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November 27, 2013

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

From: Philip L. Browning
Director

CHILDHELP USA 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 Childhelp USA Group Home (the Group Home) in July 2013. The Group Home has four sites; one site located in Riverside County, and three sites located in Orange County. The Group Home provides services to County of Los Angeles DCFS foster children and youth, as well as children from other counties. According to the Group Home's program statement, its purpose is "to provide quality individualized treatment services delivered via a multi-disciplinary Treatment Team model to each child admitted to the program."

The Group Home has one 84-bed site and three 6-bed sites and is licensed to serve a capacity of 102 children, ages 6 through 16. At the time of review, the Group Home served 21 placed DCFS foster youth. The placed children's overall average length of placement was 12 months, and their average age was 14.

SUMMARY

During OHCMD's review, the interviewed children generally 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 7 of 10 areas of our Contract compliance review: Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Records.

OHCMD noted deficiencies in the areas of: Licensure and Contract Requirements, related to Community Care Licensing (CCL) citations regarding substantiated allegations against a Group Home staff for violating a child's Personal Rights, and for not providing an adequate supply of toilet paper to cottages for the children's use on the weekends; Facility and Environment, related to the computer

designated for the children's use at one group home site was broken and another group home site had a broken toilet that was leaking water on the bathroom floor; and Discharged Children, related to the Group Home not ensuring that placed children are making progress toward meeting their case plan goals prior to discharge and that placed children are discharged according to their permanency plan. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and regulatory standards.

DCFS OHCMD placed the Group Home on "Administrative Hold" on April 17, 2013, for 90 days as a result of referrals that alleged physical abuse and general neglect of children placed at the Group Home. A Review Conference was held on May 9, 2013 to address DCFS concerns. The "Administrative Hold" was lifted on July 19, 2013 after the Group Home provided training, hired more staff and obtained CCL approval to install surveillance cameras at the Beaumont site on the recommendation and approval of CCL.

Attached are the details of our review.

REVIEW OF REPORT

On July 23, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home representatives: Diana Correa, Director of Operations; Kurt Kozma, Director of Clinical Treatment; Gloria Dominguez, Executive Assistant; Susan Abou-Hebeish, Program Manager; and Angelique Yoshikawa, Quality Improvement Manager. The Group Home representatives: were in agreement with the review 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. OHCMD 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 L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Yvonne Fedderson, President, Board of Directors, Childhelp USA Group Home
Diana Correa, Director of Operations, Childhelp USA Group Home
Linda Calhoun, Regional Manager, Community Care Licensing
Lya Johnson, Supervisor, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

CHILDHELP USA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

14700 Manzanita Park Road
Beaumont, CA 92223
License # 330902381
Rate Classification Level: 12

250 Joann Street
Costa Mesa, CA 92626
License # 306000902
Rate Classification Level: 12

1597 Baker Street
Costa Mesa, CA 92626
License # 306000509
Rate Classification Level: 12

3068 Johnson Street
Costa Mesa, CA 92626
License # 3060009011
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: July 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	Full Compliance (ALL)
	2. County Children's Social Worker's Authorization to Implement NSPs	
	3. NSPs Implemented and Discussed with Staff	
	4. Children Progressing Toward Meeting NSP Case Goals	
	5. Therapeutic Services Received	
	6. Recommended Assessment/Evaluations Implemented	

	7. County Children's Social Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	
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/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious	Full Compliance (ALL)

	Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children 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/Photo Album	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. Improvement Needed 2. Improvement Needed 3. Full Compliance
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

CHILDHELP USA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the July 2013 review. The purpose of this review was to assess Childhelp USA Group Home's (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, seven Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed six of the seven children; one child was observed, as the child refused to be interviewed by OHCMD. All seven children's case files were reviewed to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, five children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD 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

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during facility visits and investigations.

  In February 2013, during a Facility Evaluation, CCL found that a childcare staff did not have a current tuberculosis (TB) test result on file, and another child care staff did not have a current

First Aid and CPR training certification on file. The Group Home submitted a Plan of Correction (POC) to CCL which was approved, as well as verification of a current TB test result, current First Aid and CPR certification for the two child care staff. Copies were also provided to OHCMD. During the Exit Conference, the Group Home Program Manager said she will ensure that all new staff completes their TB test and medical examination prior to their hire date and that the Group Home provides First Aid/CPR training for staff within 30 days of hire. The Group Home Program Manager will ensure that the training staff receives is acceptable to CCL and DCFS.

