COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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DONALD H. BLEVINS
Chief Probation Officer

March 29, 2011

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TO: Each Supervisor

FROM: Donald H. Blevins DHB per DHB
Chief Probation Officer

SUBJECT: **AIMING HIGH TREATMENT CENTER, SITES I & II CONTRACT COMPLIANCE MONITORING REVIEW**

We have completed a review of Aiming High Treatment Center Group Homes, operated by ASHE, INC. The Group Home contracts with the Los Angeles County Probation Department.

Aiming High Treatment Center Group Homes consist of two (2) six-bed facilities, which provides care for boys ages 10-17 years old who exhibit behavioral, social, emotional, and psychological difficulties. At the time of this monitoring review, Aiming High Treatment Center Group Homes was providing services for nine (9) Probation youth.

Aiming High Treatment Center Group Homes are located in San Bernardino County. Site I is located in the Third District and Site II is located in the Fifth District.

SCOPE OF REVIEW

The purpose of our review is to determine whether the Agency is providing the services as outlined in their Program Statement. In addition, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights.

SUMMARY

Based on youth interviews and the contents of the Needs and Service Plans reviewed, the Agency is providing the services as outlined in their Program Statement. However,

there are numerous deficiencies in the "Notable Findings" section that require an intensive corrective action plan. There are also numerous deficiencies regarding the Group Home's physical facilities which require immediate attention, such as, repairing numerous holes on the walls, tightening loose cabinet hinges, repairing broken dresser tracks, repairing and painting damaged walls, replacing worn mattresses, and removing old caulking in the bathrooms.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Children at both sites were not receiving life books/photo albums
- Children at both sites were not receiving the minimal weekly allowances of $7.00
- Children at both sites were not receiving their monthly clothing allowance of $50.00
- Cable wires were hanging down from the bedroom ceiling at both sites
- No GCIF electrical outlets in the bathrooms and kitchens at both sites in accordance with current building codes
- No juices in the refrigerator at both sites
- Group Home not providing children with choices of recreational activities at both sites
- Staff's personnel files were not updated to include copy of valid/current driver's license, 20 hours of yearly in-service training, CPR/First Aid cards, and DOJ/Fingerprint clearance at both sites
- Site I, no evidence of vehicle liability insurance or current registration
- The Needs and Services Plan (NSP) were missing in some of the children's files
- Group home uses allowance deduction as a form of discipline
- No Ombudsman signs posted at both sites.

EXIT CONFERENCE

In attendance:

Claudius Wright, Administrator
John Brantley, Site I Facility Manager
Shakir Al-Khaaliq, Site II Facility Manager

Highlights:

The Exit Conference was conducted on November 5, 2010. The deficiencies were addressed at the time of the exit conference. The representatives present were in agreement with the findings of the review. Administrator Wright understood the importance of compliance with the Master Agreement Contract for Group Home Foster

Care Services and agreed to make all necessary corrections in the areas of compliance, and repairs or replacements. A written Corrective Action Plan was submitted on December 6, 2010, and has been approved. A follow-up visit was conducted on December 15, 2010 to ensure that all deficiencies have been corrected. The results for the follow-up visit can be found on the final page of the "Compliance Monitoring Review".

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

DHB:REB:LCM:ed

Attachments

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Jean Chen, Community Care Licensing
Claudius Wright, Administrator, Aiming High Treatment Centers
Jacqueline A. White, Deputy Chief Executive Officer
Chief Deputies
Justice Deputies

AIMING HIGH TREATMENT CENTER GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW- SUMMARY

	Contract Compliance Monitoring Review	Findings: December/ 2010
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	1. Full Compliance 2. Full Compliance 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Needs Improvement
II	**Program Services** (7 Elements) 1. Child Population Consistent with Program Statement 2. Probation Caseworker Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff/Parents 5. Therapeutic Services Received 6. Recommendation Assessments/Evaluations Implemented 7. Probation Caseworkers Monthly Contact Verified	1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Needs Improvement 5. Needs Improvement 6. Needs Improvement 7. Full Compliance
III	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Needs Improvement 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Needs Improvement
IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (All)
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities.	1. Needs Improvement 2. Needs Improvement 3. Needs Improvement

VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	Full Compliance (All)
VII	**Personal Rights** (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Received or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence. 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	1. Needs Improvement 2. Needs Improvement 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
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50.00 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Needs Improvement 7. Needs Improvement 8. Needs Improvement
IX	**Personal Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/ Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance

	5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation	5. Full Compliance 6. Needs Improvement 7. Full Compliance 8. Full Compliance 9. Needs Improvement 10.Needs Improvement 11.Needs Improvement 12. Full Compliance

AIMING HIGH TREATMENT CENTER GROUP HOMES PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

Aiming High Treatment Center, Site I
34201 Fifth Place
Yucaipa, CA 92399
License Number: 366402773
Rate Classification Level: 12

Aiming High Treatment Center, Site II
715 S. Sutter Avenue
San Bernardino, CA 92410
License Number: 366403887
Rate Classification Level: 12

LICENSURE/CONTRACTUAL COMPLIANCE

Based on our review of documents from the provider, Aiming High Group Home was in compliance with seven (7) of the nine (9) elements in the area of Licensure/Contractual Compliance: Timely Notification for Child's Relocation, Stabilization to Prevent Removal of Child, Special Incident Reports (SIRs), Compliance with Licensed Capacity, Disaster Drills Conducted, Disaster Drill Logs Maintenance and Runaway Procedures. The Group Home notifies all required agencies in a timely manner when a child is relocated. The Group Home takes all necessary steps to stabilize a child to prevent removal and provides the children with all their transportation needs. The Group Home completes, documents, and reports all SIRs in a timely manner, complies with the licensing capacity, conducts disaster drills, maintains a disaster drill log and follows runaway procedures accordingly.

The Group Home is not in compliance with the allowance logs. Although they are compliant with logging all allowances provided and spent, the agency is not in compliance with the amount of allowance that is due to each child. This will be discussed and addressed further in the "Clothing and Allowance" section of this report.

