County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 15, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

FIELDS COMPREHENSIVE YOUTH SERVICES 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 Fields Comprehensive Youth Services (The Group Home) in March 2013. The Group Home has two sites located in San Bernardino County and provides services to DCFS foster youth and Probation Department youth, as well as children from other counties. According to the Group Home's program statement, its purpose is "To provide a safe, nurturing, structured living environment for adolescents in need of a group home placement."

The Group Home has two six-bed sites and is licensed to serve a capacity of 12 male youth, ages 13 through 17. At the time of the review, the Group Home served two placed DCFS male foster youth. The placed children's overall average length of placement was 15 months, and their average age was 17.

SUMMARY

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

The Group Home was in full compliance with 4 of 10 areas of our Contract compliance review: Facility and Environment; Psychotropic Medication; Personal Rights and Social Emotional Well-Being; Personal Needs/Survival and Economic Well-Being.

OHCMD noted deficiencies in the areas of Licensure and Contract Requirements, related to Special Incident Reports (SIR) not having been submitted in compliance with

SIR reporting guidelines and Community Care Licensing citations; Maintenance of Documentation and Services Delivery, related to children not progressing toward meeting Needs and Services Plan (NSP) case goals and incomprehensive NSPs; Education and Workforce Readiness, related to children not being given opportunities to increase academic performance and attendance; Health and Medical Needs, related to untimely follow-up dental exams; Discharged Children, related to children not having made progress towards their NSP goals; and Personnel Records, related to staff not having received all required training.

Attached are the details of our review.

REVIEW OF REPORT

On April 17, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home representatives, Towana Bryant, Administrator, and Cynthia Jones, Facility Manager. The Group Home representatives: agreed with the findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home 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:EM:KR:
RDS:PBG:kb

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
Dr. Steve Wysoski, President, Board of Directors, Fields Comprehensive
Arby Fields, Executive Director, Fields Comprehensive
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

FIELDS COMPREHENSIVE YOUTH SERVICES 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 March 2013 review. The purpose of this review was to assess Fields Comprehensive Youth Services' (The Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The 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, and
- Personnel Records.

For the purpose of this review, the only two Department of Children and Family Services (DCFS) placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, two discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, no sampled children were prescribed psychotropic medication.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following six areas out of compliance.

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely and cross-reported to all required parties. A review of the children's case files revealed documentation of reportable incidents. Although the Group Home had notified the DCFS Children's Social Worker (CSW) by providing hand-written copies of SIRs, the Group Home did not submit SIRs via I-Track; OHCMD and Community Care Licensing (CCL) were never informed of the incidents.

It is noted that a Group Home representative attended the OHCMD's SIR training in October 2011, and had received the PowerPoint presentation for the SIR training provided by OHCMD in June 2012.

To ensure that SIRs are submitted in accordance with reporting guidelines, the Group Home conducted an SIR retraining for staff on May 8, 2013. Verification of the training was provided to the OHCMD.

- CCL had cited the Group Home during the course of an investigation in which an allegation of lack of supervision was substantiated. The investigation was initiated as a result of a SIR submitted on October 20, 2012. The incident involved children at the Eddington site horse-playing and one resident hit another resident in the eye. The child fell down, hit his head, and sustained a cut on the back of his head. The child was taken to the hospital; his eye was examined and he received stitches on his head. Three staff were on duty at the time of the incident, as they were undergoing a shift change. CCL substantiated the allegation, cited the Group Home, and imposed a Civil Penalty of $300. The Group Home provided a Plan of Correction (POC) which was approved by CCL.

- On February 12, 2013, CCL conducted an unannounced Facility Evaluation and found the children's grooming/hygiene boxes in a locked hall closet. CCL cited the Group Home for a Personal Rights violation, as the children were not allowed to possess and use their own toiletry articles. According to the CCL Analyst's report, the children were required to obtain staff permission to use their toiletry items. The Group Home submitted a POC to CCL to ensure the children have their toiletries in their possession. The POC was approved by CCL.

Recommendations

The Group Home's management shall ensure that:

1. SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via I-Track.

2. The group home sites are in compliance with Title 22 Regulations and free from CCL citations.

<u>Maintenance of Required Documentation and Service Delivery</u>

- Two initial Needs and Services Plans (NSPs) and seven updated NSPs were reviewed to verify if the children's progress toward meeting NSP case goals was clearly documented. One child's NSP did not include documentation regarding progress made toward meeting the educational case plan goal. Another child's NSP showed that no progress was made toward meeting the psychological development goal for decreasing anger outbursts. During the Exit Conference, the

Group Home Facility Manager stated she will ensure the children's progress is clearly documented in their NSPs.