In June 2013, CCL investigated and substantiated an allegation that, on more than one weekend, one of the cottages at the Riverside site had run out of toilet paper. CCL cited the Group Home for failing to provide to each child the necessary Fixtures, Furniture, Equipment and Supplies. The Group Home submitted a POC to CCL which was approved. The POC included procedures for ensuring that supplies were ordered and delivered earlier during the week, and the cottage staff was informed of the location of additional supplies. According to the Director of Operations, the Group Home always has a large supply of toilet paper at the main storeroom, and staff could have obtained toilet paper from one of the other three cottages, or they could have contacted the on-call Manager who could have made sure the cottage received the toilet paper. During the Review, OHCMD inspected all the storerooms and cottage bathrooms to verify that there was an adequate supply of toilet paper. The Group Home appealed the substantiated allegation, but CCL denied the appeal.

In June 2013, CCL substantiated an allegation of Personal Rights Violation of a child at the Riverside site. A staff had sent the child, who was dressed in pajamas, outside the cottage in the dark by herself, as a form of discipline, because the child was refusing to follow directions. The Group Home provided a POC to CCL which was approved; the staff member was terminated. The remaining staff was retrained on proper procedures for clients having a time away from the cottage with staff supervision. This allegation was not investigated by DCFS, as the child was not a dependent of the County of Los Angeles.

Recommendation

The Group Home's management shall ensure that:

1. All group home sites remain in compliance with Title 22 Regulations and free from CCL citations.

<u>Facility and Environment</u>

- A walk through of the cottages at the Riverside site revealed a deficiency in the common area of one cottage. There was a leak in one of the restrooms due to a broken toilet. The Group Home staff had blocked off the area and had placed a sign that stated Out-of-Order. The Cottage Supervisor informed OHCMD that the damage occurred shortly before OHCMD inspected the cottage, and showed the Monitor a copy of the Work Order for the repair that she had submitted to the Group Home Maintenance Department for the immediate repair. The Group Home has an ample number of toilets to meet the needs of the children when one is broken. During the Exit Conference, OHCMD verified that the toilet was repaired, and the Director of Operations stated that the toilets were older models, and the Group Home makes

all efforts to keep a sufficient amount of supplies to repair broken toilets as it takes a few days to receive parts that must be special ordered. In the interim, she will ensure the toilets are checked regularly by the maintenance staff and broken toilets will be repaired as soon as possible and are operating as needed. During the Exit Conference, OHCMD verified the repair of the broken toilet.

- It was noted that a computer for the children's use was broken and not available for the children. The Program Manager informed OHCMD that the computer was temporarily removed about two days before the review and a Work Order was submitted for the computer to be repaired. The computer was not in use because a resident had thrown the computer to the floor and damaged the hard drive and keyboard.

During the Exit Conference, the Director of Operations stated that she was not aware that the computer was damaged and could not be used. The Program Manager informed OHCMD that the children had access to a computer in the staff's office, or they could also use the computers at the local public library. Also, some of the children have their personal computers. The Director of Operations stated that the Group Home's National Maintenance Department is responsible for repairing or replacing broken computers as soon as needed, and directed the Program Manager to contact her immediately when a computer is out of service so that it can be replaced as soon as possible. The Director of Operations directed the Program Manager to replace the broken computer that very day, and issued the Program Manager a computer from the excess computers at the Riverside site.

Recommendations

The Group Home's management shall ensure that:

2. Common quarters are well maintained.

3. Sufficient educational resources and supplies, including computers, are maintained in good repair and are available for the children's use.

DISCHARGED CHILDREN

- The review revealed that one discharged child, who had been placed at the Group Home at least 30 days, was not discharged according to her permanency plan. The child's permanency plan was Adoption; however, the DCFS Children's Social Worker (CSW) made the decision to discharge the child to a non-relative home pending the non-relatives obtaining legal guardianship or adoption of the child. During the Exit Conference, the Program Manager stated that the non-relative is in the process of obtaining legal guardianship of the child and the child's sister. The child was having regular visits with the proposed legal guardian and the family prior to placement. The Program Manager also stated that the Group Home will continue to make all efforts to ensure children are discharged from the Group Home according to their permanency plan.