Additionally, the Group Home was unable to produce evidence of vehicle liability insurance and current vehicle registration for Site I at the time of this review. The Group Home Administrator reported that the vehicle registration was sent to the DMV in August of 2010 (registration expired in September 2010); however; at the time of the review, he had not yet received the registration tags and therefore, out of compliance with "Transportation" requirements under this section. The Group Home has since provided a faxed copy of the current vehicle liability insurance coverage from their insurance agent for our review. As of the follow date of December, 15, 2011, the Group Home has received the vehicle registration tags. See "Follow-up" section for further verification details at the end of this report.

Recommendations:

1. Aiming High Treatment Center Group Home shall maintain updated vehicle insurance policies and vehicle registration. All necessary documents shall be kept in the Group Home vehicle and readily accessible upon request.

2. Aiming High Treatment Center Group Home shall maintain an undated allowance log with the correct amount of allowance per the Master Agreement Contract for Group Home Foster Care Services.

PROGRAM SERVICES

Based on our review of Aiming High Treatment Center Group Home, Sites I & II and interviews with nine (9) Probation placed children, Aiming High Treatment Center Group Home was not in compliance with five (5) of the seven (7) elements in the area of Program Services in that four (4) Needs and Service Plans (NSPs) could not be found in the children's files and were unable to be reviewed; therefore, the monitor was unable to determine if there was authorization from the child's Probation Caseworker to implement the NSP, the child's participation in the development of their NSP, if the NSP was discussed and implemented with staff and parent, if therapeutic services were received or if the recommended assessments/evaluations were implemented .

Although, five (5) of the nine (9) children's files contained current NSPs, the Group Home was not in full compliance with this section of the review. The remaining five (5) NSPs that were found in the child's file were carefully reviewed and revealed that the treatment team develops and implements NSPs with input from the child, the Probation caseworkers gave authorization to implement the NSPs and the NSPs are current, comprehensive and include short and long term goals. The Group Home did provide the four (4) missing NSPs and 30-day reports for review as a part of their corrective action. The missing NSPs reviewed all met the above criteria and are currently placed in the child's file as verified during a follow-up visit.

The Group Home was in compliance with Probation Officers contact, as verified through child interviews. The children all met the Group Home's population criteria as outlined in their Program Statement and are assessed for needed services within 30 days of placement. The case files all reflect adequate documentation to show that children are receiving treatment services. All nine (9) children interviewed stated that they receive weekly therapy sessions, individually and in group. The children stated that they were part of the NSP process and received a copy.

Recommendations:

1. Aiming High Treatment Center Group Home shall maintain current 30-day reports and NSPs in the child's file. All necessary documents shall be readily accessible upon request.

FACILITY AND ENVIRONMENT

Based on our walk through inspection of Aiming High Treatment Center Group Home Sites I & II and interviews with nine (9) Probation placed children, Aiming High Treatment Center Group Home was not in compliance with four (4) of the six (6) elements in the area of Facility and Environment.

Aiming High Treatment Center Group Homes, Sites I & II are located in a residential community. The front exterior at both sites is well maintained and properly landscaped, with trimmed bushes, mowed lawns and the paint appeared clean. However, the surrounding exterior areas at both sites, which include the sides of the homes and the backyards, are in need of repair or replacement in the following deficient areas:

Site I, Exterior:

- Remove pine needles on top of the roof that is covering half of the house.
- Remove trash on the left, right, and rear sides of the house.
- Repair a hole in the stucco by the front entrance wall.
- Repair peeling and damaged roof shingles above the right side of the house.
- Repair side gate that does not open correctly.
- Repair molding trim on the outside of the patio cover.
- Replace damaged screen on the outside of the patio.
- Secure loose cable wire in the patio area.
- Secure loose "doggy door" to wall located at the rear of the house.
- Repair peeling and damaged roof shingles above the left side of the house.
- Remove concrete blocks and construction materials scattered behind the storage container.
- Repair storage container door that is damaged and will not closed.
- Remove chain links hanging from the beam outside of the patio.

Site II, Exterior:

- Repair buckled and falling exterior wall panels on the outside of the dayroom.
- Repair side gate that does not close properly.
- Remove trash on the right side of the house.

The interior common areas of the Group Homes are in need of repairs or replacements in the following deficient areas:

Site I, Living Room:

- Remove or repair loose brick in the fireplace.
- Repair or replace the "love seat" (small couch), it appeared to be dirty and the upholstery severely torn.
- Repair missing rear right leg on sofa. Repair or replace sofa, the upholstery appeared to be dirty, old, and worn out.
- Re-paint the front entrance door for fading paint.
- Replace front door screen that is torn.
- Replace missing right side armrest cushion foam on sofa chair.
- Repair small dresser cabinet fascia (3rd drawer) that is damaged/broken.
- Replace upholstery on desk chair that is damaged.
- Paint wall behind television.

- No Ombudsman sign posted.

Site II, Living Room:

- Replace four pieces of mirror tiles on the south wall that are damaged and exposing sharp edges.
- Repair bookshelf backing that is loose and needs to be secured.
- No Ombudsman sign posted.

Site I, Kitchen:

- Replace one dining room table chair missing back support.
- Repair torn dining room table chair on the back support area.
- Bottom refrigerator handle missing, needs replacing.
- Repair "Whirlpool" trash compartment under kitchen island area that is not operable.
- Replace ceiling light cover that is cracked.

Site II, Kitchen:

- Repair three lower top kitchen cabinets drawers that are missing tracks. Drawer does not easily open.
- Replace existing electrical outlet next to sink with GCIF outlet as required by building code.

Site I, Hallway Bathroom:

- Replace cracked window above shower tub.
- Repair damaged drywall and base board behind toilet area.
- Replace damaged tile behind toilet.
- Replace damaged caulking around toilet.
- Replace damaged base board in front of shower tub.
- Remove grout around shower tub that has presence of mold and mildew.
- Replace old and severely rusted vanity light.
- Replace damaged vinyl tiles.
- Replace missing sink pop-up drainer.
- Repair hole on wall behind bathroom door.

Site II, Hallway Bathroom:

- Huge vanity mirror not properly secured. There is only one bracket holding the mirror.
- Repair damaged wall behind toilet.
- Repair major paint chip on the edges around the fiberglass shower tub.

The children's bedrooms are in unsatisfactory condition and need improvements in the deficient areas listed below.

