pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CHILD FIRST SERVICES, INC.**
LEGAL ENTITY

To operate **TRACY L. HOOD HOUSE**
NAME OF FACILITY OR AGENCY

Located at **340 WEST WALNUT STREET, SHILLINGTON, PA 19607**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

PROVISIONAL

To provide **Residential Services - Community based, dependent & delinquent**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **7**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 3800: Child Residential and Day Treatment Facilities
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 26, 2015** until **December 26, 2015**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216981

Robert E. Robinson
ISSUING OFFICER

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 12/14

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUN 2 6 2015

Mr. Nathaniel J. Williams, President/CEO
ChildFirst Services, Inc.
718 Arch Street, Suite 500N
Philadelphia, Pennsylvania 19106

RE: ChildFirst Services, Inc.
Tracy L. Hood
340 West Walnut Street
West Lawn, Pennsylvania 19607
License #: 216981

Dear Mr. Williams:

As a result of the Department of Human Services' licensing inspections on April 2, 2015, April 10, 2015, May 4, 2015 and May 8, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities), your current license # 216980 dated May 8, 2015 to May 8, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated May 8, 2015 to May 8, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 3800 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

Facility Name: TRACY L. HOOD HOUSE	**License Number:** 21698
Address: 340 WEST WALNUT STREET, SHILLINGTON, PA 19607	**County:** Berks
Director: Terri O'Donnell	**Region:** NORTHEAST
Legal Entity Name: CHILD FIRST SERVICES INC	
Legal Entity Address: 718 ARCH STREET SUITE 500 N, PHILADELPHIA, PA 19106	

Certificate(s) of Occupancy
C-3
01/03/2001
Labor & Industry

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	7	7

Type of Inspection: Full	BHA Docket Number:	Notice: Announced

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
04/02/2015: Murray, Kaitlyn; Hazlak, Brian
04/10/2015: Murray, Kaitlyn; Hazlak, Brian

Off-Site Inspection Dates and Inspectors, if Applicable
04/21/2015: Murray, Kaitlyn

Other Details

Partial or Full Triggers:	Random Indicators:

Child Demographic Data as of Inspection Dates

Age of Children:	Number of Children who:
0 to 5 years: 0	Are Adjudicated Delinquent: 0
6 to 13 years: 0	Are Dependent: 5
14 to 17 years: 6	Have Mental Illness: 2
18 to 21 years: 1	Have an Intellectual Disability: 0
	Have a Physical Disability: 0

Licensing Inspection Summary: 21698 - 04/02/2015 - Murray, Kaitlyn
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800

3800.53(c) - A director of a facility shall have one of the following:

(1) A master's degree from an accredited college or university and 2 years work experience in administration or human services.

(2) A bachelor's degree from an accredited college or university and 4 years work experience in administration or human services.

2a. DESCRIPTION OF VIOLATION

At the time Director A was hired , on 10/20/13, they only had 3 years and 3 months of experience in administration or human services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Director A was hired by the agency on 5/2/2012 as a Caseworker, not 10/20/2013 as listed above (see Attachment A in accompanying documents). Through her ongoing employment in that position, she acquired the necessary amount of experience in administration of human services (4 years) when she transitioned to the Residential Director role on 10/20/2013 (see Attachment B in accompanying documents).

The Senior Executive Assistant managing human resources had set up a Human Resources Platform , a web-based system to track employee educational materials and other qualification information. This system however, proved to not be able to adequately assist in the management of the agency's needs. Senior Executive Assistant returned to using a grid system to track necessary information and will have verified the educational status of all employees and new hires by 7/1/15.

The agency is in the process of arranging services with ADP, a corporation that will provide a cloud-based system that will allow for comprehensive managment of Human Resources information. This system will identify employee qualifications from the moment of application, and will allow for only qualified applicants to be processed for further consideration. This system will automatically track required/ renewal dates and will alert the human resources staff to the information needed for current employees. This system will also manage the agency's payroll, thus allowing for nonpayment to employees who do not have current qualifications or renewals. This system will also manage the agency's payroll, thus allowing for nonpayment to employees who do not have current qualifications or renewals. The ADP system will begin on 7/1/15 for the payroll and will incorporate human resources information and tracking capabilities by 9/1/15.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller, Sr. Program Assistant Date 5/20/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-10-15 (Date)

The above plan of correction was approved by AEM (Initials)

Plan of correction implementation status as of 6-6-15 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 04/02/2015 - Murray, Kaitlyn
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
After conducting interviews with Child #2 and Child #3, it was identified that monthly fire drills are not unannounced.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff have been immediately instructed by the Residential Director to conduct all fire drills without announcement to the children. The next fire drill to be unannounced to the children will be for May 2015. The staff member identified as announcing fire drills in the past will receive retraining in Fire Safety standards by July 1, 2015.

