



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

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JERRY E. POWERS
Chief Probation Officer

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Fifth District

June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers *J.P. [Signature]*
Chief Probation Officer

SUBJECT: **DUBNOFF CENTER GROUP HOME CONTRACT
COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Dubnoff Center for Child Development and Educational Therapy Group Home in December 2012. Dubnoff Center has two sites; the Clybourn site is located in the Third Supervisorial District and the Valley site is located in the Fifth Supervisorial District and provides services to Los Angeles County Probation and Department of Children and Family Services (DCFS) foster children and youth. According to Dubnoff Center's program statement, its purpose is to provide specialized residential care based on a Psycho-Educational Treatment Model focusing on improving the maladaptive social and behavioral deficits of adolescent boys.

Dubnoff Center has two (2) six (6)-bed sites and is licensed to serve a capacity of 12 boys, ages 12 - 17. At the time of review, Dubnoff Center served 10 Probation children and did not have any DCFS children placed within their care. The placed children's overall average length of placement was 3.87 months, and their average age was 16.29 years. The randomly selected interview sample size was six (6) youth, and one (1) of those was placed on psychotropic medication. This case was reviewed to assess for timeliness of Psychotropic Medication Authorizations or sufficient documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Probation and one (1) DCFS, were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children reported feeling safe at Dubnoff Center, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Dubnoff Center was in full compliance with only three (3) of 10 areas of the Contract Compliance Review: Educational and Workforce Readiness, Psychotropic Medication, and Discharged Children. Deficiencies were noted in all other areas, which include; Licensure/Contract Requirements, Facility and Environment, Maintenance of Required Documentation and Service Delivery, Health and Medical Needs, Personal Rights and Social/Emotional Well-Being, Personal Needs/Survival and Economic Well-Being, and Personnel Records.

In the area of Licensure/Contract Requirements, Dubnoff Center needs to have all disaster drill logs organized and filed. In the area of Facility and Environment, Dubnoff Center needs to repair and/or replace minor deficiencies to the exteriors of the Group Homes; as well as, to the common areas and the children's bedrooms. In the area of Maintenance of Required Documentation and Service Delivery, the Needs and Services Plans were comprehensive; however, a few included incorrect report dates and/or lacked necessary signatures. In the area of Health and Medical Needs, Dubnoff Center needs to ensure that the children receive timely medical and dental examinations; as well as, timely medical and dental follow-up examinations. In the area of Personal Rights and Social/Emotional Well-Being, there were issues of staff disrespect and ability for youth to choose clothing, on at least one occasion. Lastly, in the area of Personnel Records, Dubnoff Center needs to ensure that Group Home employees complete all necessary personnel documents; such as, clearances, health screenings, Group Home policies and procedures and trainings and that those documents are organized in the appropriate file. Probation reminded Dubnoff Center of the importance of keeping documents updated, secured and available.

REVIEW OF REPORT

On January 17, 2013, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Executive Director Matt Kamin, Program Director Jose Castillo, and Case Manager Kayako Abrams. Dubnoff representatives explained that several deficiencies; such as, the physical environment deficiencies at the Valley site and the absence of emergency intervention trainings were due to the merger with Penny Lane Group Home. Regardless, Dubnoff Center representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their compliance with regulatory standards and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

Dubnoff Center provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

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

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Matt Kamin, Executive Director, Dubnoff Center Group Home
Georgia Mattered, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

**DUBNOFF CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**6329 Clybourn Avenue
North Hollywood, CA 91606
License # 191201299
Rate Classification Level: 12**

**1610 North Valley Street
Burbank, Ca 91505
License # 191290052
Rate Classification Level: 12**

| | Contract Compliance Monitoring Review | Findings: December 2012 |
|-----|---|---|
| I | <u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance |
| II | <u>Facility and Environment</u> (5 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods | <ol style="list-style-type: none"> 1. Needs Improvement 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance |
| III | <u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County 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 Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation | <ol style="list-style-type: none"> 1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Needs Improvement 10. Needs Improvement |

| | | |
|-----|---|--|
| IV | <u>Educational and Workforce Readiness</u> (5 Elements) <ol style="list-style-type: none"> 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 | <u>Health and Medical Needs</u> (4 Elements) <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 1. Needs Improvement 2. Needs Improvement 3. Needs Improvement 4. Needs Improvement |
| VI | <u>Psychotropic Medication</u> (2 Elements) <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review | Full Compliance (ALL) |
| VII | <u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements) <ol style="list-style-type: none"> 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 <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance |

| | | |
|------|--|--|
| VIII | <u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements) <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance |
| IX | <u>Discharged Children</u> (3 Elements) <ol style="list-style-type: none"> 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 | <u>Personnel Records</u> (7 Elements) <ol style="list-style-type: none"> 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. <u>All</u> Required Training | <ol style="list-style-type: none"> 1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Needs Improvement 5. Full Compliance 6. Needs Improvement 7. Needs Improvement |