- Another child made no progress toward achieving her NSP goals to follow directions and to reduce intermittent explosive episodes and assaultive behavior towards peers and staff at the Group Home. The child was placed at the Group Home in June 2012. Multiple interventions

were used to attempt to stabilize the child's aggressive behavior but were all unsuccessful. A seven-day-notice was issued requesting the child's removal. In April 2013, the child was replaced to a D-rate licensed foster home, and later returned home for a trial visit.

During the Exit Conference, the Director of Operations stated that the Group Home made considerable efforts to help children meet their goals, however, this child refused to comply with her treatment plan. The child was provided individual, family, and group therapy, as well as psychiatric counseling. The Director of Operations also stated that the Group Home will continue to provide treatment and relevant services for all the children to help them make progress towards achieving their case plan goals.

Recommendations

The Group Home's management shall ensure that:

4. All children are discharged according to their permanency plan.

5. Children placed at least 30 days make progress toward meeting their NSP goals.

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

The OHCMD's last compliance report, dated December 13, 2012, identified eight recommendations.

Results

Based on our follow-up, the Group Home fully implemented 5 of 8 recommendations, for which they were to ensure that:

- SIRs are cross-reported to all required parties via ITrack in a timely manner,
- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template,
- The rewards and discipline system in place is fair,
- Children are allowed privacy to make and receive telephone calls, unless prohibited by court order or County workers, and
- Children are given opportunities to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest.

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

- All sites are in compliance with Title 22 Regulations and County contract requirements,
- Common areas are well maintained, and
- The outstanding recommendation from the 2011 monitoring report regarding common areas being well maintained.

Recommendation

The Group Home's management shall ensure that:

6. The outstanding recommendations from the 2011-2012 monitoring report dated December 13, 2013, which are noted in this report as recommendations 1 and 2 are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all CCL Title 22 Regulations and County Contract requirements. To ensure any needed repairs are addressed, the Program Managers will ensure the facilities are in working order at the sites. The Director of Operations will be notified immediately, or in her absence, the Assistant Director of Operations, whenever a repair is needed.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

Childhelp®
Founded in 1959
by Sara O'Meara and Yvonne Fedderson
PREVENTION *and* TREATMENT *of* CHILD ABUSE

THE VILLAGE OF CHILDHELP WEST
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To: Patricia Bolanos-Gonzalez, OHCMD, Manager
Kirk Douglas Barrow M.A., M.S. - Group Home Monitor/Liaison
Out of Home Care Management Division

Date: Revised September 11, 2013

Subject: Group Homes Monitoring Review Field Exit Summary
Dated July 2013

Facility Name: Childhelp Merv Griffin Village and Group Homes License Numbers: 330902381

From: Diana Correa, Director of Program Operations – CA. Diana Correa

Attached is our Response to Group Homes Monitoring Review Exit Summary

I. Licensure/Contracts Requirements

9) Is the Group Home free of any substantiated Community Care Licensing complaints on Safety and or physical plant deficiencies since the last review?

- **Childhelp provided Community Care Licensing, copies of receipts of Hygiene supplies for the past year. On three separate unannounced CCL visits we were able to give the Analysis, Deborah Mullen, a tour of the cottages and Hygiene Supply Room. We were able to show evidence that we maintain the sufficient amount of toiletries for children and staff. We also provided her the Hygiene Procedure, staff are to follow to order supplies, the process of weekly supply deliveries to the cottages, back up supplies stored in Duty Officer office, and backup supplies in Administration building. Under no circumstances should Childhelp allow the children's bathroom areas to be without proper toiletries.**
- **We showed our Group Home Monitor, Kurt Barrows, our Hygiene Supply Room and Procedures for dispensing and replenishing needed supplies.**

Attachment 1: Childhelp's Hygiene Supply Request Procedure and Form.
Responsible Staff: Executive Assistant and all the Cottage Supervisors are to ensure that the Hygiene Procedure is followed and the children have hygiene supplies at all times.

On June, 12, 2013, Community Care Licensing substantiated an allegation made that "a staff escorted a young child in her pajamas, outside her cottage at 7:45 PM. for a "Time Away".

