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January 22, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

PROJECT SIX GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Project Six Group Home - The Help Group (Project Six) in October 2012. Project Six has one site located in the Third Supervisorial District and provides services to Los Angeles County DCFS foster children, children placed through school districts, as well as private placements from various counties. According to its program statement, the purpose of Project Six is to "decrease residents' maladaptive behaviors and improve their social, emotional, and academic/occupational functioning."

Project Six has one 24-bed site and is licensed to serve a capacity of 24 male and female youth, ages 11 through 17. At the time of the review, Project Six served two placed DCFS children, one privately-funded child, and 13 children funded through various school districts in California. The placed children's overall average length of placement was six months, and the average age was 17.

SUMMARY

During our review, the children interviewed reported feeling safe at Project Six; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

Project Six was in full compliance with six of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness; Health and

Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

We noted deficiencies in the areas of maintenance of the group home's vehicle, documentation of service delivery, ensuring the needs of placed children are met as well as a deficiency related to children's personal rights.

Project Six needed to develop comprehensive initial and updated Needs and Services Plans (NSPs). There were also some deficiencies related to personnel requirements.

Attached are the details of our review.

REVIEW OF REPORT

On October 25, 2012, the DCFS OHCMD Monitor, Kristine Kropke Gay, held an Exit Conference with Project Six staff, Jason Bolton, Chief Psychologist; Diane Flannery, Director of Residential Care; Erica Lodgen-Rocklin, Program Director and Kristie Hoefflin, Assistant Program Director. Project Six representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL). Project Six provided the attached approved CAP addressing the recommendations noted in this compliance report.

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

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

PLB:RRS:KR
EAH:PBG:kkg

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
Barbara Firestone, Executive Director, Project Six Group Home-The Help Group
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

PROJECT SIX GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

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

The purpose of this review was to assess Project Six's compliance with its County contract requirements and State regulations and included a review of Project Six's 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, two placed children were selected for the sample. We interviewed both children and reviewed their case files to assess the care and services they received. One child was prescribed psychotropic medication. We reviewed the case file to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five discharged children's files were reviewed to assess Project Six's compliance with permanency efforts.

We reviewed five staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

We found the following four areas out of compliance.

Licensure/Contract Requirements

- We found that one group home vehicle was not maintained and in good repair. The Windstar van required two new tires. Additionally, the two rear drink holders were missing, which left a large cavity in which children are able to conceal contraband. The management team was surprised with this finding, as they reported and provided documentation that the group home vans are inspected on a quarterly

basis by an outside contractor. They stated that they were appreciative of this finding and will maintain closer supervision on maintenance of the vehicles.

- In reviewing Special Incident Reports (SIRs) from November 1, 2011 through October 31, 2012, it was noted that nine of 26 SIRs were not submitted to OHCMD via the I-TRACK system, and one SIR was not submitted timely. The Program Director acknowledged this deficiency. The Assistant Program Director stated that the SIRs were not submitted to OHCMD because the therapist was not aware that the child was a DCFS child, as the majority of their children were placed through various school districts in California. She quickly corrected the error to include OHCMD in the cross-reporting of SIRs.

  The OHCMD conducted training on Special Incident Reports (SIRs) for providers in October 2011. It was noted that Project Six representatives did not attend the training. According to the Assistant Program Director, staff were not informed of the training. Upon further review, the Monitor discovered that OHCMD support staff sent the e-mail invitation to the Executive Director. The Project Six management team surmised that the Executive Director was probably not aware of to whom the e-mail should be forwarded; therefore, group home staff never received the SIR training information. The Monitor provided OHCMD's support staff the e-mail address for the Project Six Program Director and Assistant Program Director to ensure Project Six group home staff receive all pertinent e-mails, including the SIR and NSP training presentations and documents.

- We noted that the Sign-in/Sign-out Log was not in accordance with Title 22 Regulations and the contract requirements. The Program Director immediately acknowledged the error and stated that the log will be revised to include the child's destination, the anticipated time of return, and the name and telephone number of the person who is responsible for supervising the child. The Monitor provided Project Six management with a copy of the section of the Group Home Contract, which addresses Sign-in/Sign-out logs, to ensure compliance.