Site I, Bedroom #1:

- Replace one child's mattress that sinks in the middle.
- Remove cable wire hanging down from ceiling.

Site I, Bedroom #2:

- Remove cable wire hanging down from ceiling.
- Patch several holes on the ceiling.
- Remove tagging "brown pride" on bed frame.
- Patch numerous small holes around window sill.
- Repair damaged tile.
- Repair child's broken bottom dresser drawer tracks.
- Minimal lighting in youth's room.

Site I, Bedroom #3:

- Repair peeled and water stained ceiling.
- Replace broken bathroom light switch outlet cover.
- Paint peeling off by doorway.
- Replace right side vanity light bulb that is missing.
- Replace missing vent cover.
- Replace torn shower curtains.
- Repair cracks on North side of wall.
- Replace cracked caulking around glasses by tub.

Site II, Bedroom #1:

- Replace one child's mattress that sinks in the middle.
- Remove cable wire hanging from ceiling.

Site II, Bedroom #2:

- Repair hole in the wall behind the bedroom door.
- Remove cable wires hanging down from ceiling.
- Repair broken drawer tracks on child's dresser.
- Replace missing chain on ceiling fan lights.

Site II, Bedroom #3:

- Replace one child's mattress that sinks in the middle.
- Repair child's top drawer dresser that does not closed properly.
- Replace child's severely damaged dresser.
- Replace existing electrical outlet in the bathroom with a GCIF outlet as required by building code.
- Repair broken top left vanity drawer tracks in bathroom.
- Replace missing chain on ceiling fan lights.
- Bathroom vent register is very rusty.

In addition, the bedrooms appeared too dark lacking adequate room lighting. The ceiling fans in each room uses only one energy efficient light bulb instead of all three. The window coverings and window screens are in good repair. Most of the mattresses are comfortable, however; there were three (3) out twelve (12) mattresses that sink in the middle and need to be replaced. The beds all have a full complement of linens, and the children's sleeping arrangements are appropriate.

The Group Homes do maintain age-appropriate and accessible recreational equipment, such as, board games, a television, a computer, and a DVD player. Multiple books and resource materials are also available.

The Group Home sites maintain a sufficient supply of perishable and non-perishable foods. However, the Group Home did not have fresh fruit juices in the refrigerator at either of the sites for the children at the time of this review. In addition, the children reported that they were drinking tap water from the faucet at Site II. Site II, children reported that they receive a bag of snacks on Monday for the entire week and the bag gets refilled the following Monday. However, several children reported that their snacks often get stolen by their peers during the week.

Recommendations:

1. Aiming High Treatment Center Group Home, Sites I & II shall ensure that all aforementioned deficiencies cited will be corrected and repaired/replaced in a timely fashion in order to ensure the safety, security and well being of all children placed at the Group Homes.

2. For the interior, the Group Homes needs to replace the three (3) damaged mattresses, provide sufficient lighting in all bedrooms by adding additional light bulbs, repair all damaged furniture and holes on the walls.

3. For the exterior of the Group Homes, all construction material in the backyard needs to removed and discarded. In addition, repair all loose objects surrounding the side areas of the homes.

4. Both sites shall supply and a selection of fruit juices immediately and maintain daily. In addition, Site II shall supply fresh drinking water. The snacks shall be placed in a locked area and given to children upon request.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of documents and interviews with nine (9) Probation placed children at Sites I & II, Aiming High Treatment Center Group Home was in compliance with all four (4) elements in the area of Education and Emancipation Services.

The children are attending school, are provided with educational support and resources to meet their educational needs, and are progressing satisfactorily in their respective school. The Group Home's program includes the development of children's daily living, self-help and survival skills. Children are also provided with opportunities to participate in emancipation and vocational programs as appropriate.

Recommendations:

None

RECREATION AND ACTIVITIES

Based on our review of Aiming High Treatment Center Group Home, Sites I & II and interviews with nine (9) Probation placed children, Aiming High Treatment Center Group Home is out of compliance with all three (3) elements in the area of Recreation and Activities.

The nine (9) Probation placed children reported that the Group Home does not provide children with sufficient recreational activities and leisure time. The Group Home does not provide opportunities for youth to actively participate in the planning of activities, other than input that they want to go to the movies weekly. The children reported that the Group Home rarely provides off-grounds activities such as outings to the library, baseball games, and museums. Children reported not participating in extra-curricular, enrichment and social activities in which they have an interest. The Group Home has a small weight room for the residents to use at Site I. The Group Home has a small recreational room which consists of a pool table and video games for the residents to use at Site II. The Group Home does provide transportation to and from any activities that they do attend.

Recommendations:

1. Aiming High Treatment Center Group Home shall maintain a monthly calendar of planned recreational activities with input from the children in accordance with the Master Agreement Contract for Group Homes Foster Care Services. If the child elects not to participate in the planned activities, the facility manager or staff members shall document the child's non-participation.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of Aiming High Treatment Center Group Home, Sites I & II and interviews with nine (9) Probation placed children, Aiming High Treatment Center Group Home was in compliance with all nine (9) elements in the area of Children's Health Related Services.

Of the nine (9) children interviewed, only one of the children has current court authorizations for psychotropic medication. Documentation based on the psychotropic medication review tool confirms that the child is routinely seen by the prescribing psychiatrist.

Medication distribution logs are properly maintained and children are aware of their right to refuse medication.

Recommendations:

None

PERSONAL RIGHTS

Based on our review of Aiming High Treatment Center Group Home, Sites I & II and interviews with nine (9) Probation placed children, Aiming High Treatment Center Group Home was in compliance with nine (9) of the eleven (11) elements in the area of Personal Rights.

Aiming High Treatment Center was not in compliance in the area of "Appropriate Rewards and Discipline System". The children interviews revealed that the discipline policies are consistently enforced, and there are fair and appropriate consequences for inappropriate behavior. However, all nine (9) children reported that the Group Home

uses allowance deduction as a form of discipline and restitution to the Group Home for damaged property caused by the child. The Group Home was instructed to immediately correct this violation.

Although, the children are informed about the Group Home's policies and procedures, the Group Home failed to display the Ombudsman sign at both sites, therefore; out of compliance with the first element of this section, "Children Informed of Home's Policies and Procedures".