- One of two initial NSPs reviewed was not comprehensive and did not meet all the required elements in accordance with the NSP template. The other initial NSP did not include the child's and the DCFS CSW's signatures.

- Four of seven updated NSPs reviewed were not comprehensive, as they did not meet all the required elements in accordance with the NSP template. The updated NSPs did not provide correct dates for the period for which they were written. The four updated NSPs did not include detailed information on the Group Home's contact with the DCFS CSWs and did not address the children's progress for several goals that had been documented in the children's initial NSPs.

  It was further noted that eight of the nine NSPs reviewed were developed after the OHCMD NSP training in January 2012. The Group Home did not send a representative to the training; however, Group Home Executive Director received the PowerPoint presentation for the NSP training.

  The Group Home noted in their Corrective Action Plan (CAP) that the Facility Manager will ensure the children's progress toward achieving their NSP goals is clearly documented in the NSPs and that monthly contact information with DCFS CSWs is more detailed. The Group Home conducted NSP training for the staff responsible for preparing the NSPs on May 22, 2013; verification of training was submitted to OHCMD. Additional NSP training was completed on June 12, 2013 and June 26, 2013. The Group Home provided OHCMD with verification of the trainings.

Recommendations

The Group Home's management shall ensure that:

1. Children are progressing toward meeting NSP case goals.

2. Staff receives NSP training to ensure comprehensive initial NSPs are developed.

3. Staff receives NSP training to ensure comprehensive updated NSPs are developed.

EDUCATION AND WORKFORCE READINESS

- A review of the sample children's academic records revealed that one child's academic performance and attendance did not improve. During the Exit Conference, the Facility Manager reported that the Group Home had provided the

child with a tutor to assist the child in his school performance, but the child showed little interest in going to school and showed no interest in academics.

Recommendation

The Group Home's management shall ensure that:

6. Children attend school daily, as required, and the necessary services to assist the children in improving academic performance and attendance are provided.

HEALTH AND MEDICAL NEEDS

- One child's follow-up dental examination was 16 days late. The child was placed at the Group Home on May 10, 2011. However, on April 22, 2011, prior to placement at the Group Home, the child had received a dental examination; a follow-up dental examination was scheduled for October 22, 2011. The follow-up dental examination occurred on November 7, 2011. During the Exit Conference, the Group Home Facility Manager reported that the child had a scheduled visit with his mother, and the child refused to go to the dentist. No documentation was found in the child's file to support the child's refusal to attend the dental appointment, and a SIR had not been submitted to report the child's refusal. The Group Home noted in their CAP that the Facility Manager will ensure that a SIR is completed whenever a child refuses to attend their dental appointment.

Recommendation

The Group Home's management shall ensure that:

7. Children's follow-up dental examinations are timely and documented in their case files.

DISCHARGED CHILDREN

- One discharged child, who had been placed at the Group Home at least 30 days, had made no progress toward achieving NSP goals and decreasing behavior problems. The child's Discharge Summary showed that the child had exhibited increasing behavior problems, and the Group Home had submitted a Seven-Day-Notice requesting the child's replacement.

  A review of the children's records revealed that the Group Home had provided a therapist for the child. Treatment was focused on getting the child to follow the program structure, develop trust, and control of anger. In April 2012, a Team Decision Meeting was held for the child. The DCFS CSW, the Supervising CSW, and the Group Home therapist participated in the meeting and discussed techniques that could have helped the child with anger management issues, but the child refused to cooperate. The child's acting out behavior continued; one

month later, the child was discharged from the Group Home. During the Exit Conference, the Facility Manager stated that the Group Home will continue to ensure all efforts are made to help children make progress toward achieving their NSP goals.

Recommendation

The Group Home's management shall ensure that:

8. All children make progress toward achieving NSP goals and that is documented in NSPs for children placed at least 30 days.

PERSONNEL RECORDS

- Two Child Care Workers (CCWs) were not in compliance with training requirements; Pro-Act recertification training was six months late. Both CCWs' last Pro-Act training was in September 2009; Pro-Act guidelines require recertification every three years. During the Exit Conference, the Facility Manager said that it was an administrative oversight, and she ensured that both staff would not participate in any restraints of children until after they were retrained in Pro-Act. The two CCWs completed recertification on April 17, 2013. Copies of the CCWs new Pro-Act certificates were submitted to OHCMD. During the Exit Conference, the Facility Manager stated that she plans to review personnel files monthly to ensure that staff receive all required training timely.