- Community Care Licensing (CCL) had cited Project Six as a result of deficiencies and findings during one CCL investigation. The CCL investigation revealed that on September 19, 2011, a child sexually abused another child in the group home restroom. CCL initiated the investigation on September 28, 2011, and subsequently, Project Six was issued six violations on January 12, 2012. The citations were related to responsibility for providing care and supervision, children's personal rights, Administrator qualifications, and Plan of Operation. Due to the severity of these violations, CCL convened a meeting on May 9, 2012, to discuss the substantiated findings related to lack of supervision, client personal rights, Licensee's responsibility for providing care and supervision, Administrator qualifications, Licensee's responsibility and compliance with Title 22 Regulations, and requested an addendum to the Plan of Correction (POC). CCL approved the final POC on May 17, 2012.

It should be noted that OHCMD became aware of this incident due to a Child Protection Hotline Referral that had been evaluated out, as the incident did not involve DCFS children. However, due to concern with child safety, OHCMD requested a CAP from the agency, which was subsequently approved. In addition, OHCMD participated in the May 9, 2012 CCL meeting with Project Six.

Recommendations

Project Six's management shall ensure that:

1. The vehicle is maintained and in good repair.

2. SIRs are appropriately documented and cross-reported timely.

3. Detailed sign-in/sign-out log is maintained.

4. The group home is compliant with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

In January 2012, the OHCMD conducted NSP training. Project Six managers stated that they were not aware of the training, as they were not forwarded the e-mail sent to their Executive Director. The OHCMD support staff now has Project Six's Program Director and Assistant Program Director's e-mail addresses to ensure pertinent information from the OHCMD is directly e-mailed to them.

- Two initial NSPs were reviewed. Both initial NSPs were timely; however, were not comprehensive. They did not include all the required elements in accordance with the NSP/Quarterly template. Specifically, one NSP contained four treatment goals that were not measurable, while the other NSP had one treatment goal that was not measurable. Also, there were several fields of the NSP templates that were blank. Furthermore, the NSPs did not have verification of attempting to obtain the Children's Social Worker's (CSW's) signature authorizing the implementation of the NSP.

- Three updated NSPs were reviewed. Although the NSPs were timely, they were not comprehensive and did not meet all of the required elements in accordance with the NSP/Quarterly template. Specifically, the NSPs contained several fields that were not completed. Some NSPs did not include the dates of the various therapy and clinical groups the children attended, as well as monthly contact dates with CSWs. In addition, some Quarterly Only fields did not contain the specific treatment goal number, which addresses the child's progress during the previous 90 days. Also, of the three NSPs reviewed, five treatment goals were not measurable. Furthermore, one NSP did not contain the child's signature, while another did not contain the therapist signature, and a third NSP only contained the

Assistant Program Manager's signature. Only one NSP contained the CSW's signature authorizing the implementation of the NSP. The NSPs did not have verification of the agency's efforts to obtain the CSW's signature. The Monitor provided the e-mailed NSP training presentation to the Program Director and Assistant Program Director. They stated that they will review the information, train their therapists, and contact the Monitor should they have any questions.

We found that the group home therapist did not consistently document efforts to obtain the CSWs' authorizations to implement the NSPs. Although some NSPs documented that the NSP was faxed to the assigned CSW, there was no date or verification, via fax sheet, e-mail, or telephone contact, that it was done. The Monitor discussed and stressed the importance of obtaining the CSWs' signatures authorizing the implementation of NSPs, as well as some strategies to obtain the CSWs' participation at the 90-day NSP meeting to update the NSPs. The management stated that they will follow-up with their therapist to ensure compliance.

Recommendations

Project Six's management shall ensure that:

5. The group home staff obtain or document efforts to obtain the CSWs' authorizations to implement the NSPs.

6. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

7. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Personal Rights and Social/Emotional Well-Being

- One child reported that he was not aware of his right to receive or reject voluntary medical, dental, and psychiatric care. The Program Director stated that she is not sure why the child was unaware of this right, that possibly he may not have understood the question. She further shared that the Ombudsmen has been out to talk with children regarding their personal rights and Foster Care Youth Bill of Rights, which is posted in the common area of the group home.