Children report that they feel safe in the Group Home and are provided with appropriate staff supervision. Children express satisfaction with the quality of their interactions with staff and report the facility staff treats them with respect and dignity. Children reported that they are assigned chores that are reasonable and not too demanding. Children are allowed to make and receive personal telephone calls, send and receive unopened mail, have private visitors, and attend religious services of their choice.

Children report that they are aware that they can reject or receive voluntary medical, dental and psychiatric care. Children stated that they are all informed about psychotropic medication and their right to refuse them.

Recommendations:

1. Aiming High Treatment Center Group Home shall comply with the Master Agreement Contract for Group Home Foster Care Services, which prohibits the Group Home from using allowance deduction as a form of discipline. Effective immediately, Aiming High Treatment Center Group Home is prohibited from deducting the children's weekly allowances as a form of discipline.

2. Aiming High Treatment Center Group Home shall immediately obtain and post Ombudsman signs at both sites.

CLOTHING AND ALLOWANCE

Based on our review of Aiming High Treatment Center Group Homes, Sites I & II and interviews with nine (9) Probation placed children, Aiming High Treatment Center Group Home was not in compliance with six (6) of the eight (8) elements in the area of Clothing and Allowance.

The Group Home provides appropriate clothing and items of necessity. However, the Group Home does not comply with the required $50 monthly clothing allowance as required by the Master Agreement Contract for Group Home Foster Care Services. Rather, the Group Home chooses to provide the children with their clothing allowances on a semi-annual basis. The nine (9) children report that they receive their clothing allowances every six months. Newly placed children receive a $300 Visa gift card to "Burlington Coat Factory", a $100 gift card to "Wal-Mart", and a $100 gift card to "Footlocker", which exceeds the minimum required amount of $250. The children then receive a $300 clothing allowance every six months. Children are provided with opportunities to select their own clothes, and the clothing provided is of good quality and of sufficient quantity. The Group Home conducts shopping outings every six (6) months at appropriate clothing stores.

The Group Home does not provide children with the initial required minimum weekly allowance of $7 as required by the Master Agreement Contract for Group Home Foster Care Services. The Group Home participates in an allowance level system, which consists of "Entry Level Functioning", "Growing", and "Self Reliance". The nine (9) children interviewed reported that they receive a $3 weekly allowance for "Entry Level" upon arrival at the Group Home for the first four weeks, and then move up to "Functioning status", where they receive a $5 weekly allowance for the next four weeks before advancing to "Growing status", where they receive a $6 weekly allowance plus $4 in bonuses for no "write-ups". The last phase is the "Self Reliance status", where they receive a $10 weekly allowance plus $5 in bonuses for no "write-ups". Although, the Group Home has a system, the current allowance level system is out of compliance with the Master Agreement Contract for Group Home Foster Care Services. Therefore, the current allowance is out of compliance as well.

The Group Home provides children with adequate personal care items. However, the Group Home does not participate or assist in creating and maintaining photo albums/life books as required by the Master Agreement Contract for Group Home Foster Care Services.

Recommendations:

1. Aiming High Treatment Center Group Home shall comply with the Master Agreement Contract for Group Home Foster Care Services, which states that the Group Home shall provide a regular monthly clothing allocation starting not more than 30 days following the date of placement in the amount of at least $50 to be spent on clothing. Effective immediately, Aiming High Treatment Center Group Home shall provide all children with the required $50 monthly clothing allowance and maintain a clothing allowance inventory/log.

2. Aiming High Treatment Center Group Home shall comply with the Master Agreement Contract for Group Home Foster Care Services, which states that the Group Home shall provide each placed child a base allowance appropriate to age and reasonably commensurate with peer group standards. The base amount shall not be less than the following amounts: $3.00 (5-8 years); $5.00 (9-13 years); and $7.00 (14-17 years) per week, starting with the first full week of placement. Effective immediately, Aiming High Treatment Center Group Home shall provide all children with the required $7.00 weekly allowances. The Group Home shall also reimburse each child the difference in lost allowances. See the "follow-up" section at the end of this report for verification of corrected allowance log and the dollar amounts of reimbursements to the youths.

3. Aiming High Treatment Center Group Home shall comply with the Master Agreement Contract for Group Home Foster Care Services, which states that the Group Home shall encourage and assist each placed child in creating and updating a life book/photo album of items that relate to childhood memories. Effective immediately, Aiming High Treatment Center shall provide and assist each child with a life book/ photo album.

PERSONNEL RECORDS

Based on our review of documents in the employee files at Aiming High Treatment Center Group Home, Sites I & II, the Group Home was not in compliance with eight (8) of the twelve (12) elements in the area of Personnel Records. The six (6) elements of non-compliance are Valid Driver Licenses, Signed Criminal Background Statement Timely, Criminal Fingerprint Cards Timely Submitted, CPR Training Documents, First Aid Training Documents, and On-Going Training Documents.

A review of 15 employee records was completed. The majority of the employees did not have copies of a Valid California Driver's License, a current CPR and First Aid Training card or On-Going Training Documents in their file at the time of this review. One staff's background check was not in the file at the time of this review; therefore, the monitor was unable to confirm if it was current and complete. Several staff did not have a DOJ/Fingerprint clearance in their files. All staff files reviewed had de-escalation and restraint training. All files reviewed had the required educational documentation prior to being hired.

Recommendations:

1. Aiming High Treatment Center Group Home, Sites I & II shall immediately and routinely update and maintain current copies of staff's driver's licenses, first aid/CPR trainings, all other on-going trainings, along with criminal and child abuse clearances in their files. In addition, all required documents shall be readily accessible upon request.

FOLLOW-UP VISIT

On December 15, 2010, a follow-up visit was conducted at Aiming High Sites I & II, to verify that all recommendations had been completed.