- **Childhelp Inc, terminated staff's employment on April 03, 2013. This staff escorted a child and gave her a "time away" outside the cottage. She allowed for the child remain outside by herself for approximately 3-5 minutes. This staff did not follow Childhelp's "Crisis Intervention Procedure". Childhelp provided all child care staff training, to reduce the changes of this incident of reoccurring. Childhelp will continue to have zero tolerance for staff that violates our children's Personal Rights or does not follow our crisis intervention program and resorts to utilizing their own strategies**

  Responsible Staff: Assistant Director, Program Manager, Clinical Director, Quality Improvement, Executive Director of Program Operations-Ca., Supervisors and all Staff

On February 2013, a direct staff (Orange County Group Homes) did not have a current First Aid CPR Training Certification on file.

- **The staff had completed the training on July 23, 2012, however, designated staff failed to file a copy in the staff's training file.**

  Attachment 2: Staff Training Certificate
  Responsible Staff: Group Home Administrator is to ensure that direct staff trainings are filed. Quality Assurance Manager will conduct audits of staff files to ensure all required trainings are provided and filed.

II. Facility and Environment

11) Are common quarters well maintained? (Clean/Sanitary, neat: adequate furniture and lighting, home-like environment, no safety hazards (Safety)

- **During our Los Angeles County Monitoring Review Field visit we had a "commode" broken. Staff had blocked off the area, placed a sign-stating Out of Order and was able to show a Work Order for Repair.**

- **During our Exit Interview, we were able to show our Monitor Kirk Barrow, that the "commode" was repaired. Please note, that our Facility was built in the 1950's and we make all efforts to keep a sufficient amount of supplies to repair broken "commodes"; because we have commodes that are not standard, we must wait a few days to receive parts that must be special order. However, we are fortunate to have an ample number of "commodes" to meet the needs of the children when one is broken. We will continue to make all attempts to ensure we have "commodes" operating as needed. We were able to fix the commode as soon as the ordered part arrived (3 days).**

  Responsible Staff: Maintenance Supervisor and Maintenance Coordinator.

13) Does the Group Home maintain sufficient recreational and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age appropriate, readily available to children and in good repair?

- **One of the Baker Group computers assigned to the children was broken due to a child becoming angry and slamming the computer on the floor.**
  Staff filled a Work Order for the computer to be repaired. In the process of the computer being repaired or replaced the Group Home Supervisor arranged for the client to use the computer in one of the offices and added additional Library outings for additional computer usage. Two of the six clients also own new lap top computers.

- **Childhelp's Cooperate Office (National) IT Department, will work on repairing/replacing computers as soon as they are damaged. This process is required due to connecting the computers to the Childhelp Server and Security.**

Responsible Staff: Group Home Manager, and Group Supervisor. Staff, will continue to counsel children on how to not destroy property.
Responsible Staff: to repair/replace damaged computers in a timely manner is: Childhelp Cooperate Office, National IT Director.

IX. Discharge Children

56) For children placed at least 30 days, was the child discharged according to the permanency plan? (Permanency)

- **In order to ensure that all children placed with Childhelp for at least 30 days are discharged according to their permanency plan, all Childhelp Therapists will be expected to have recurring communication with the County Social Workers for the children on their caseload in order to regularly update the status of the permanency plans so to be in accordance with the County Social Workers' expectations. Also, in addition to documenting the child's current Case Plan Goal in the their Quarterly Report, as a precaution, all Childhelp Therapists will be trained to document that the child's Concurrent Case Plan Goal is Permanency Placement . All Quarterly Reports will be reviewed by the Clinical Director for accuracy.**

Responsible Staff: Clinical Director, Cottage Therapists

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

- **In order to ensure that all children placed with Childhelp for at least 30 days are making progress toward their NSP goals, all Childhelp Therapists will be trained to write specific, measurable and objective goals for each client that are obtainable within a three month period. These goals will be modified on a quarterly basis in order for them to remain obtainable and for the child to demonstrate progress toward these goals. All treatment interventions will be considered in attempting to help a child in making progress toward their goals. All interventions used will be documented in the child's NSP. Whenever it is identified that a child is having difficulties in making progress toward their NSP goals, a Case Review will be held by the Clinical Director to include the Assistant Director, the child's Therapist and the child's Cottage Supervisor in order to discuss possible interventions and/or to make necessary modifications to the child's NSP goals.**

Responsible Staff: Clinical Director, Assistant Director, Cottage Therapists, Cottage Supervisors and Child Care Staff