Recommendation

Project Six's management shall ensure that:

8. Children are aware of their right to receive or reject voluntary medical, dental, and psychiatric care.

Personnel Records

- We noted that one staff member did not receive a timely initial health screening. Specifically, the staff member had been employed by Project Six, and when he was transferred to a Residential Counselor position, he did not receive a physical examination and tuberculosis clearance within one year before to seven days after his appointment, in accordance with Title 22 Regulations. The managers stated that they were not aware of this regulation, and if a future employee should transfer from another position within the organization, they will ensure the employee's health clearance is compliant with Title 22 Regulations.

- One staff member's file contained an expired California Driver's License. When brought to the management's attention, the staff member immediately renewed his driver license and the Monitor was provided a copy of the staff member's current driver license. Furthermore, the management explained that their Human Resource Department entered the staff member's incorrect driver's license expiration year; therefore, there was no alert when the license expired. The management stated there will be an oversight person to ensure the correct data is entered into their database.

- There were several deficiencies noted in the area of required training. Four reviewed staff files did not have documentation of the required orientation training. Specifically, some of the forms did not contain the dates the staff members completed the orientation training hours, nor was it clear the number of training hours received, or the number of hours of Job Shadow training. Based on the orientation training documents provided to OHCMD, it appears that four staff members did not receive eight of the required 24 hours of orientation training in accordance with Title 22 Regulations. According to the Assistant Program Director, the four staff members did receive the 24 hours of orientation training, although it was not appropriately documented. The Program Director explained that she recognized this and other personnel issues, and will work with the Assistant Program Director to revise training documentation.

  One residential counselor, who is on-call status, only received four hours of annual training since January 2011; Title 22 Regulations state that all child care staff shall complete a minimum of 20 hours of annual training.

  Three staff members did not receive timely certification in the Emergency Intervention Plan. Specifically, two staff members did not receive certification in Basic Pro-ACT and Restraint until approximately seven months after their hire dates, while another staff member was certified approximately two months after being hired. The Program Director and Assistant Program Director stated that they were not the management team at the time of these deficiencies and are not sure of the previous training and certification process. The Program Director further stated that there are always two staff members per shift that are Pro-ACT certified to ensure child safety.

Recommendations

Project Six's management shall ensure that:

9. Staff members receive a timely initial health screening.

10. Staff members have a current California Driver's License.

11. All required staff members receive the required training to include orientation training, annual training, and timely certification in the Emergency Intervention Plan.

PRIOR YEAR FOLLOW-UP FROM THE DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated June 13, 2012, identified three recommendations. It should be noted that there were no DCFS-placed children during that review period; therefore, seven of 10 compliance areas were not applicable.

Results

Based on our follow-up, Project Six fully implemented two of three previous recommendations. The previous recommendations were that Project Six was to ensure that:

- Staff members receive timely certification in CPR.
- Staff members receive timely certification in First-Aid.
- Staff members receive timely certification in the Emergency Intervention Plan.

Project Six did not implement the recommendation regarding timely certification in the Emergency Intervention Plan.

Recommendation

Project Six's management shall ensure that:

12. It fully implements the June 13, 2012 outstanding recommendation from the 2011-2012 fiscal year monitoring review, which is noted in this report as Recommendation 11.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Project Six for the Fiscal Year 2008-2009. The fiscal report, dated November 3, 2011, identified $34,741 in unallowable costs and $1,896 in unsupported/inadequately supported costs. According to the DCFS Fiscal Monitoring and Special Payments Section, Project Six resolved the matter by paying off the audit disallowance amount of $36,637.

PROJECT SIX GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

15339 Saticoy Street
Van Nuys, CA 91406
License # 197606825
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: October 2012**
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. 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. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
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. 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. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	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	**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	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. 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance

	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)	13. Full Compliance
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 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	Full Compliance (ALL)
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. 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 RequiredTraining	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

The Help Group

DATE: December 10, 2012

TO: Patricia Bolanos-Gonzalez, Group Home Manager
Kristine Kropke-Gay, Out of Home Care Monitor

FAX: 626-572-2368

FROM: Project Six

RE: **(ADDENDUM)** Correction Action Plan for Group Home Monitoring Review

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The Corrective Action Plan (CAP) has been implemented as follows to address Group Home Monitoring Review finding for the Project Six Group Home located at 15339 Saticoy Street, Van Nuys, California 91406 (License #: 197600205):

Section 1: Licensure/Contract Requirements

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

Monitor noted that one van's front tires appeared worn, with one bald and cracked tire. Monitor also noted that the Windstar van's two rear drink holders were missing, which left a large cavity in which children are able to conceal contraband.