- A follow-up interview was conducted with each child to ensure that the weekly allowances and monthly clothing allowances were paid up to par. The children reported that the Group Home has reimbursed them for the differences in loss of allowances; the highest repayment made was $28.00 to the lowest of $16.00. All children acknowledged that they were reimbursed their allowance differences and are now getting a minimum of $7.00 per week. In addition to the interviews, a visual inspection of the corrected allowance log was verified and is currently in compliance. The children also confirmed that they are now receiving a monthly clothing allowance of the required $50.00. Upon entry into the program, the child is given $400.00 dollars in gift cards for the purchase of clothing and shoes, which exceeds the required amount of $250.00 dollars. Children then have the option to receive their $50.00 clothing allowance either on a monthly basis or every three months. If the child chooses to save their clothing allowance, it is put in writing by the child which payment option they have selected. This was also verified by viewing each child's file, in which their own clothing log was found.

- The children also reported during follow-up interviews that they have recently received life/photo books from the Group Home Administrator during the month of December 2010. Youths also reported that they were encouraged to use them and assistance was offered to help them get started and maintain them.

- At the time of the review, Aiming High Treatment Center Group Home Site I, could not provide proof of vehicle liability insurance or current DMV vehicle registration with plate tags. The Group Home Administrator had their insurance company fax a copy of vehicle insurance to the monitor prior to the follow up visit. During the follow-up visit, the monitor viewed the insurance policy and did a visual inspection of the facility vehicle to confirm that the tags and registration are current and accessible.

- The missing Needs and Services Plans (NSPs) and 30-day Initial Reports were hand delivered to the monitor for review, prior to the follow-up visit. During the follow-up visit the monitor visually verified that the NSPs and 30-day reports were actually placed in each child's respective files for accessibility upon request and contained all relevant and timely information in accordance to the elements under the section of "Program Services".

- A complete follow-up walk through inspection of the interior and exterior of Sites I & II was conducted, and all recommendations have been repaired or replaced. The interior deficiencies had been corrected. The damaged furniture that needed repair was replaced at both sites (kitchens, living areas and bedrooms). The Administrator also replaced three (3) mattresses, in the month of December 2010. The lighting was improved by putting all three light bulbs in the entire ceiling fan rather then one bulb. The hanging loose cable wires were tucked safely into the ceiling. GCIF outlets that were noted during the inspection were replaced in accordance with the current building code standard. The exterior

deficiencies were corrected; all loose objects around the sides of the homes and backyards were removed. The side gate at Site II was repaired to close properly. The damaged stucco, roof shingles, doggy door and patio screen at Site I have been repaired.

- Both sites were not providing fruit juices, and Site II was not providing fresh drinking water. At the time of the follow-up inspection, the monitor was able to confirm that both sites had a choice of fruit juices, and the refrigerator water filtration system was repaired at Site II so the children did not have to drink tap water from the kitchen sink. Additionally, it was visually verified that the children's snacks are kept in a locked cabinet at Site II. The children confirmed that they ask for their snacks and receive them from staff upon asking.

- The Facility Managers at Sites I & II have since been designated by the Group Home Administrator to maintain a weekly recreational calendar that consists of activities such as, sporting events, museums, libraries, movies, etc. The children reported that they had just gone to a "Clippers" basketball game. The children reported that they feel they have more input on a weekly basis and notice that a new "recreation calendar" is kept posted in the kitchen. The Group Home Administrator agreed to ensure that the recreation activities are balanced with social, recreational and educational type events. During the follow-up walk though, the monitor verified that there is a recreation calendar posted, in addition to the follow-up child interviews.

- The Group Home no longer uses allowance deductions as a form of discipline and/or compensation for damaged property caused by the child. The monitor reviewed the revised program statement that now prohibits the allowance deductions for any reason. This was also confirmed through child interviews; therefore, the policy has been corrected, and the Group is no longer using this as a method of discipline. Additionally, the monitor visually confirmed that the Ombudsman signs are now posted near the front door areas at both sites.

- All missing documents from the Personnel files at the time of review were updated with the missing documents and presented to the monitor for review and filed back in the staff's file for accessibility upon request.

Date: November 8, 2010

To: Lim Leng

From: Claudius Wright
Executive Director
Ashé Inc. (Aiming High Treatment Centers II)

Re: Corrective Action Plan (CAP) for areas of deficiencies.

Group Home: Aiming High Treatment Centers II
(San Bernardino)

CORRECTIONS

Living Room:

1. 4 pieces of the mirror tiles on the south side of the wall either cracked or damaged exposing sharp edges.

Corrective action: 4 mirror tiles replaced.

2. Backing on bookshelf loose and not secured.

Corrective action: Repaired and secured backing piece to bookshelf.

Kitchen:

1. 3 lower top kitchen cabinets drawers have no tracks. Drawer does not easily open.

Corrective action: Replaced tracks on drawers.

2. There is no GCIF electrical outlet next to sink.

Corrective action: Replaced existing electrical outlet with a GCIF in accordance with the current building codes.

Bedroom #1:

1. Youth Manuel Enriquez' mattress sinks in the middle.

Corrective action: Replaced mattress.

2. Long cable wire hanging from the ceiling.

Corrective action: Cable wire repaired and tucked back into the ceiling.

Bedroom #2:

1. One hole in the wall behind the bedroom door.

Corrective action: Hole repaired.

2. Long cable wire hanging from ceiling.

Corrective action: Cable wire repaired and tucked back into the wall.

3. Youth Tramail Stewart's dresser, 3rd drawer tracks broken.

Corrective action: Repaired drawer tracks.

4. There is no light switch in the room. The chain for the ceiling fan lights is missing. The youths have to the twist and connect the light bulb on a daily basis for light to go on.

Corrective action: Replaced chain for the ceiling fan light.

Bedroom #3:

1. Youth Ricardo Ramirez' mattress sinks in the middle and appeared to be worn out.

Corrective action: Mattress replaced.

2. Youth Ricardo Ramirez' dresser, top drawer does not closed properly.

Corrective action: Dresser drawer repaired.

3. Youth Alexander Rivera's dresser damaged. The backing is falling apart. Top drawer will not close.

Corrective action: Dresser repaired.

4. There is no GCIF electrical outlet by the sink in the bathroom.

Corrective action: Replaced existing electrical outlet with a GCIF electrical outlet in accordance with the current building codes.

5. Top left vanity drawer tracks are broken. Drawer does not open and close properly.

Corrective action: Tracks repaired.

6. There is no light switch in the room. The chain for the ceiling fan lights is missing.

Corrective action: Replaced chain for the ceiling fan light.

