross-reported

Status: To ensure that all Special Incident Reports are documented and cross- reported in a timely manner, Hathaway-Sycamores will

be holding an all staff meeting (All Line Staff) on September 19. In this meeting we will go through "what if" scenarios along with an open discussion on what needs to be documented, while also reviewing the process of routing and the time frames in which all documentation MUST be completed. After completion of this training, all of the training materials as well as the sign in from the training will be submitted to OHCMD by September 21.

Plan to prevent reoccurrence: The Residential Director will hold a quartly review and training meeting, the documentation and sign in will be kept on file for one Year, and at the end of the calendar year leadership will re assess if the training and follow up meetings has prevented any further concern.

Person responsible for implementing corrective action:
The Residential Director

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:
The Residential Director

(8) Are there no Community Care Licensing citations, OHCMD Investigation Unit reports on Safety and Physical plant deficiencies? (NO)

Findings: There was one CCL Substantiated citation.

Status: In the Citation Hathaway-Sycamores submitted an approved Corrective Action Plan, which was very intense around retraining along with increased supervision for the staff member in question.

Plan to prevent reoccurrence: In a Corrective Action Plan given and responded too, Hathaway-Sycamores realize the important of Training and a pro-active supervision model. As a result Hathaway-Sycamores have spent time in insuring that all of the staff is trained to higher standard, with the use of E-Learning and certified trainers. Along with training Hathaway-Sycamores has rolled out a very involved approach of supervision called Directive Supervision, which helps coach staff in the moment, to help

capitalize on their strengths as well as giving the supervisor the ability to get feedback from clients, family and fellow staff members to help coach guide great staff.

Person responsible for implementing the corrective action plan: The Residential Director

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended: The Residential Director

2.) **Facility and Environment;**

- No issue noted.

3.) **Maintenance of Required Documentation and Service Delivery:**

- No issue noted.

4.) **Education and workforce Readiness:**

- No issue noted

5.) **Health and Medical Needs:**

- No issues noted

6.) **Psychotropic Medication:**

- No issue noted

7.) **Personal Rights and Social/Emotional well-being:**

(46.) Do Children feel safe in the group home? One youth responded with (NO).

Finding: The youth reported that he was thrown and swung around by a staff member. He reports this occurred once before a long time ago.

Status: CPHL received a referral from monitor; the DCFS investigation deemed the allegation to be "Unfounded", while CCL deemed it inconclusive. Hathaway-Sycamores will continue to train and supervise staff, while also continuing to maintain staff that show and model strong skill sets when it comes to positive

interactions with all clients, problem solving, and the ability to decode the underline issue while working through conflict. To ensure that ALL of the youth feel Safe they will be asked questions around how they are feeling, and if there was a point in time when they did not feel safe while placed at Hathaway-Sycamores, the Program Manager, Safety Manager and the Residential Director will do two client interviews randomly monthly to see how the boys are feeling. If there are any concerns, they will be addressed immediately by the Leadership at Hathaway-Sycamores.

(49.) Do Children report satisfaction with meal and snacks? 2 Youth responded (NO).

Finding: Two Youth reported an issue with the food. Youth reported he didn't like the choices, and the other youth reported that the food tasted nasty.

Status: Starting Sept 10, 2012 the Lead Youth Specialist will add a section to the evening meeting that focuses on food served to the youth, and their satisfaction and or ideas around what they would like.

Plan to prevent reoccurrence: To ensure the youth have a voice on the type of snacks and meals they receive, the Lead Youth Specialist will inquire about the months menu as well as a list of items they would like to have, twice a month during their evening meeting, a list of preferred foods will be written down and submitted to the Kitchen to be followed up on during the next food order. At this time the Lead Youth Specialist will also go over the menu and circle and make notes on how the kids are feeling about the food. That will then be shared with the dietitian and the Supervisor of the kitchen to help give the kitchen a picture of what the youth like to eat. The youth will also express their concerns around snacks in their peer driven Youth Council that is held bi-weekly. Those concerns will then be brought to the weekly held Treatment Team to be addressed and corrected. To ensure that ALL of the youth feel they their concerns around the food are being heard, the Program Manager, Safety Manager and the Residential Director will do two client interviews randomly

monthly. If there are any concerns, they will be addressed immediately by the Leadership at Hathaway-Sycamores.

Person responsible for implementing the corrective action plan: The Program Manager

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended: The Residential Director

(50.) Is staff treating children with respect and dignity?
(NO)

Finding: One youth reported that a staff member treats him differently and doesn't give him the same privileges as the others.

Status: Starting on September 10, Hathaway-Sycamores leadership will start to do random monthly interviews of different clients to ensure that the youth are able to voice any concerns as well as taking any information disclosed and moving forward to ensure that all of the youth are treated with Dignity and Respect.