Staff will be reminded during weekly team meetings, weekly conference calls and during monthly All-Staff Trainings of the importance of conducting unannounced fire drills. The next All-Staff Trainings will be held May 20 and 22, 2015, where a specific reminder will be made to all staff to ensure future compliance with this regulation.

Residential Director will be responsible for overseeing the fire drill process and will conduct quarterly interviews with the children to ensure staff's compliance with this regulation. Future compliance with this regulation will be determined through the Residential Director interviews with the children and confirmation on the monthly Fire Drill Reports. Staff members who do not comply with this regulation will be required to complete retraining in Fire Safety standards prior to conducting any further fire drills.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller for Program Assistant — Date 5/20/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-10-15 (Date)

The above plan of correction was approved by AZM (Initials)

Plan of correction implementation status as of 6-10-15 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 04/02/2015 - Murray, Kaitlyn
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
The Fire Drill Log indicated that the front door was used as the exit route in 11 out of 12 Fire Drills, held in 2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

As alternate exit routes are to be used during fire drills, staff have been instructed by the Residential Director to utilize an alternate door of the program during the next fire drill, for May 2015. The Residential Director was reminded of the need to oversee the fire drill process and ensure compliance with all regulations.

Staff will be reminded during weekly team meetings, weekly conference calls and during monthly All-Staff Trainings of the need to use alternate exits during fire drills. The next All-Staff Trainings will be held May 20 and 22, 2015, where a specific reminder will be made to all staff to ensure future compliance with this regulation. Staff members who do not comply with this regulation will be required to receive retraining in Fire Safety prior to conducting any further fire drills.

Program Assistant who monitors the completion of agency fire drills will be instructed to ensure that alternate exit routes are utilized by the programs and will alert the Residential Director of any found noncompliance with this regulation. Residential Director will be responsible for overseeing the fire drill process and will address any found issues with staff within 24 hours. Future compliance with this regulation will be documented on the program monthly Fire Drill Reports and through Residential Director confirmation.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Kelly Mitchell

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Mitchell, Sr. Program Assistant

Date: 5/20/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-18-15 (Date)

The above plan of correction was approved by AZM (Initials)

Plan of correction implementation status as of 6-18-15 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 04/02/2015 - Murray, Kaitlyn
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.143 (a) - A child shall have a health examination within 15 days after admission and annually thereafter, or more frequently as specified at specific ages in the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision," available from 141 Northwest Point Boulevard, Post Office Box 927, Elk Grove Village, Illinois, 60009-0927.

2a. DESCRIPTION OF VIOLATION
Child #1 had an annual physical exam on 3/6/13 and then on 12/3/14, which was 9 months late.

Child #2's had an annual physical exam on 2/11/14 and then on 2/19/15, which was 8 days late.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately upon awareness that Child #1 and Child #2 were in need of their annual physicals, they were taken for the physicals. (see Attachment C in accompanying documents). The Residential Director responsible for the oversight of the program was reminded on 5/12/15 of the need to supervise the dates of completion for health related appointments and to ensure that all necessary documentation is obtained according to regulated timeframes.

To ensure that a physical examination is completed annually and within the required timeframe, the Residential Assistant will be made responsible for securing an appointment and providing documentation of that completed appointment. The Residential Assistant will be responsible for remaining involved in the process until completion of the appointment. The Residential Director will oversee this process and provide guidance to staff as needed to ensure completion of the process according to the regulation. Should any extraneous circumstances arise that would impede the process, written documentation will be obtained from the medical provider.

In addition, two Administrative Assistants were hired at the agency on 5/4/15, one of which will be responsible for maintaining the information on the children's binder labels, including needed appointments. This Administrative Assistant has been provided with training on the regulatory expectations pertaining to meeting medical appointment dates, as documented on the training form dated 5/19/15 (see Attachment D of accompanying documents). Senior Residential Director will enforce the expectation that Residential Director completes Quarterly File Reviews to further ensure consistent compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller, Sr. Program Assistant **Date** 6/22/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-10-15 (Date)

The above plan of correction was approved by AZM (Initials)

Plan of correction implementation status as of 6-10-15 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 04/02/2015 - Murray, Kaitlyn
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.143(e) - The health examination shall include: (1) - (15)

2a. DESCRIPTION OF VIOLATION
Child #1 had an annual physical on 12/16/14 that did not include a comprehensive health and developmental history, both physical and behavioral health.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff made immediate attempts to secure comprehensive health and developmental history, both physical and behavioral health for Child #1. The Residential Director responsible for the oversight of the program was reminded on 5/12/15 of the need to supervise the dates of completion for health related appointments and to ensure that all necessary documentation is obtained according to regulated timeframes.