7. The vent register in the bathroom appeared to be very rusty.

Corrective action: Replaced with new register.

Hallway Bathroom:

1. Huge vanity mirror is not properly secured. There was only one bracket holding the mirror which was also loose.

Corrective action: Secured vanity mirror with new brackets.

2. The wall behind the toilet is damaged.

Corrective action: Repaired and painted wall.

3. Major paint chipped on the top edges around the fiberglass shower tub.

Corrective action: Repaired chipped area and painted.

Exterior:

1. Exterior wall panels on the outside of the dayroom are buckling and coming off the wall.

Corrective action: Wall panels removed.

2. Side gate does not properly close.

Corrective action: Repaired side gate so that it closes properly.

3. Trash on the side of the house.

Corrective action: Trash on side of the house cleaned up.

Facility and Environment:

1. All 4 youths reported that they receive a bag of snacks on Monday for the entire week and the bag gets refilled the following Monday. Several youths report that their snacks often get stolen by their peers.

Corrective action: Youth's snack bags will be kept in one of the locked kitchen cabinets and will be made available to them upon request.

Recreation and Activities:

1. All 4 youths reported that they only go to the movies on the weekend for planned activities. Some youths reported going on a home pass on the weekend and do not participate in planned activities.

Corrective action: Facility Manager has created a monthly calendar of planned activities consisting of Educational, Recreational, and Social activities. The calendar will be updated on a monthly basis. Facility Manager will document if the youth elects not to participate in the activities.

Weekly Allowances:

1. All 4 youths reported that they received $3.00 weekly allowances upon arrival for the first month and $5.00 weekly for the next month.

Corrective action: All allowance rates have been adjusted for Los Angeles County youth to reflect the requisite $7.00 allowance rate. Youth will continue to have the opportunity to earn additional allowance as outlined in the Program's Level System.

Tahari Jackson –

4/30/10 - $3.00, 5/08/10 - $3.00, 5/15/10 - $3.00, 5/22/10 - $3.00, 6/05/10 - $3, 6/11/10 - $5.00, 6/18/10 - $5.00, 6/25/10 - $5.00

Amount owed in loss allowances: **$26.00**

Corrective action: Youth has been reimbursed amount owed in loss allowances.

Tremail Stewart –

6/05/10 - $6.00, 6/11/10 - $3.00, 6/18/10 - $3.00, 6/25/10 - $3.00, 7/02/10 - $3.00, 7/10/10 - $5.00, 7/16/10 - $7.00, 7/26/10 - $3.00, 7/30/10 - $5.00

Amount owed in loss allowances: **$25.00**

Corrective action: Youth has been reimbursed amount owed in loss allowances.

Alexander Rivera –

8/13/10 - $3.00, 8/21/10 - $3.00, 8/29/10 - $3.00, 9/05/10 - $3.00

Amount owed in loss allowances: **$16.00**

Corrective action: Youth has been reimbursed amount owed in loss allowances.

Erick Sanchez –

5/22/10 - $3.00, 6/05/10 - $6.00, 6/11/10 - $3.00, 6/25/10 - $3.00, 7/02/10 - $5.00, 7/10/10 - $5.00, 7/16/10 - $5.00, 7/26/10 - $5.00, 7/30/10 - $5.00, 8/06/10 - $5.00, 8/13/10 - $5.00, 8/20/10 - $6.00

Amount owed in loss allowances: **$28.00**

Corrective action: Youth has been reimbursed amount owed in loss allowances.

Clothing Allowances:

1. Aiming High Treatment Centers does not participate in a monthly clothing allowance in accordance with Title 22 Contract. Newly placed youth receives the following upon arrival at the group home: (2) $100.00 gift cards and a $300.00 gift card for clothing and shoes. The next clothing allowance/purchases is every 6 months and each youths receives $300.00.

Corrective action: The clothing allotment that Aiming High youth receives exceeds the requisite amount required by the Los Angeles County contract. Upon entry into the program youth will be given $400 in gift cards for the purchase of clothing and shoes which exceeds the required amount of $250. Residents will then have the option to receive their $50 clothing allowance either on a monthly basis or every three months. Youth will have to elect in writing which payment option they have chosen to select. All purchases and related transactions will be documented in the youth's clothing allowance log which be kept in their respective files.

Program Services:

1. There is no NSP or Quarterly report in youth Stewart's file. Date of placement: 5/28/10

Corrective action: Youth Stewart's file was been updated with NSP and Quarterly Report. Documents were also emailed to DPO Lim Leng.

2. There is no initial 30 day report in youth Stewart's file.

Corrective action: Youth Stewart's file was updated with his initial 30 day report.

3. There is no initial 30 day report in youth Rivera's file.

Corrective action: Youth Rivera's file was updated with his initial 30 day report.

Staff's Personnel Files:

Judith Little – Youth Counselor, DOH: 10/14/03

1. No copy of current and valid CDL in file.
2. No training documentations/certificates for 20 hours of yearly required for in-service training. Last documented training was in 2007.

Corrective action: Personnel file updated.

Shakir Al-Khaaliq – Facility Manager, DOH: 3/19/03

1. No training documentations/certificates for 20 hours of yearly required for in-service training. Last documented training was in 2007

Corrective action: Personnel file updated.

Vickie Tilman – NOC Youth Counselor, DOH: 9/2006

1. No copy of current and valid CDL in file.
2. No training documentations/certificates for 20 hours of yearly required for in- service training. Last documented training was in 2007.
3. No DOJ/Fingerprint Clearance in file.

Corrective action: Personnel file updated.

Richard Martin Jr. – Youth Counselor, DOH: 5/11/06

1. No copy of current and valid CDL in file.

2. No training documentations/certificates for 20 hours of yearly required for in-service training. Last documented training was in 2007.
3. No current/valid CPR card on file. Last CPR card expired on 7/24/07.

Corrective action: Personnel file updated.

Ceta Alford – Youth Counselor, DOH: 2007

1. No copy of current and valid CDL in file.
2. No training documentations/certificates for 20 hours of yearly required for in-service training. Last documented training was in 2007.
3. No current/valid CPR card on file. Last CPR card expired on 9/27/08.
4. No DOJ/Fingerprint Clearance on file.