Recommendation

The Group Home's management shall ensure that:

9. Employees receive all required training timely.

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

The OHCMD's last compliance report, dated June 19, 2012, identified 13 recommendations.

Results

Based on our follow-up, the Group Home fully implemented seven of 13 recommendations, for which they were to ensure that:

- They remain free of violations resulting in Hold status,
- Medication distribution is appropriately documented,
- The common quarters are well maintained,

- Monthly contacts with DCFS CSWs are conducted and appropriately documented,
- Children are enrolled in school timely,
- Children prescribed psychotropic medication have current and on-going psychiatric evaluation/reviews as required, and
- Children are encouraged and assisted in creating and updating life book/photo albums.

The Group Home did not implement the recommendations for which they were to ensure:

- Comprehensive updated NSPs are developed,
- The children are progressing toward meeting their NSP goals,
- They assist in and document their efforts to improve children's attendance and academic performance,
- All children have timely follow-up dental exams,
- Efforts to assist children placed at least 30 days in making progress toward their NSP goals prior to discharge are documented, and
- Full implementation of the outstanding recommendations from the prior monitoring report.

Recommendation

The Group Home's management shall ensure that:

10. The outstanding recommendations from the 2011 monitoring report dated June 13, 2012, which are noted in this report as Recommendations 3, 4, 5, 6, 7 and 8, are fully implemented.

During the Exit Conference, the Group Home representatives stated that the Facility Manager will ensure the children's progress toward achieving NSP goals is clearly documented in the NSPs. In efforts to further ensure development of comprehensive NSPs, the Group Home Supervisor conducted a NSP training utilizing the PowerPoint presentation provided by OHCMD. The Facility Manager will monitor the children's school attendance and will share information regarding school progress with the Group Home's Clinicians. They will work together to ensure the necessary services to assist the children in improving academic performance and attendance are provided. The Group Home representatives understand the importance of and need for documentation; the Facility Manager will ensure a SIR is completed whenever a child refuses to attend scheduled dental appointments.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

FIELDS COMPREHENSIVE YOUTH SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

7062 Napa Ave.
Alta Loma, CA 91701
License # 366402086
Rate Classification Level: 10

1214 Eddington Ave.
Upland, CA 91786
License # 366407025
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: March 2013**
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. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas 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. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed
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 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)	Full Compliance (ALL)

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	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	1. Full Compliance 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. Full Compliance 6. Full Compliance 7. Improvement Needed

YOUTH SERVICES INC.

October 24, 2012
Corrective Action Plan for Supervision

I. Facility Supervision:

Concerns:

1) Minor was injured during physical altercation due to improper supervision
2) Staff pre-occupied with paper work instead of supervision
3) Staff not aware how quick situations can erupt if minors are not supervised at all times

Corrective Action Plan:

1) **Staff members on shift on October 20, 2012 received disciplinary action for failure to properly supervise minors at all times. (2 staff members were suspended and 1 received written warning)**
2) **On October 24, 2012 a training was conducted on Pro-active Supervision and the camera footage was utilized as a training tool to show staff members how quickly an incident can take place, to address the lack of supervision, staff positioning and ways to handle situations when staff have to brief/debrief, use the restroom, pass medications, etc..**
3) **On October 24, 2012 during staff training/treatment team meeting the supervision policy was reviewed to ensure all staff aware that the most vital part of their job is supervision**

Plan to prevent reoccurrence: Supervisor and/or Facility Manager will randomly check facility cameras several times weekly to ensure staff members are properly supervising at all times. Supervisor and/or Facility Managers will continue with random shift checks will during all shifts to ensure staff are properly supervising. Staff will continue to receive ongoing training with pro-active and preventative strategies to ensure supervision is the priority. Supervisor will continue to implement on-going trainings to ensure all staff remaining in compliance.

- Person responsible for implementing corrective action: Supervisor/Executive Director
- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor and/or Facility Manager

If you have any questions regarding the above CAP please feel free to contact me at 909 945-1318 or Arby E. Fields at 909 376-4148

Respectfully Submitted,

Towana L Bryant

Towana L. Bryant
Supervisor

8780 19th Street #196 • Alta Loma, CA 91701 • Ph (909) 945-1318 or (909) 931-1137 fcysinc@aol.com

Exhibit #1

Fields Comprehensive Youth Services, Inc

Corrective Action Plans for Contract Compliance Review

May 29, 2013

CAP Addendum Compliance Review

I. Licensure/Contract Requirements

#4 Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely? (Safety): An incident in minor's file that should have been submitted to OHCMD and required parties via I-track , but were not.