Corrective Action:

- Front tires were replaced on Van # 8 on the same day the monitor noted a problem (see attached receipt).
- By Friday, December 14, 2012, the Windstar's two rear drink holders will be repaired to prevent children from having access to the inside of the frame. Agency will submit photos upon completion of repairs.
- Agency will continue routine vehicle checks on a regular basis (see attached form that details how vans are inspected every three months).
- Group Home Administrator will conduct 1x/month random checks on utilized vehicles to ensure they are in good repair. Group Home Administrator will document checks and keep documentation on site, beginning November, 2012. See attached form to be used.
- Group Home Administrator will notify appropriate persons to make any necessary corrections to vehicle immediately.

#4: Are all SIRs appropriately documented and cross-reported timely?

Monitor noted that 9 of 26 itracks were not submitted to OHCMD, and one was not reported in a timely manner.

The Help Group

Corrective Action:

- Group Home Administrator was made aware that all itracks involving DCFS placed youth must be cross-reported to OHCMD after the 9 itracks had been submitted. All itracks involving DCFS placed youth will be cross-reported to OHCMD.
- Group Home Administrator and Program Director will review SIR training provided by DCFS. Review of training was completed on 11/8/12.
- All itracks will be submitted in a timely manner by Group Home Administrator who has been trained in timely submission of itracks according to CCL and DCFS requirements.
- Effective immediately, Agency executive administration will review all itracks to ensure SIR's are submitted timely and cross-reported to OHCMD before being submitted.

#8: Does the facility maintain a detailed sign in/out log for placed children?

Monitor noted that posted sign in/out log did not have all required information, per Title 22 Regulations.

** Please note that at time of audit, all DCFS place youth had been unable to have unmonitored visits with anyone. Therefore, no entries were made on the sign in/out log.

Corrective Action:

- Facility immediately revised sign in/out log to be compliant with Title 22 Regulations (please see attached).
- Group Home Administrator ensured that staff were retrained to ensure that sign in/out log is completed accurately for all DCFS placed youth, as appropriate. Staff training occurred on 11/7/12 (see attached meeting agenda and staff sign-in sheet).

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

Monitor noted that in September 2011, there was an incident of child-on-child sexual abuse in the group home bathroom. Subsequently, Monitor reported that CCL substantiated sexual abuse and lack of supervision, and issued multiple citations.

Corrective Action:

- As a point of clarification, although the original facility evaluation report indicated an allegation of child-on-child sexual abuse, upon appeal to the program Administrator, Community Care Licensing Division - Statewide Children's Residential Program, the allegation of "Sexual Abuse" was removed and replaced with "lack of supervision" on an amended licensing report (please see attached pg.1 of that report).
- Please see attached Plan of Correction (POC) that was submitted to OHCMD and CCL on May 14, 2012 to address the incident in question.
- Telephone contact Project Six Administration had with CCL regarding the POC indicated to us their acceptance of the plan.

- As per conversation with Patricia Bolanos-Gonzalez, Project Six emailed CCL on December 10, 2012, and copied Kristine Kropke-Gay and Patricia on the email, requesting written verification that the POC was approved as written.

Section 3: Maintenance of Required Documentation and Service Delivery

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

Monitor noted that there was no verification of attempts to obtain CSW's signature on several Needs and Services Plans (NSPs). Additionally, there were missing signatures on several NSPs.

Corrective Action:

- To ensure that NSPs have been discussed with all relevant persons, Administrators will not sign off on NSPs until therapists have obtained CSW signatures or have thoroughly documented attempts to obtain signatures.

#23: Did the treatment team develop timely, comprehensive, initial NSPs with the participation of the developmentally age-appropriate child?

Monitor noted that initial NSPs were not comprehensive (e.g. school section was blank, treatment goals were not measureable, visitation plans were not specific, individual dates seen for individual/family therapy were not specified, etc.).