Staff within the agency were instructed on 2/3/15 to begin using a revised Physical Exam Form, which includes subsets (1)-(15) of Regulation 3800.143(e), (see Attachment E of accompanying documents). Staff will be reminded during weekly team meetings, weekly conference calls and during monthly All-Staff Trainings of the need to use this revised form. The next All-Staff Trainings will be held May 20 and 22, 2015, where a specific reminder will be made to all staff to ensure future compliance with this regulation.

Program and Administrative Assistants receiving all medical paperwork have been instructed to return Physical Exam Forms which are not the most recent version that was sent to staff on 2/3/15. The staff responsible for submitting the incorrect form will be required to obtain the correct form within 2 business days. Two Administrative Assistants were hired at the agency on 5/4/15, one of which will be monitoring the physical forms that are placed in the children's files. This Administrative Assistant was instructed to file only the revised Physical Exam Form and will serve as a second safeguard against any incorrect forms being used. Senior Residential Directors will enforce the expectation that Residential Directors are completing Quarterly File Reviews to further ensure consistent compliance with this regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/08/2015		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller, Sr. Program Assistant — **Date** 5/20/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-10-15 (Date)

The above plan of correction was approved by AZM (Initials)

Plan of correction implementation status as of 6-10-15 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 04/02/2015 - Murray, Kaitlyn
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.144(b) - A child who is 3 years of age or older shall have a dental examination performed by a licensed dentist and teeth cleaning performed by a licensed dentist or dental technician at least semiannually. If a child has not had a dental examination and teeth cleaning within 6 months prior to admission, a dental examination and teeth cleaning shall be performed within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Child #1 had a dental exam on 5/1/14 and then on 12/16/14, this was not done semiannually.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately upon awareness that Child #1 was in need of a dental exam, the child was taken for the exam on 12/16/14 (see Attachment F in accompanying documents). The Residential Director responsible for the oversight of the program was reminded on 5/12/15 of the need to supervise the dates of completion for health related appointments and to ensure that all necessary documentation is obtained as warranted.

To ensure that a dental examination is completed semiannually and within the required timeframe, the Residential Assistant will be made responsible for securing an appointment and providing documentation of that completed appointment. The Residential Assistant will be responsible for remaining involved in the process until completion of the appointment. The Residential Director will oversee this process and provide guidance to staff as needed to ensure completion of the process according to the regulation.

In addition, two Administrative Assistants were hired at the agency on 5/4/15, one of which will be responsible for maintaining the information on the children's binder labels, including needed appointments. This Administrative Assistant has been provided with training on the regulatory expectations pertaining to meeting dental apointment dates, as documented on the training form dated 5/19/15 (see Attachment D of accompanying documents). Senior Residential Directors will require that Residential Directors complete Quarterly File Reviews to further ensure consistent compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller Sr Program Assistant Date 5/20/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-10-15 (Date)

The above plan of correction was approved by AZM (Initials)

Plan of correction implementation status as of 6-10-15 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 04/02/2015 - Murray, Kaitlyn
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800

3800.145(b) - Each child who is 3 years of age or older shall receive vision screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision," and "Eye Examination and Vision Screening in Infants, Children and Young Adults (RE9625)."

2a. DESCRIPTION OF VIOLATION

Child #1 had an annual vision screening on 3/6/13 and then on 12/3/14, which was 9 months late.

Child #2 had an annual vision screening on 2/11/14 and then on 2/19/15, which was 8 days late.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately upon awareness that Child #1 and Child #2 were in need of their annual vision screenings, they were taken for the screenings. (see Attachment C in accompanying documents). The Residential Director responsible for the oversight of the program was reminded on 5/12/15 of the need to supervise the dates of completion for health related appointments and to ensure that all necessary documentation is obtained according to regulated timeframes.

To ensure that a vision screening is completed annually and within the required timeframe, the Residential Assistant will be made responsible for securing an appointment and providing documentation of that completed appointment. The Residential Assistant will be responsible for remaining involved in the process until completion of the appointment. The Residential Director will oversee this process and provide guidance to staff as needed to ensure completion of the process according to the regulation. Should any extraneous circumstances arise that would impede the process, written documentation will be obtained from the medical provider.