**DUBNOFF CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013**

SCOPE OF REVIEW

The purpose of this review was to assess Dubnoff Center's compliance with the County contract and State regulations and include a review of the Dubnoff Center'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, six (6) placed children were selected for the sample and all six (6) were Probation children. At the time of this review, Dubnoff Center did not have any DCFS children placed. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess Dubnoff Center's compliance with permanency efforts. At the time of the review, one (1) placed child was prescribed psychotropic medication. The case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

PPQA/GHM found the following seven (7) areas out of compliance.

Licensure/Contract Requirements

It was noted that Special Incident Reports were appropriately documented and cross-reported by the I-Track system, at the time of the review. However, Dubnoff Center was not reporting incidents related to Probation children to the Los Angeles County Probation Department's Officer of the Day (OD) reporting line. The Los Angeles County Probation Department requires Dubnoff Center to report these incidents to the OD line immediately, or if after working hours, the following business day. Disaster drill logs were provided and reviewed during the 2011-2012 review; however, Dubnoff Center only

provided disaster drill logs for the months of January, February, November and December of 2012. Dubnoff Center did not provide the disaster drill logs for the additional months.

Recommendation

Dubnoff Center management shall ensure that:

1. The Los Angeles County Probation Department's Officer of the Day (OD) line is called immediately, or if after working hours, the following business day, to report incidents involving Probation children as required by the Los Angeles County Probation Department.
2. Disaster drills are conducted as required by the County contract and State regulations and that the disaster drill logs are completed, as well as, organized and filed.

Facility and Environment

Dubnoff Center completely remodeled the Clybourn site after the 2011-2012, review. However, during the walk through inspection of the Clybourn site, several deficiencies were noted; the exterior of the Group Home included, tagging, a cracked picnic table, and loose wiring. Deficiencies to the common quarters of the Group Home included a missing Ombudsman poster, one (1) torn window screen, one (1) broken blind, a broken baseboard, protruding wires, and a cracked tile in the shower of bathroom #1. Deficiencies in the children's bedrooms included, chipped paint in bedroom #1, one (1) torn window screen, two (2) broken dresser drawers, and tagging in bedroom #2, as well as, one (1) torn window shade and paint needed in the closet and wall of bedroom #3.

Dubnoff Center stated that the Valley site would be remodeled after the 2011-2012 Compliance Review; therefore, a follow-up walk through was conducted. Due to the fact that Dubnoff Center did not completely remodel the Valley site due to the merger with Penny Lane, the walk through inspection revealed a few deficiencies; the exterior of the Group Home included, tagging and a possible rotting gate. Deficiencies to the common quarters of the Group Home included, chipped molding, tagging, and a broken platform under the sink of bathroom #1. Deficiencies in the children's bedrooms included, a dirty vent, a broken dresser drawer, a missing latch for the closet door, tagging, and holes in the wall of bedroom #1. Additionally, there was tagging, torn carpet, and holes in the wall of bedroom #2, as well as, tagging, a dirty vent, difficulty opening/closing the door, protruding cable wires and holes in the wall of bedroom #3.

Recommendation

Dubnoff Center management shall ensure that:

1. All deficiencies of the exterior, common quarters and children's bedrooms are repaired at both Group Home sites.

Maintenance of Required Documentation and Service Delivery

All of the Needs and Services Plans (NSPs) appeared to be improved from the prior year review. The NSPs were comprehensive and child-specific; however, one (1) of six (6) NSPs did not include a caseworker's signature. One (1) of six (6) NSPs was missing a child's signature. Additionally, three (3) of six (6) initial NSPs were not completed within 30 days of placement, and three (3) of six (6) quarterly NSPs included the same report date as the initial NSP; therefore, PPQA/GHM could not determine the timeliness of those quarterly NSPs.

