County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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(213) 351-5602

PHILIP L. BROWNING
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July 19, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

PENNACLE FOUNDATION GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of the Pennacle Foundation, Inc., (Pennacle) in June 2011, at which time they had one six-bed site and one four-bed site and nine placed DCFS children. Pennacle is licensed to serve a capacity of 10 children, ages 10 through 17. At the time of the review, the placed children's overall average length of placement was seven months, and the average age was 15.

Pennacle has two sites. One site is located in the Second Supervisorial District and one in the Fourth Supervisorial District. Pennacle provides services to DCFS foster youth. According to Pennacle's program statement, its stated goal is "to create an effective life support system specific for each of its residents".

For the purpose of this review, four placed children were interviewed and their case files were reviewed. Three discharged children's case files were also reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged per their permanency plan. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Three children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Pennacle's compliance with the County contract and State regulations. The visit included a review of Pennacle's program statement, administrative internal policies and procedures; four placed children's case files; three discharged case files and a random sampling of personnel files. A visit was made to each Group Home site to assess the quality of care and supervision provided to children and we conducted interviews with children to assess the care and services they were receiving.

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

SUMMARY

Generally, Pennacle was providing good quality care to DCFS placed children, and the services were provided as outlined in its program statement. The children interviewed stated that they liked residing in the home, they felt safe, and were treated with respect and dignity.

At the time of the review, Pennacle's staff needed to develop comprehensive NSPs and ensure DCFS Children's Social Workers (CSWs) were contacted monthly and that contacts were appropriately documented. Pennacle needed to ensure each child was enrolled in school within three school days after placement and offer children the opportunity to participate in planning activities. Further, children were not encouraged and assisted in creating and updating a life book/photo album. We also noted that two staff did not have timely Department of Justice (DOJ) clearances; two staff did not have timely Federal Bureau of Investigations (FBI) clearance; two staff did not have a timely Child Abuse Clearance Index (CACI); one staff did not have a timely criminal background statement; and one staff had not received a timely health-screening.

Pennacle's Administrator and Assistant Administrator were very accessible and receptive to implementing systemic changes to improve its compliance with regulations and the Foster Care Agreement. Further, the Administrator stated that all of the findings brought to her attention would be corrected.

NOTABLE FINDINGS

- Sampled children were not progressing toward meeting the NSPs case goals. The Administrator reported the treatment team, in collaboration with the DCFS Children's Social Workers and Group Home staff, will develop more comprehensive, outcome-based, specific, measurable, attainable and time-specific goals for all children having difficulty progressing towards meeting their current NSP case goals.

- Of the four initial NSPs reviewed, none were comprehensive, as they lacked complete face sheet information; concurrent case plan information; Psychological Health information; Educational information; NSP treatment information and life skills information. In addition, goals were broad and not attainable; and the goals did not have a projected completion date in the Goals section. The Group Home Administrator and Assistant Administrator reported that they appreciated the in-service training given at the Exit Conference regarding NSPs and they will continue to work with OHCMD to improve in this area. They also attended the NSP training conducted by OHCMD in January 2012.

- DCFS CSWs were not contacted monthly by the Group Home. The Administrator reported that they will do a better job of contacting the CSWs monthly and appropriately documenting the contacts.

- Of the ten updated NSPs reviewed, none were comprehensive as they lacked complete face sheet information; concurrent case plan information; Psychological Health information; Educational information; NSP treatment information and life skills information. In addition, goals were broad and not attainable; and the goals did not have a projected completion date in the Goals section. The Group Home Administrator and Assistant Administrator reported that they appreciated the in-service training given at the exit conference and that they will continue to work with OHCMD to improve in this area.

- One child was not enrolled in school within three school days after placement. Effective immediately, per the Administrator, the Facility Manager will work closely with the holder of educational rights, DCFS CSW, and the designated Unified School District for each child to ensure that all children are enrolled into the appropriate educational setting within three days of placement. The Facility Manager and staff will maintain documentation of all efforts to enroll each child in school.

- Children were not given the opportunity to participate in planning activities. Per the Administrator, effective immediately, Pennacle residents will have the opportunity to participate in planning age-appropriate, social and enriching activities. Pennacle provided training on the subject matter including, but not limited to activity planning, and staff have been provided with a new form in which to document all residents' participation and signatures.

- Children were not given the opportunity to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest. Per the Administrator, the children will be afforded the opportunity to participate in extra-curricular activities such as sports, dance and the arts. Staff have received training on the subject matter and have been provided a new form in which to document all residents' planning participation and signatures.