In addition, two Administrative Assistants were hired at the agency on 5/4/15, one of which will be responsible for maintaining the information on the children's binder labels, including needed appointments. This Administrative Assistant has been provided with training on the regulatory expectations pertaining to meeting medical appointment dates, as documented on the training form dated 5/19/15 (see Attachment D of accompanying documents). Senior Residential Director will enforce the expectation that Residential Director completes Quarterly File Reviews to further ensure consistent compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller, Sr Program Assistant — Date 5/20/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-10-15 (Date)

The above plan of correction was approved by AZM (Initials)

Plan of correction implementation status as of 6-10-15 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 04/02/2015 - Murray, Kaitlyn
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.146(b) - Each child who is 3 years of age or older shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision."

2a. DESCRIPTION OF VIOLATION
Child #1 had an annual hearing screening on 3/6/13 and then on 12/3/14, which was 9 months late.

Child #2 had an annual hearing screening on 2/11/14 and then on 2/19/15, which was 8 days late.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately upon awareness that Child #1 and Child #2 were in need of their annual hearing screenings, they were taken for the screenings. (see Attachment C in accompanying documents). The Residential Director responsible for the oversight of the program was reminded on 5/12/15 of the need to supervise the dates of completion for health related appointments and to ensure that all necessary documentation is obtained according to regulated timeframes.

To ensure that a hearing screening is completed annually and within the required timeframe, the Residential Assistant will be made responsible for securing an appointment and providing documentation of that completed appointment. The Residential Assistant will be responsible for remaining involved in the process until completion of the appointment. The Residential Director will oversee this process and provide guidance to staff as needed to ensure completion of the process according to the regulation. Should any extraneous circumstances arise that would impede the process, written documentation will be obtained from the medical provider.

In addition, two Administrative Assistants were hired at the agency on 5/4/15, one of which will be responsible for maintaining the information on the children's binder labels, including needed appointments. This Administrative Assistant has been provided with training on the regulatory expectations pertaining to meeting medical appointment dates, as documented on the training form dated 5/19/15 (see Attachment D of accompanying documents). Senior Residential Director will enforce the expectation that Residential Director completes Quarterly File Reviews to further ensure consistent compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller, Sr Program Assistant | Date 5/20/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-10-15 (Date)

The above plan of correction was approved by AZM (Initials)

Plan of correction implementation status as of 6-10-15 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

STAFF PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name:TRACY L. HOOD HOUSE	License Number:216980

Designation	Staff Member's Name
A	[redacted]

Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

Date

Date of Inspection: 04/02/2015

CHILD PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name:TRACY L HOOD HOUSE	License Number:216980

Designation	Child's Name
Resident 1	[redacted]
Resident 2	

Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative Date

Date of Inspection: 04/02/2015

VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

Facility Name: TRACY L. HOOD HOUSE	License Number: 21698
Address: 340 WEST WALNUT STREET, SHILLINGTON, PA 19607	County: Berks
Director: Fabiola Belizaire	Region: NORTHEAST
Legal Entity Name: CHILD FIRST SERVICES INC	
Legal Entity Address: 7248 Tilghman Street, Suite 110, Allentown, PA 18106	

Certificate(s) of Occupancy
C-3
01/03/2001
Labor & Industry

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	7	5

Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
05/04/2015: Miller, Andrew; Smolock, Tara
05/08/2015: ~~Miller, Andrew~~; Nardone, Janelle; Murray, Kaitlyn

Off-Site Inspection Dates and Inspectors, if Applicable
05/06/2015: Miller, Andrew; Miller, Andrew
05/07/2015: Miller, Andrew; Miller, Andrew
05/11/2015: Miller, Andrew; Miller, Andrew

Other Details

Partial or Full Triggers:	Random Indicators:

Child Demographic Data as of Inspection Dates

Age of Children:	Number of Children who:
0 to 5 years: 0	Are Adjudicated Delinquent: 2
6 to 13 years: 0	Are Dependent: 5
14 to 17 years: 4	Have Mental Illness: 1
18 to 21 years: 1	Have an Intellectual Disability: 3
	Have a Physical Disability: 0

Licensing Inspection Summary: 21698 - 05/04/2015 - Miller, Andrew
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.16(d) - The facility shall orally report to the appropriate Departmental regional office and the contracting agency within 12 hours, a fire requiring the relocation of children, an unexpected death of a child and a child who is missing from the facility if police have been notified.

2a. DESCRIPTION OF VIOLATION
On 5/3/15, Child #2 passed away. The facility did not make an oral report to the appropriate Departmental regional office within 12 hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon awareness of the death of Child #2 on 5/3/15, ChildFirst Services staff initiated a sequence of notifications according to protocol understood at the time. Residential Director called the DHS hotline and made an oral report. Email notification was made to the external team. A HCSIS report was completed. (see Attachment A in accompanying documents). President/CEO spoke to a Harrisburg Workload Manager and emailed further information.