Future plan to ensure Special Incident Reports (SIR's) appropriately documented and cross-reported:

Corrective Action Plan:

In addition to the reporting requirements in Title II, Division 6 Chapter1, Section 80061, and Chapter 5, Section 84061, all reportable incidents are currently being submitted via the I-track web-based system to Probation, DCFS and all other required parties. All employees received additional training (515/13) on the LA County DCFS and Probation Special Incident Reporting Guideline for Group Homes procedures specifying type of reportable incidents, how, to whom, and when incidents are to be reported and cross reporting via the I-track web based system. Managers know and understand the use of faxing when the I-track system is down and also to resubmit on the I-track as soon as system comes back up.

- Plan to prevent reoccurrence: The Facility Manager will ensure all reportable incidents are properly and timely submitted to Probation, DCFS via I-track web-based system according to the LA County SIR Guideline for group homes including cross reporting to the proper officials/authority

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Managers

#9 **Is the facility free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies:** CCL substantiated lack of supervision of an incident at the Eddington site on 10/12/12, a child to child injury, when the minors were horse playing one minor hit the other in the eye, he fell down and hit his head and sustained a cut to the back of the head that required medical attention. There were three staff on duty, the incident occurred during a shift exchange and the in-house investigation determined that there was a lack of supervision.

Corrective Action Plan:

See above- Plan of Correction was completed which resulted in staff disciplinary action and addition training supervision plan of Correction submitted to CCL, San Bernardino and LA County

ADDENDUM: Plan of correction-two staff members were suspended, one received written letter of warning. Staff received additional training on supervision. (See Attached Exhibit #1- CAP for Supervision & Exhibit #2 Supervision Training Sign-In Sheet 10/24/12)

III. Maintenance of Required Documentation and Service Delivered

#18 Are the sampled children progressing toward meeting the Needs and Services Plans case goals(Well-Being)
Future plan to ensure all minors are progressing toward meeting the Needs and Services Plans case goals.

Corrective Action Plan:

Additional training will be conducted on May 22, 2013 and June 12, 2013 to guarantee all Treatment Team staff has a clear understanding of treatment planning, needs and services plans and documenting progress accordingly and how to be more pro-active in assisting minor with progressing toward goals. A supporting form is already in place to confirm progress being made, progress not being made, interventions or resources utilized to assist minor in reaching goals and any set backs. Managers will make sure the information is being properly documented to review with the Clinician regularly. This information will be reviewed by treatment team and minor to address need for modifications and what is needed to achieve the goal.

ADDENDUM: Trainings are conducted by R.L. Cima PhD (Certified Provider of the Board of Behavioral Science Provider #PCE2520) Training materials used in additional training include but not limited to Treatment Plan & Goal development(Exhibit #3A & 3B), Treatment Plan Goals/Objectives samples (Exhibit #4A thru #4K); Treatment Plan/Goals utilized as visual for minors(Exhibit #5); Goal Progress Review and detailed commentary. (Exhibit #6A & #6B). The forms utilized in the actual trainings will be the same forms utilized to document goals, track progress and make necessary adjustments.

- Plan to prevent reoccurrence: The Facility Manager will confirm the supporting Group Progress Review forms are utilized and complete for the treatment team to review and also to make sure the Clinician receives all pertinent information to determine if minor's are or are not progressing toward Needs and Service case goals and the necessity for adjustments.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Managers and/or Supervisor

#23 Did the treatment team develop timely, comprehensive, initial Needs & Services Plans (NSP) with the participation of the developmentally age-appropriate child (Well-Being)
Future plan to ensure that all DCFS CSWs contacts by the GH are appropriately documented, the Needs and Service Plans have dates, times and details regarding the contact and the NSPs will have all appropriate signatures.

Corrective Action Plan:

Additional training will be conducted on May 22, 2013 and June 12, 2013 to guarantee all Treatment Team staff has a clear understanding of treatment planning, needs and services plans and documenting progress accordingly and how to be more pro-active in assisting minor with progressing toward goals. A supporting form is already in place to confirm progress being made, progress not being made, interventions or resources utilized to assist minor in reaching goals and any set backs. Managers will make sure the information is being properly documented to review with the Clinician regularly. This information will be reviewed by treatment team and minor to address need for modifications and what is needed to achieve the goal.