Corrective action: Personnel file updated.

Lavelle Wilson – Youth Counselor, DOH:

1. No copy of current and valid CDL in file.
2. No training documentations/certificates for 20 hours of yearly required for in-service training. Last documented training was in 2007.
3. No current/valid CPR card on file. Last CPR card expired on 9/13/09.

Corrective action: Personnel file updated.

Alvin Marshall – Youth Counselor, DOH: 7/2010

1. No DOJ/Fingerprint Clearance on file.

Corrective action: Personnel file updated.

Discipline:

1. Aiming High uses allowance deduction as form of discipline which is prohibited in accordance with Title-22 contract.

Corrective action: Revised Program Statement to reflect that allowances cannot be used a form of discipline in the Discipline Policies &

Procedures section. All staff members have been advised of the policy change.

Other:

1. No OMBUDSMAN sign posted in the facility as required by Title 22.

Corrective action: Ombudsman sign obtained and posted in appropriate area.

2. There are no juices in the refrigerator as required in Title 22. All youths reported no having fresh drinking water or juices. All youths advised they have been drinking water from the tap.

Corrective action: Youth will be provided a selection of juices to choose from. Refrigerator water filtration system repaired.

3. No Life Books for youths as required by Title 22.

Corrective action: Youth have been provided with Life Books.

Date: November 8, 2010

To: Lim Leng

From: Claudius Wright
Executive Director
Ashé Inc. (Aiming High Treatment Centers I)

Re: Corrective Action Plan (CAP) for areas of deficiencies.

Group Home: Aiming High Treatment Centers I (Yucaipa)

CORRECTIONS

Living Room:

1. 1 brick loose from grout in the living room fireplace.

Corrective action: Brick removed from fireplace on day of inspection.

2. Living room sofa (love seat) appears dirty and upholstery torn/ripped.

Corrective action: Brand new sofa and love seat purchased and delivered to facility. Viewed by DPO Lim Leng.

3. Living room sofa rear right leg missing. Sofa appears to be worn, old, and dirty.

Corrective action: Brand new sofa and love seat purchased and delivered to facility. Viewed by DPO Lim Leng.

4. Front entrance door paint fading.

Corrective action: Front door painted.

5. Front screen door damaged/torn.

Corrective action: Screen door on front door repaired.

6. Living room sofa chair right side armrest cushion foam damaged/missing.

Corrective action: Padding replaced on right side of living room sofa chair armrest.

7. Living room desk chair upholstery torn/damaged.

Corrective action: Living room desk chair replaced.

8. Living room dresser cabinet fascia (3rd drawer) damaged/broken.

Corrective action: Dresser repaired.

9. Area behind television needs to be painted.

Corrective action: Area behind television painted.

Kitchen:

1. Dining room table chair missing back support.

Corrective action: Chair replaced.

2. Dining room table chair upholstery back support torn.

Corrective action: Chair replaced.

3. Bottom refrigerator handle missing.

Corrective action: Replaced refrigerator handle.

4. Whirlpool trash compartment under kitchen island is not operable.

Corrective action: Cleaned and repaired trash compartment.

5. Light cover cracked

Corrective action: Replaced light cover.

Hallway Bathroom:

1. Bathroom window above shower tub cracked.

Corrective action: Cracked window replaced.

2. Lower wall behind toilet damaged. Drywall and base board damaged.

Corrective action: Repaired wall and base boards.

3. Base board in front of shower tub damaged.

Corrective action: Base board repaired.

4. Grout around shower tub dirty and appeared to have presence of mold and mildew.

Corrective action: Disinfected areas with presence of mold and mildew. Removed old grout and replaced with new grout.

5. Caulking around toilet loose/cracked/damaged. Tile behind toilet damaged.

Corrective action: Removed old caulking and replaced with new caulking. Replaced damaged tile.

6. Vanity light is old and severely rusted.

Corrective action: Replaced rusty vanity light.

7. Bathroom vinyl tiles cracked.

Corrective action: Replaced vinyl tiles.

8. Sink faucets missing pop-up drainer.

Corrective action: Replaced missing pop-up drainer.

9. Wall behind bathroom door has hole.

Corrective action: Repaired hole in the wall.

Bedroom #3:

1. Ceiling chipping, peeling, damaged, water stained.

Corrective action: Chipped and peeling paint removed. Ceiling repaired and painted.

2. Bathroom outlet cover broken exposing light switch.

Corrective action: Replaced bathroom electrical outlet cover.

3. Right light bulb on light missing.

Corrective action: Replaced missing light bulb.

4. Vent cover missing.

Corrective action: Replaced missing vent cover.

5. Replace caulking around 3 glasses by tub.

Corrective action: Removed old caulking and replaced with new caulking.

6. Shower curtains torn.

Corrective action: Replaced shower curtains.

7. Cracks on north side of wall.

Corrective action: Repaired cracks on wall.

8. Paint peeling off by doorway.

Corrective action: Repaired and painted.

Bedroom #2:

1. Cable wire hanging from ceiling.

Corrective action: Cable wire has been repaired and tucked back into the ceiling.

2. Holes in ceiling.

Corrective action: Repaired holes in ceiling.

3. Bed frame has tagging "brown pride"

Corrective action: Graffiti removed.

4. Numerous holes around window.

Corrective action: Patched holes around window.

5. 1 bedroom tile damaged.

Corrective action: Replaced damaged tile.

6. Bottom dresser drawer tracks are broken.

Corrective action: Repaired dresser tracks.

7. Window screen damaged.

Corrective action: Replaced window screen.

8. Minimal light in room. Too dark.

Corrective action: Additional lighting has been purchased.

9. Minor Jose Abadano mattress sinks in the middle.

Corrective action: Replaced mattress.

10. Minor Aaron Hurst box spring extremely worn out.

Corrective action: Box spring replaced.

11. Cable wire exposing from closet ceiling.

Corrective action: Cable wire has been repaired and tucked back into the ceiling.

Garage:

1. Cabinet door molding trim falling off.

Corrective action: Repaired falling molding trim.

2. Cabinet door upper hinges falling off. Nail exposing on trim.

Corrective action: Repaired upper hinges and removed exposing nails.