Corrective Action:

- New NSP template and NSP training presentation were emailed to group home administration.
- NSP template and training presentation will be reviewed in a training with therapists on Tuesday, December 11, 2012 to ensure understanding of proper and thorough NSP completion.
- All sections in the initial NSPs will be thoroughly completed and reviewed by an administrator/supervisor before submission by bringing all initial NSP's into Group/Individual Supervision to discuss with Clinical Supervisor in order to assure that Initial NSP is timely, comprehensive and has been developed with the participation of the developmentally age appropriate child.
- If "N/A" is utilized in an initial NSP, an explanation will be provided.
- All treatment goals will be appropriate, time-limited, and measureable. Additionally, all treatment goals will be agreed upon by the CSW, developmentally age-appropriate child, and treatment team.
- Visitation plans will be specific and comprehensive.
- All individual dates for individual, family, and group therapy, along with contact with the youth's CSW, will be specified in the initial NSP.

#24: Did the treatment team develop timely, comprehensive, updated NSPs with the participation of the developmentally age-appropriate child?

Monitor noted that updated NSPs were not comprehensive (school section was blank, adjustment to placement section was blank, treatment goals were not measureable, visitation plans were not specific, individual dates seen for individual/family therapy were not specified, etc.).

Corrective Action:

- New NSP template and NSP training presentation were emailed to group home administration.
- NSP template and training presentation will be reviewed in a training with therapists on Tuesday, December 11, 2012 to ensure understanding of proper and thorough NSP completion.
- All sections in the updated NSPs will be thoroughly completed and reviewed by an administrator/supervisor before submission.
- If "N/A" is utilized in an updated NSP, an explanation will be provided.
- All treatment goals will be appropriate, time-limited, and measureable. Goals will be updated as needed and documented upon completion. Additionally, all treatment goals will be agreed upon by the CSW, developmentally age-appropriate youth, and treatment team.
- Visitation plans will be specific and comprehensive.
- All individual dates for individual, family, and group therapy, along with contact with the youth's CSW, will be specified in the updated NSP.

Section 7: Personal Rights and Social/Emotional Well-Being

#46: Are children free to receive or reject voluntary medical, dental and psychiatric care?

Monitor noted that one DCFS placed youth stated that he was not aware of his right to receive or reject voluntary medical, dental and psychiatric care.

Corrective Action:

- In addition to review at intake which is substantiated by client signature, Therapists will review child rights with placed youth in their first session and at each evaluation of their NSPs, and will document accordingly. Therapists will have children sign that they reviewed and understand their rights.

Section 10: Personal Records

#62: Have staff received timely health screenings/ TB clearance?

Monitor noted that one staff did not have his Health Screening compliant with Residential Counselor position. Staff had been screened for a prior position at the agency therefore it did not fall into the one year prior or 7 days after DOH, as Title 22 requires.

Corrective Action:

- Human Resources as well as Program Administrative Assistant will document that all staff who are about to start work have had health Screening / TB tests within the time frame.
- Program administrator will keep files on all Program staff to ensure that we are meeting guidelines.
- Program Administrator will report to Program Director bi-monthly on staff files, specifically on health screenings / TB testing.

#63: Do required employees that transport children, have a valid CA driver's license?

Monitor found that one staff's license had expired 6/25/12.

**Please note: Human Resources department has a protocol for tracking when driver's licenses expire. In this case, Human Resources incorrectly entered the expiration year as 2077 instead of 2012.

Corrective Action:

- Human Resources department will continue to enter driver's license expiration dates into their database.
- In addition, Program Administrative Assistant will keep files on all staff and will monitor them for expiration dates of driver's licenses.
- Program Administrative Assistant will alert Program Director to all instances where driver's licenses will be expiring in the next 3 months.
- Program Director will follow up with individual staff as needed to assure licenses are renewed in a timely manner.

#65: Have appropriate employees received all required trainings (initial, minimum one hour child abuse training, CPR, First Aid, required annual and emergency intervention)?

Monitor did not find documentation of one staff's 24 hour initial orientation training. Another staff needed 24 hours of training within 90 days of hire however there was only documentation of 16 hours during the first 90 days. Pro-Act was not received in a timely manner for new staff (9 months after start date).

Corrective Action:

- Program administration will revise training and documentation procedures to ensure that all staff training is accurately completed, documented and tracked.
- New staff will receive required 24 hours of training, per CCL guidelines, which will be accurately documented in Program staff files. The 24 hours of training will include 4 hours of documented Job Shadowing.
- New staff will receive Pro-Act training within 30 days of hire. Program Administrator will report to Program Director where each staff member stand on completing Emergency Intervention training and will follow up with Agency personnel to set up trainings to be completed within 30 days of each employee's hire date.