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- Plan to prevent reoccurrence: The Supervisor will ensure NSPs are timely with all appropriate signatures are on the NSPs, all contacts or lack of contacts is appropriately documented on the NSP. The Facility Mangers will confirm the supporting Group Progress Review forms are utilized and complete for the treatment team to review and also to make sure the Clinician receives all pertinent information to determine if minor's are or are not progressing toward Needs and Service case goals and the necessity for adjustments.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor and/or the Facility Managers.

#24 Did the treatment team develop timely, comprehensive, updated Needs & Services Plans (NSP) with the participation of the developmentally age-appropriate child (Well-Being)
Future plan to ensure that Needs and Service Plans (NSP) have the appropriate updated dates, all progress or modifications are documented and if no progress well-documented adjustments to the NSP to assist minors in progressing toward documented goals.

Corrective Action Plan:

Additional training will be conducted on May 22, 2013 and June 12, 2013 to guarantee all Treatment Team staff has a clear understanding of treatment planning, needs and services plans and documenting progress accordingly and how to be more pro-active in assisting minor with progressing toward goals. A supporting form is already in place to confirm progress being made, progress not being made, interventions or resources utilized to assist minor in reaching goals and any setbacks. Managers will make sure the information is being properly documented to review with the Clinician regularly. This information will be reviewed by treatment team and minor to address need for modifications and what is needed to achieve the goal.

ADDENDUM: Trainings are conducted by R.L. Cima PhD (Certified Provider of the Board of Behavioral Science Provider #PCE2520) Training materials used in additional training include but not limited to Treatment Plan & Goal development (Exhibit #3A & 3B), Treatment Plan Goals/Objectives samples (Exhibit #4A thru #4K); Treatment Plan/Goals utilized as visual for minors (Exhibit #5); Goal Progress Review and detailed commentary. (Exhibit #6A & #6B). The forms utilized in the actual trainings will be the same forms utilized to document goals, track progress and make necessary adjustments. In addition to the aforementioned materials the LADCFS and Probation Association of Community Human Service Agencies January 2012 Training power point outline will be utilize as a training tool to ensure we have a consistent understanding of the language utilized in the NSP and how to develop comprehensive as well as how to complete NSPs properly. All documents (Exhibits) will be

presented and reviewed in detail at the trainings, all forms will be implemented by June 24, 2013; an additional training day will be added June 26, 2013 to ensure all the information is attained, all have a clear understanding and the importance of NSPs being timely, comprehensive, updated with the participation of the developmentally age-appropriate minor.

- Plan to prevent reoccurrence: The Supervisor will ensure NSPs are timely and comprehensive with the participation of the minor. The Facility Manger will confirm the supporting Group Progress Review forms are utilized and complete for the treatment team to review and also to make sure the Clinician receives all pertinent information to determine if minor's are or are not progressing toward Needs and Service case goals and the necessity for adjustments.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor and/or the Facility Managers.

IV. Education and Workforce Readiness

#29 Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improve grades, test score, promotion to the next level, H.S. grad. IEP goals) (Well-Being)
Future plan to ensure services provided to assist minors in academic performance will be properly documented in the Needs and Service updates

Corrective Action Plan:

At initial placement the placed minor's educational needs are addressed immediately. The Facility Manager will continue to thoroughly familiarize themselves with minor's educational needs and will monitor school progress, homework, and tutoring. The Facility Mangers will attend parent meetings, IEP meetings, open houses, etc. The Facility Manager will continue to work with our Clinicians, school personnel and tutors to monitor educational progress, development, behaviors and achievement and search for pro-active interventions to the facility continues to be attentive to the minor's educational needs.

- Plan to prevent reoccurrence: the Facility Manager will continue to closely monitor minor's school progress or lack of and provide the Clinician with all school progress, IEP's updates, behaviors, etc. to ensure the information is available to place in the Needs and Service updates.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Manger and/or Supervisor

V. Children's Health and Medical Needs

#33 Are required follow-up dental examinations conducted timely? (Well-Being)
Future plan to ensure follow-up dental examinations are timely

Corrective Action Plan:

- Plan to prevent reoccurrence: The Facility Manager will ensure follow-up dental examinations are completed timely and documented on appropriate forms and continued follow up if needed. If minor refuses appointment or the appointment is missed and/or re-scheduled for any reason it will be

properly document and it will be noted in minor's Needs and Service update and the LA County DCFS and Probation Special Incident Reporting Guideline for Group Homes procedures will be reported and cross reported via I-track web based system.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director
- Person responsible for monitoring to ensure corrective action remains implemented: Facility Mangers and/or Supervisor