3. TV not in use must be properly stored and secured. TV stored on top of refrigerator that can fall off.

Corrective action: TV placed in storage room.

4. Drywall behind laundry machine damaged.

Corrective action: Repaired damaged drywall.

Exterior:

1. Pine needles on top of roof covers half of the house.

Corrective action: Removed pine needles and will continue to do so on ongoing basis.

2. Trash on left side of the house.

Corrective action: Removed trash.

3. Repair hole in stucco by front entrance.

Corrective action: Repaired hole in the stucco.

4. Roof shingles peeling and damaged above the right side of house.

Corrective action: Repaired damaged roof shingles.

5. Trash left exposed on ground by rear walkway.

Corrective action: Removed trash.

6. Side gate does not open correctly. Need to manually lift gate to open gate.

Corrective action: Repaired side gate.

7. Molding trim falling off on outside of patio cover.

Corrective action: Repaired molding trim.

8. Screen torn/damaged on outside of patio.

Corrective action: Repaired damaged screen.

9. Cable wire hanging, not secured by patio.

Corrective action: Secured cable wire.

10. Doggy door not secured to wall on the rear of house.

Corrective action: Secured doggy door.

11. Roof shingles peeling/damaged on above left side wall of house.

Corrective action: Repaired damaged roof shingles.

12. Concrete blocks and metal construction object scattered behind storage.

Corrective action: Removed and discarded the concrete blocks and construction objects.

13. Storage container door behind house is damaged.

Corrective action: Repaired storage container door.

14. Chain links hanging from beam outside of patio.

Corrective action: Removed chain.

Weekly and Monthly Clothing Allowances:

1. All 5 youths reported that they received $3.00 weekly allowances upon arrival for the first month and $5.00 weekly for the next month.

Corrective action: All allowance rates have been adjusted for Los Angeles County youth to reflect the requisite $7.00 allowance rate. Youth will continue to have the opportunity to earn additional allowance as outlined in the Program's Level System.

2. Aiming High Treatment Centers does not participate in a monthly clothing allowance in accordance with Title 22 Contract. Newly placed youth receives the following upon arrival at the group home: (2) $100.00 Visa cards and a $300.00 Visa card for clothing and shoes. The next clothing allowance/purchases is every 6 months and each youths receives $300.00.

Corrective action: The clothing allotment that Aiming High youth receives exceeds the requisite amount required by the Los Angeles County contract. Upon entry into the program youth will be given $400 in gift cards for the purchase of clothing and shoes which exceeds the required amount of $250. Residents will then have the option to receive their $50 clothing allowance either on a monthly basis or every three

months. Youth will have to elect in writing which payment option they have chosen to select. All purchases and related transactions will be documented in the youth's clothing allowance log which be kept in their respective files.

Staff's Personnel Files:

1. No copy of current valid CDL for YC Jeannette Solis. No current copy of CPR card at time of audit. No training documentations/certificates for 20 hours of yearly required for in-service training. Last training completed in 2007.

Corrective action: Personnel file updated.

2. No DOJ/Fingerprint clearance on file for YC Delia Brown. No current copy of CPR card at time of audit. No training documentations/certificates for 20 hours of yearly required for in-service training. Last training completed in 2008.

Corrective action: Personnel file updated.

3. No copy of current valid CDL for YC StanleyGreen. No current copy of CPR card at time of audit. No training documentations/certificates for 20 hours of yearly required for in-service training. Last training completed in 2007.

Corrective action: Personnel file updated.

4. No copy of current valid CDL for YC Kahuthu Francis. No current copy of CPR card at time of audit. No training documentations/certificates for 20 hours of yearly required for in-service training. Last training completed in 2007.

Corrective action: Personnel file updated.

5. No copy of current valid CDL for YC Albert Williams. No current copy of CPR card at time of audit. No copy of criminal exemption approval on file. No training documentations/certificates for 20 hours of yearly required for in-service training. Last training completed in 2007.

Corrective action: Personnel file updated.

6. No copy of current valid CDL for YC Jabu Dube. No current copy of CPR card at time of audit. No training documentations/certificates for 20 hours of yearly required for in-service training. Last training completed in 2007.

Corrective action: Personnel file updated.

7. No DOJ/Fingerprint clearance transfer on file for YC Earl Hauser Jr. No current copy of CPR card at time of audit. No training documentations/certificates for 20 hours of yearly required for in-service training. Last training completed in 2008.

Corrective action: Personnel file updated.

8. No copy of current valid CDL for FM John Brantley. No current copy of CPR card at time of audit. No training documentations/certificates for 20 hours of yearly required for in-service training. Last training completed in 2008.

Corrective action: Personnel file updated.

Food items:

1. Numerous can foods and dry foods have exceeded the "Best by date."

Corrective action: Discarded food items.

Program Services:

1. No NSP for minor Nickolas Mariscal on file at time of audit. DOP: 7/27/10.

Corrective action: Youth Mariscal file updated with NSP.

2. No NSP for minor Alejandro Macias on file at time of audit. DOP: 6/21/10.

Corrective action: Youth Macias file updated with NSP.

3. No current NSP for minor Brian Irbe on file at time of audit. Last NSP/Quarterly: 5/20/10. DOP: 4/20/10.

Corrective action: Youth Irbe file updated with NSP.

Discipline:

1. Aiming High uses allowance deduction as form of discipline which is prohibited in accordance with Title-22 contract.

Corrective action: Revised Program Statement to reflect that allowances cannot be used a form of discipline in the Discipline Policies & Procedures section. All staff members have been advised of the policy change.

Other:

1. No OMBUDSMAN sign posted in the facility as required by Title 22.

Corrective action: Ombudsman sign obtained and posted in appropriate area.

2. There are no juices in the refrigerator as required in Title 22.

Corrective action: Youth will be provided a selection of juices to choose from. At the time of inspection the Group Home the facility was already equipped with a water filtration system.

3. No Life Books for youths as required by Title 22.

Corrective action: Youth have been provided with Life Books.

4. Group Home van does not have current registration tags. Tags expired in September. Also, no proof of valid vehicle insurance card on file. Administrator Claudius Wright advised that the registration was paid and sent out in August and he is waiting for DMV to send the registration tags.

Corrective action: Group home van has valid registration tags and valid insurance card on file.