The Help Group

- Program administration will ensure that overnight and relief staffs' training is conducted and documented and kept in staff files for review.
- Program administration will set up regular meetings with awake-overnight and relief staff in order to ensure annual training is completed per CCL guidelines.
- Program Administrator will report to Program Director bi-monthly on staff files, specifically where each staff member stands on completing their required staff training.

Erica Lodgen-Rocklin, Program Director, and Kristin Hoefflin, Assistant Director, will be responsible for ensuring that the CAP is fully implemented and maintained.

Erica Lodgen-Rocklin
Program Director, Project Six

12/10/12
Date

Kristin Hoefflin
Assistant Director, Project Six

12/10/12
Date

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VAN NUYS,C A 91405

Salesperson	Technician	Part Number	Part Description	Qty	FET	Price	Ext Price
102		1010989	HAN OPTIMO H724 P215/70R1	2.00		90.00	180.00
102		VS	STEMS & ECO WEIGHTS	2.00		4.50	9.00
102		AXR1417	REBUILT AXLE	1.00		89.95	89.95
				Sub Total Parts			278.95

Salesperson	Technician	Labor Description	Ext Price
102		COMPUTER BALANCE	
102		CHECK ALIGNMENT & ADVISE	
102		LUG NUTS TORQUED BY	
102		LUG NUTS CHECKED BY	
102		CUSTOMER DECLINES	
102		ROAD HAZARD	
102		CA RECYCLING FEE(*)	3.50
102		LOCAL TIRE DISPOSAL FEE	5.00
102		MISC LABOR- SHOP	95.00
102		ALIGNMENT. STANDARD	49.95
		Sub Total Labor	153.45

On Account: 456.81

I hereby authorize the r air work listed herein including sublet work to be done along with necessary materials. Flip's Wesco Tire and employees may operate he described vehicle for the purpose of testing, inspection, repair or delivery at my risk. An express lien is acknowledged on said v hicle to secure the amount of repairs thereto. Flip's Wesco Tire will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft accident or any other cause beyond their control. Customer agrees to pay all collection

Signature: _____

Date & Time: _____

Total Parts:	278.95
Total Labor:	153.45
Sub Total:	432.40
Freight:	0.00
Sales Tax:	24.41
Total:	456.81

[illegible] WEEKLY VEHICLE INSPECTION FORM

Date_____ Inspected by_____

Van License #_____ Odometer_____

Driver_____ Driver Print_____
(*Signature*)

VEHICLE CONDITION

	GOOD	FAIR	POOR
Brake Fluid	____	____	____
Engine Oil	____	____	____
Transmission Oil	____	____	____
Radiator Coolant	____	____	____
Washer Fluid	____	____	____
Tires	____	____	____
Horn	____	____	____
Turn Signals	____	____	____
Head Lights	____	____	____
Brake Lights	____	____	____
Emergency Flashers	____	____	____
First-Aid Kit	____	____	____
Fire Extinguishers	____	____	____
Safety Belts	____	____	____
Reflective Triangles	____	____	____

CLEANLINESS

Cleanliness/Exterior	____	____	____
Cleanliness/Interior	____	____	____
Van Vacuumed/Cleaned by Driver		Yes____	No____(Refused)
Power-Washed by Inspection Crew		Yes____	No____

Safety/Repair Issues: _____

Van Log Collected/Turned In Yes____ No____

Revised 6/09

Project Six- Staff Meeting Agenda
November 7th, 2012 (12-2pm)

- Review Sign In/Out Logs
  - Logs have been revised and are still by the entrance to the facility
  - Review information necessary on logs
  - Feedback/Questions?
- Program Supervisor
  - New program schedule
  - Holiday schedule and plan—time off requests
- Administration
  - Please sign the in-service binder
  - Current/upcoming discharges
  - New Rule – when client returns from hospital cannot attend outings for 3 days. Then needs to be assessed by Admin and therapist
  - Anyone on a 1:1 should not be taken on an outing unless approved
- Therapists
  - Resident updates
- Staff Appreciation Raffle!

Thank you for all your help!

Project Six Sign In/Out Log

Date	Time Out	Anticipated Time of Return	Actual Time of Return	Resident Name	Parent/Guardian Name & Contact Info	Parent/Guardian Signature	Destination	Staff Initial	Meds Needed	Meds Returned