Recommendation

Dubnoff Center management shall ensure that:

1. Authorization is consistently obtained to implement the Needs and Services Plans by acquiring the Deputy Probation Officer or Social Worker signatures. Dubnoff Center shall ensure they document their efforts to obtain authorization to implement the Needs and Services Plans.
2. Children participate in their Needs and Services Plans by acquiring children's signatures. Dubnoff Center shall ensure they document their efforts to obtain children's signatures.
3. Dubnoff Center completes the Needs and Services Plans in a timely manner.

Health and Medical Needs

An improvement in the timeliness of medical and dental care, as well as, an improvement in the documentation of this information was noted in contrast to the prior year's report. However, two (2) of the six (6) children did not receive medical exams, and the reasons were not documented. For one (1) child, the information on his medical follow-up was not documented. Additionally, one (1) of six (6) children did not receive a timely dental exam, and the reason was not documented. Lastly, for one (1) child, the information on his dental follow-up was not documented.

Recommendation

Dubnoff Center management shall ensure that:

1. Medical exams are conducted in a timely manner; within 30 days of placement. Dubnoff Center shall ensure that they document their efforts to provide timely medical exams.
2. Follow-up medical exams are conducted in a timely manner. Dubnoff Center shall ensure they document their efforts to provide timely follow-up medical exams.

3. Dental exams are conducted in a timely manner; within 30 days of placement. Dubnoff Center shall ensure that they document their efforts to provide timely dental exams.
4. Follow-up dental exams are conducted in a timely manner. Dubnoff Center shall ensure they document their efforts to provide timely follow-up dental exams.

Personal Rights and Social Emotional Well-Being

One (1) of six (6) children interviewed stated that staff did not treat him with respect and dignity. During the interview, the child stated that he felt that staff did not treat him the way they treated other children and that they constantly say, "NO" to him. In discussing this matter with Dubnoff Center representatives, it was stated that this child demanded a great deal of attention. Nevertheless, Dubnoff Center representatives stated that they are aware of the importance of all staff treating children with respect and dignity.

Recommendation

Dubnoff Center management shall ensure that:

1. Group Home staff treats all children with dignity and respect.

Personal Needs/Survival and Economic Well-Being

One (1) of six (6) children interviewed stated that he was not involved in the selection of his own clothes. During the interview, the child stated that he is only allowed to shop at Target and that he does not like the clothing offered at Target, nor does he like how the clothes fit.

Recommendation

Dubnoff Center management shall ensure that:

1. Children participate in the selection of their own clothing and have the option to shop at clothing stores of their liking.

Personnel Records

All employees had their DOJ, FBI and CACI information on file. However, three (3) of five (5) appeared to be untimely. All employees had health screenings on file. However, three (3) of five (5) health screenings were conducted more than seven (7) days after their hire dates. Two (2) of five (5) employees did not have the Group Home Policies and Procedures manual signed. Regarding necessary trainings, it should be noted that all employees received ongoing training and most employees had initial training forms in their files. However, the information on the initial training forms was incomplete; missing class titles, dates and hours. Lastly, all five (5) employees were missing proof of emergency intervention training.

Recommendation

Dubnoff Center management shall ensure that:

1. All employees receive FBI, DOJ and CACI clearance in a timely manner and that they maintain the information in the employee's file.
2. All employees receive health screenings in a timely manner.
3. All employees sign the Group Home Policies and Procedures manual and that they maintain the information in the employee's file.
4. All initial training hours are documented and information is maintained in the employee's file. Additionally, Dubnoff Center shall ensure that the appropriate employees receive emergency intervention training and that they maintain the information in the employee's file.

PRIOR YEAR FOLLOW-UP FROM PROBATION's PPQA GHMU's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated November 5, 2012, identified 27 recommendations.

Results

Based on the follow-up, Dubnoff Center fully implemented 18 of 27 previous recommendations for which they were to ensure that:

1. Weekly allowance logs were legible and organized
2. Community Care Licensing complaints were corrected
3. Group Home common area deficiencies were repaired
4. Children's bedroom deficiencies were repaired
5. Age appropriate reading material was placed at the Clybourn site
6. NSPs are discussed with staff during team meetings
7. Initial NSPs were comprehensive and child specific
8. Quarterly NSPs were comprehensive and child specific
9. Children were either enrolled in school within three (3) days of placement or the effort to enroll children in school within three (3) days of placement was documented
10. Transcripts and school records were maintained in children's files
11. Children received medical exams
12. Children received dental exams
13. Children are receiving their clothing allowance
14. Children are receiving their weekly allowance
15. Children are receiving Life Books
16. Drivers licenses were maintained in employee files
17. Employees received Child Abuse Training
18. Employees received CPR training