IX. Discharged Children

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

Future plan to ensure minor continue to make progress toward meeting their NSP goals

Corrective Action Plan:

Additional training will be conducted on May 22, 2013 and June 12, 2013 to guarantee all Treatment Team staff has a clear understanding of treatment planning, needs and services plans and documenting progress accordingly and how to be more pro-active in assisting minor with progressing toward goals. A supporting form is already in place to confirm progress being made, progress not being made, interventions or resources utilized to assist minor in reaching goals and any setbacks. Managers will the supporting forms are being utilized and make sure the information is being properly documented to review with the Clinician regularly. This information will be reviewed by treatment team and minor to address need for modifications and what is needed to achieve the goal. Also to ensure accurate information included on updated Needs and Service Plans the Facility Manager will provide Clinicians with detailed support information and a therapy log will be utilized for staff to write weekly summaries on minor's behaviors, progress, issues, concerns etc. to ensure we all remain on the same page. This will enable Clinicians, the treatment team and the minor to make any necessary adjustments to continue to work towards positive progress towards completing their NSP goals.

ADDENDUM: Trainings are conducted by R.L. Cima PhD (Certified Provider of the Board of Behavioral Science Provider #PCE2520) Training materials used in additional training include but not limited to Treatment Plan & Goal development (Exhibit #3A & 3B), Treatment Plan Goals/Objectives samples (Exhibit #4A thru #4K); Treatment Plan/Goals utilized as visual for minors (Exhibit #5); Goal Progress Review and detailed commentary..(Exhibit #6A & #6B). The forms utilized in the actual trainings will be the same forms utilized to document goals, track progress and make necessary adjustments. In addition to the aforementioned materials the LADCFS and Probation Association of Community Human Service Agencies January 2012 Training power point outline will be utilize as a training tool to ensure we have a consistent understanding of the language utilized in the NSP and how to develop comprehensive as well as how to complete NSPs properly. Therapy Log Cover and Log Sheet (Exhibit 7A-7C). Trainings will include staffing (Staffing Sheet-Exhibit 8) of minors emergency as well as general to address concerns with treatment/goals and plan of intervention. A goal worksheet will be utilize during the training as well to ensure everyone understands what goal achievement entails i.e. what, how, who, when, and realistic attainable goals. (Exhibit 9- Sample of Goal Worksheet) A goal worksheet similar to Exhibit 9 will be created to utilize as part of our plan to ensure minors and staff understand what the goals are, how to achieve and timeframes are making progress towards goal achievements. All documents (Exhibits) will be presented and reviewed in detail at the trainings, all forms will be implemented by June 24, 2013; an additional training day will be added June 26, 2013 to ensure all the information is attained, all have a clear understanding and the importance of minors making progress in achieving case plan goals to prevent violations of minors not meeting case plan goals.

- Plan to prevent reoccurrence: The Supervisor will confirm the supporting Group Progress Review forms are utilized and completed properly for the treatment team to review and also to make sure the

Clinician receives all pertinent information to determine if minor's are or are not progressing toward Needs and Service case goals and the necessity for adjustments.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director
- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor and/or Facility Manager

X. Personnel Records

#65 Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid, required annual and emergency intervention) (Safety)
Future plan to ensure employees receive all required training timely

Corrective Action Plan:

A Fields Comprehensive Youth Services' employee will attend the Pro-Act Certification training and become a certified pro-act trainer to prevent delays in the training process and ensure all employees are trained timely. Pro-Act training will be scheduled two times yearly to ensure incoming staff and re-certifications are a part of the normal training schedule.

- Plan to prevent reoccurrence: The Supervisor will utilize an employee spread sheet created to track/monitor expiration dates, required re-certification trainings and/or documents. Employees will be issued timely written notification of re-certification and/or documentations due. Failure to supply the due documentations or attend/participate in the required trainings will result in employee being removed from the work schedule until such requirements are met timely. All employees failing to adhere will be terminated from our organization.
- Person responsible for implementing corrective action: Supervisor and/or Executive Director
- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor and/or Human Resources Department

If you have any questions regarding the above CAP for contract compliance please feel free to contact me at 909 376-4148 or Towana Bryant at 909 945-1318

Respectfully Submitted,

Arby E. Fields
Executive Director