Senior Program Assistant has requested and received contact information in order to make the correct oral notifications following an unexpeced death of a child, a fire requiring relocation of the children, or a child who is missing from the facility if police have been notified. (see Attachment B in accompanying documents). Senior Program Assistant will be responsible for making an oral report within 12 hours of any of the three noted circumstances.

Senior Program Assistant will make notation on all applicable Incident Reports indicating the time that the hotline number was called, beginning on 6/11/15.

Repeat Violation: No	Date(s) of Previous Violation(s):		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller, S.I. Program Assistant Date 6/11/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of _____ (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 05/04/2015 - Miller, Andrew
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.20(b) - The following confidentiality requirements apply unless in conflict with the requirements of applicable statutes and regulations specified in subsection (a): (1) through (6).

2a. DESCRIPTION OF VIOLATION
A copy of Child #3's Individual Service Plan was found in Child #1's file.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Adminstrative Assistant responsible for the misfiling is no longer employed by the agency.

Two new Administrative Assistants were hired at the agency on 5/4/15, one of which will be responsible for maintaining the paperwork that is placed in the children's files. This Administrative Assistant has been provided with training on the regulatory expectations of the filing procedures, as documented on the training form dated 5/19/15 (see Attachment C of accompanying documents).

Senior Program Assistant will provide ongoing oversight and guidance to the Administrative Assistant to ensure that filing procedures are followed on a consistent basis. Senior Residential Directors will enforce the expectation that Residential Directors are completing Quarterly File Reviews to further ensure consistent compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Miller, Sr. Program Assistant | **Date** 6/1/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by _____ (Initials)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Licensing Inspection Summary: 21698 - 05/04/2015 - Miller, Andrew
Facility Name: TRACY L. HOOD HOUSE

1. REGULATION 55 Pa.Code §3800
3800.53(b) - The director shall be responsible for administration and management of the facility, including the safety and protection of the children, implementation of policies and procedures and compliance with this chapter.

2a. DESCRIPTION OF VIOLATION
Child #1 is the mother of Child #2. Staff Member A and Staff Member B stated they have witnessed Child #1 sleeping in the same bed as Child #2 on multiple occasions. Staff Member A and B also stated they have discussed the dangers of sleeping in the same bed as Child #2 with Child #1. Both Staff Member A and Staff Member B stated they have notified Director C of these incidents, which Director C confirmed.

On the morning of 5/3/15 Staff Member A entered Child #1 and #2's bedroom and found Child #1 and Child #2 sleeping in the same bed. Staff Member A stated the children were found lying on their sides facing each other and were about 6 inches apart. Child #2 was unresponsive and was showing signs of rigor. Child #2 was pronounced dead at 8:49am on 5/3/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residential Director C responsible for overseeing the program is no longer employed by the agency. Staff Member A is no longer employed by the agency. Staff Member B has been reminded of the program policies and rules surrounding sleeping arrangements with babies. Program staff with mothers and babies have been reminded about the regulatory and safety need for all young children and babies to sleep in their own cribs/beds.

The agency has ensured that all young mothers have been reminded about sleeping arrangements with their babies and that they have acknowledged their understanding in writing, as noted on the Mother-Baby Policy form signed by every young mother in the agency (see Attachment D in accompanying documents).

The agency has started a weekly conference call for staff in programs with mothers and babies, with the first call being held on 5/28/15. A Program Assistant is responsible for coordinating and leading the weekly calls, which discuss a different topic each week relating to parenting, such as sleeping arrangements and safety issues in the home, development, nutrition, and accessing resources in the community. The calls will serve to provide staff with ongoing reminders about safety and parenting issues and to ensure understanding of the expectations for regulatory compliance. Senior Program Assistant will supervise the Program Assistant and ensure consistency in the calls and attendance by staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	[illegible] & Program Assistant	Date	6/16/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of _____ (Date)

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- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

CHILD PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name:TRACY L HOOD HOUSE	License Number:216980

Designation	Child's Name
Resident 1	[redacted]
Resident 2	
Resident 3	

Holly Miller Sr. Program Assistant
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

6/10/15
Date

Date of Inspection: 05/04/2015

STAFF PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name: TRACY L. HOOD HOUSE	License Number: 216980

Designation	Staff Member's Name
A	[redacted]
B	
C	

Kelly Miller Sr. Program Assistant
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

6/16/15
Date

Date of Inspection: 05/04/2015