The nine (9) recommendations that were not implemented were:

- One (1) NSP did not include the Caseworker's signature
- One (1) NSP did not include the child's signature
- Two (2) medical exams were untimely
- There was no information documented for one (1) follow-up medical exam
- One (1) dental exam was untimely
- There was no information documented for one (1) dental exam
- There was no information documented on health screenings for three (3) employees
- Two (2) employees did not sign the policies and procedures manual
- There was no proof of initial training, and if there was, the form was illegible

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

As of the date of this review, there has not been a Fiscal Review completed by the Auditor Controller Office.



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February 18, 2013

Group Home Monitoring and Investigations Unit
Placement Services Bureau
Lynwood Regional Justice Center
11701 S. Alameda St. 2nd Floor
Lynwood, CA 90262

Dear Ms. Lori Tchakerian, DPOII:

The following Corrective Action Plan (CAP) is regarding the group home audit that was completed on January 17, 2013.

LICENSURE/CONTRACT REQUIREMENTS

Recommendations:

- **Dubnoff Center shall ensure that they call the Los Angeles County Probation Department's Officer of the Day line to report incidents involving Probation children as required.**
 - In order to prevent further inconsistent information communicated with staff members, a list of emergency contacts and procedures have been posted in each home. On site Program Manager, conducts daily meetings with lead residential counselors to discuss house issues and ensure all protocols and procedures are being followed as instructed. In addition, the Program Manager conducts a walk through at each home to ensure all important documents are intact and posted on boards as intended. The Administrator, will be responsible for meeting with all employees on a biweekly basis to provide continuous training and ensure staff are calling the Los Angeles County Probation Department's Officer of the Day line to report incidents involving Probation children as required.
- **Dunoff Center Group Homes shall ensure that they conduct disaster drills as required and that the disaster drill logs are completed as well as organized and filed.**



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- To ensure that Dubnoff Center Group Homes conduct disaster drills as required and disaster drill logs are completed as well as organized and filed, we have added these events to outlook calendar that all employees have access to. In addition, Program Manager will be present to supervise the drills and ensure both homes are up to standards. The Administrator, will be ensure disaster drill logs are completed on a monthly basis, as well as organized and filed.

FACILITY AND ENVIRONMENT

Recommendations:

- Dubnoff Center shall ensure that they repair deficiencies of the exterior, common quarters and children's bedrooms of both Group Home sites.
 - To ensure deficiencies of the exterior, common quarters and children's bedrooms of both Group Home sites are kept up to standards, a weekly inspection is done by maintenance worker and program administrator. In addition, nail holes, faulty doors, loose paneling have all been fixed/removed as needed to prevent from further damage and possible harm.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Recommendations:

- Dubnoff Center shall ensure that they obtain authorization to implement the Needs and Services Plans by acquiring Deputy Probation Officer or Social Worker signatures. Dubnoff Center shall ensure they document their efforts to obtain authorization to implement the Needs and Services Plans.
 - To ensure Dubnoff Center obtain authorization to implement the Needs and Services Plans signatures, Case manager, will document the efforts to obtain authorization to Implement the Needs and Services Plans. The Administrator, will ensure this process is followed in a timely manner.
- Dubnoff Center shall ensure that children participate in their Needs and Services Plans by acquiring children's signatures. Dubnoff Center shall ensure they document their efforts to obtain children's signatures.



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- To ensure children participate in their Needs and Services Plans, Case manager will document the efforts to children's participation and obtaining authorization to implement the Needs and Services Plans. The Administrator, will ensure this process is followed in a timely manner.

- **Dubnoff Center shall ensure that they complete the Needs and Services Plans in a timely manner.**

- To ensure Dubnoff Center completes Needs and Services Plans in a timely manner, Case manager, will document the efforts to obtain necessary authorization such as signatures needed prior to the deadline. The Adminlstrator, will ensure this process is followed in a timely manner.

HEALTH AND MEDICAL NEEDS

Recommendations:

- **Dubnoff Center shall ensure that medical exams are conducted in a timely manner; within 30 days of placement. Dubnoff Center shall ensure that they document their efforts to provide timely medical exams.**

- To ensure medical exams are conducted in a timely manner and show efforts to provide in a timely manner, Case manager, will document the efforts to obtain medical exams within 30 days of placement. The Administrator, will ensure this process is followed in a timely manner.