Plan to prevent reoccurrence: To ensure that ALL of the Boys feel they will be treated with dignity and respect, the Program Manager, Safety Manager and the Residential Director will do two client interviews randomly monthly to see how the boys are feeling. If there are any concerns, they will be addressed immediately by the Leadership at Hathaway-Sycamores.

Person responsible for implementing the corrective action plan: The Program Manager

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended: The Residential Director

(59.) Are children given opportunities to participate in planning activities? (NO)

Finding: One of the youth reported that the staff choose what the activities are.

Status: Starting Sept 10, 2012 the Lead Youth Specialist will add a section to the evening meeting that focuses on activities and activities the youth would like to participate in or any new ideas around what they would like to do.

Plan to prevent reoccurrence: To ensure the youth have a voice on the type of activities they receive, the Lead Youth Specialist will ask how the youth are feeling about the monthly activities calendar, while also checking in with the boys around their interest, while also planning for the following month. Twice a month during their evening meeting, the Lead Youth Specialist will obtain suggestions from the youth, and prepare a list of preferred activies by the Lead Youth Specialist for future activity schedules. The new schedules will include the youth suggestions. So they can know activities and prepare for them. This new schedule will then take the place of the old schedule. The youth will also be encouraged to express their concerns around activities in their peer driven Youth Council held bi-weekly. Those concerns will then be brought to the weekly held Treatment Team to be addressed and corrected.

Person responsible for implementing the corrective action plan: The Program Manager

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended: The Residential Director

8.) **Personal Needs/Survival and economic well-being**

(63.) Are Children on-going clothing inventories of adequate quantity? (NO)

Finding: Four youth were missing random items such as house shoe, robes, sweatshirts, few pairs of pants and a pair of shoes.

Status: All items that were missing were immediately replaced and copies of the receipts were submitted to OHCMD on 7/23/2012.

Plan to prevent reoccurrence: To help ensure that all of the youth have adequate quantities of clothing, the Program Manager will collect all clothing inventories at the end of each month, along with randomly picking boys and checking their inventory on the spot. In this discussion with staff around the inventory and the new spot checking of any youth at any time. The Program manager will discuss the importance of getting the youth's input on their clothing. The Program Manager will discuss the importance of getting the youth's input and selection of clothing. Staff will take the boys shopping and encourage them to pick what they like, still holding in mind the clothing standards. This will help the youth too feel a greater sense of pride in themselves as well as giving staff a "real time" opportunity to help coach the youth how to take care of their things and the things they care about.

Person responsible for implementing the corrective action plan: The Program Manager

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended: The Residential Director

(65.) Are children involved in the selection of their clothing? (NO)

Finding: One client reported he had not shopped as of yet. The youth was taken on shopping on 5/8 and 7/13.

Status: On September 12, 2012 in the unit treatment teams, the importance appropriate clothing and assisting the children shopping will be the topic of training on that day.

Plan to prevent reoccurrence: To help ensure that the youth are given the opportunity to go shopping on a monthly basis in the community while also ensuring all of the boys have adequate quantities of clothing. The Program Manager will collect all clothing inventories at the end of each month, along with randomly picking boys and checking their inventory at that moment. In this discussion with staff around the inventory and the new spot checking of any boy at any time, the Program Manager will discuss the importance of getting the boys input on their clothing, staff will take the youth shopping and encourage them to pick what they like, still holding in mind the clothing standards, that the boys would feel a greater sense of pride in themselves as well as giving staff a "real time" opportunity to help coach the boys how to take care of their things and the things they care about.

Person responsible for implementing the corrective action plan: The Program Manager

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended: The Residential Director

9.) **Discharge Children**

- No issues noted.

10.) **Personnel Records**

(81.) Have appropriate employees received the required initial training? (NO)

Finding: No documentation of completion of initial training within the first 90 days of employment.

Status: Beginning September 17, 2012 the Residential Director will collaborate with the Human Resource Department to ensure that the initial Training Passport for newly hired staff is collected and returned to H/R to be filed. The Training Passport documents

all orientation, training hours and topics. When completed this document will be turned into H/R for filing. The agency's Human Resource Department will ensure all passports are received after the orientation is complete.

Person responsible for implementing the corrective action plan: The Residential Director

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended: The Residential Director

It is our policy and practice to make sure that we are in compliance with our contract, DCFS, Probation and Title 22 requirements. We will continue to monitor ourselves to ensure that we are in compliance.

Thank you for your time and consideration. If you have any questions please contact me.

Sincerely,

Shawn Bettencourt
Director of Residential Services
(626) 395-7100 Ext. 6268