- **Dubnoff Center shall ensure that follow-up medical exams are conducted in a timely manner. Dubnoff Center shall ensure they document their efforts to provide timely follow-up medical exams.**

- To ensure follow-up medical exams are conducted in a timely manner and show efforts to provide in a timely manner, Case manager will document the efforts to



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obtain follow-up medical exams. The Administrator, will ensure this process is followed in a timely manner.

- Dubnoff Center shall ensure that dental exams are conducted in a timely manner; within 30 days of placement. Dubnoff Center shall ensure that they document their efforts to provide timely dental exams.
 - To ensure dental exams are conducted in a timely manner and show efforts to provide in a timely manner, Case manager, will document the efforts to obtain dental exams. The Administrator, will ensure this process is followed in a timely manner.
- Dubnoff Center shall ensure that follow-up dental exams are conducted in a timely manner. Dubnoff Center shall ensure they document their efforts to provide timely follow-up dental exams.
 - To ensure follow-up dental exams are conducted in a timely manner and show efforts to provide in a timely manner, Case manager, will document the efforts to obtain follow-up dental exams. The Administrator, will ensure this process is followed in a timely manner.
 -

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Recommendations:

- Dubnoff Center shall ensure that Group Home staff treats all children with dignity and respect.
 - To ensure group home staff treat all children with dignity and respect, mandatory trainings take place and are ongoing to prevent similar deficiencies from reoccurring. These trainings include in depth explanation of Child Care duties and expectations such as proper supervision, protection and care of children. Dubnoff Center has a strong curriculum of staff training to ensure all children are treated with dignity and respect. In addition, Program Manager, conducts active staff supervision in both homes to ensure client's needs are met.

Additionally, residents receive training on boundaries, inappropriate touching and unwelcomed advances administered by Facility Social Worker.



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This training and disclosure takes place during the initial intake placement for all incoming residents at Dubnoff Center Group Homes. All clients also have the opportunity to participate in process groups that are held every Tuesday for both homes by the on-site, Licensed Marriage and Family Therapist to air concerns about safety, security and their sense of well being at the Dubnoff Center.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Recommendations:

- **Dubnoff Center shall ensure that children participate in the selection of their own clothing and have the option to shop at clothing stores of their liking.**
 - To ensure children participate in the selection of their own clothing and have the option to shop at clothing stores of their liking, all children are asked during their intake, their preference of clothing based on our clothing/dress clothes policies. With the support of Client's Probations Officers / Social Worker we are able to provide clothing of their selection and stores of their likings.

PERSONNEL RECORDS

Recommendations:

- **Dubnoff Center shall ensure that all employees receive FBI, DOJ and CACI clearance in a timely manner and that they maintain the information in the employee's file.**
 - The Human Resource Manager, will be responsible to ensure that employees receive FBI, DOJ and CACI clearance in a timely manner and that the information be updated in employee files. The Program Director will ensure that this CAP is maintained and implemented immediately.
- **Dubnoff Center shall ensure that all employees receive health screenings in a timely manner.**
 - The Human Resource Manager will be responsible to ensure that employees receive timely health screenings and that the information be updated in employee files. The Program Director will ensure that this CAP is maintained and implemented immediately.



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- **Dubnoff Center shall ensure that all employees sign the Group Home Policies and Procedures manual and that they maintain the information in the employee's file.**
 - The Human Resource Manager will ensure that all employees sign the Group Home Policies and Procedures manual and make sure it is updated in all employee and future employee files. The Program Director will ensure that this CAP is maintained and implemented immediately.
- **Dubnoff Center shall ensure that they document initial training hours and that they maintain the information in the employee's file. Additionally, Dubnoff Center shall ensure that the appropriate employees receive emergency intervention training and that they maintain the information in the employee's file.**
 - The Human Resource Manager and the Program Director will ensure that new employees receive their initial training and that it is updated in all employee files. In addition, Dubnoff Center ensure that the appropriate employees receive emergency intervention training ,by providing PRO-ACT trainings, that were held on January 31, 2013 through February 5, 2013 to ensure all employees were in compliance with regulations.

If you have any questions, please contact me at (818) 533-1202.

Sincerely,

A handwritten signature in black ink, appearing to read "Jose E. Castillo". The signature is written in a cursive, flowing style with a large loop at the beginning and a long, sweeping tail.

Jose E. Castillo
Program Director/Administrator