- Children were not encouraged and assisted in creating and updating a life book/photo album. Per the Administrator, effective immediately, all Pennacle residents will be issued a life book/photo album at intake and will sign a written affidavit acknowledging their understanding regarding the purpose and use of their life book. Staff will continue to encourage and assist each resident in creating and updating a life book/photo album monthly.

- DOJ clearances were not timely. The Administrator stated that the Human Resource Department understands and agrees to submit timely DOJ clearances in a timely manner.

- FBI clearances were not timely. Pennacle's Human Resource Department understands and agrees to submit timely FBI clearances in a timely manner as so stated in the county contract and the statement of works, per the Administrator.

- CACI clearances were not submitted timely. Pennacle's Human Resource Department understands and agrees to submit timely CACI clearances in a timely manner as so stated in the County contract and the statement of works, per the Administrator.

- Employees had not signed criminal background statements in a timely manner. Pennacle's Human Resource Department understands and agrees to submit timely criminal background statements, per the Administrator.

- Employees had not received timely health-screenings. Pennacle's Human Resource Department understands and agrees to submit timely health screenings, per the Administrator.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held November 4, 2011.

In attendance:

Carolyn Ruffin, Administrator of Pennacle Foundation Group Home, and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with our findings and recommendations. The Administrator agreed that the NSPs goals were not attainable. She also stated that the recommendations given were very helpful and that she would have a meeting with her

staff to discuss all of the findings presented to her at the Exit Conference. The Administrator agreed that the agency would improve in every aspect in order to be in complete compliance.

Pennacle submitted an approved Corrective Action Plan (CAP) addressing each recommendation noted in this compliance review.

We will assess for full implementation of the recommendations during our next review.

If you have any questions, please call me or your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:RRS:KR
EAH:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Carolyn Ruffin, Administrator, Pennacle Foundation, Inc., Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

PENNACLE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

6133 E. Carson Street
Lakewood, CA 90713
License Number: 197803159
Rate Classification Level: 12

5643 Corning Avenue
Los Angeles, CA 90056
License Number: 198202803
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: June 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	Full Compliance (ALL)
II	**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	Full Compliance (ALL)

III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Full Compliance
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Children Progressing Toward Meeting NSP Case Goals	5. Improvement Needed
	6. Development of Timely Initial NSPs	6. Full Compliance
	7. Development of Comprehensive Initial NSPs	7. Improvement Needed
	8. Therapeutic Services Received	8. Full Compliance
	9. Recommended Assessment/Evaluations Implemented	9. Full Compliance
	10. DCFS CSWs Monthly Contacts Documented	10. Improvement Needed
	11. Children Assisted in Maintaining Important Relationship	11. Full Compliance
	12. Development of Timely Updated NSPs	12. Full Compliance
	13. Development of Comprehensive Updated NSPs	13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements)	
	1. Children Enrolled in School Timely	1. Improvement Needed
	2. Children Attending School	2. Full Compliance
	3. GH Facilitates in Meeting Child's Educational Goals	3. Full Compliance
	4. Children's Academic or Attendance Increase	4. Full Compliance
	5. Current IEPs Maintained	5. Full Compliance
	6. Current Report Cards Maintained	6. Full Compliance
	7. YDS/Vocational Programs Opportunities Provided	7. Full Compliance
	8. GH Encourages Children's Participation in YDS	8. Full Compliance
V	**Health And Medical Needs** (6 Elements)	
	1. Initial Medical Exams Conducted	Full Compliance (ALL)
	2. Initial Medical Exams Timely	
	3. Follow-up Medical Exams Timely	
	4. Initial Dental Exams Conducted	
	5. Initial Dental Exams Timely	
	6. Follow-Up Dental Exams Timely	

VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights And Social/Emotional Well-Being** (15 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. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed 14. Full Compliance 15. Improvement Needed
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed

IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. Child Abuse Central Index's Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health-Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance

PENNACLE FOUNDATION GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

6133 E. Carson Street
Lakewood, CA. 90713
License Number : 197803159
Rate Classification Level: 12

5643 Corning Avenue
Los Angeles, CA. 90056
License Number: 198202803
Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the June 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Pennacle Foundation, Inc. (Pennacle) was in full compliance with five of 10 sections of our Contract Compliance review: Licensure/Contract Requirements; Facility and Environment; Health and Medical Needs; Psychotropic Medication; and Discharged Children. The following report details the results of our review.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of four children's case files and/or documentation from the provider, Pennacle fully complied with nine of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We noted that children were not progressing toward meeting their NSPs case plan goals. The Administrator stated that the children are making progress, but the NSPs did not reflect the progress. The Administrator will continue to train the staff to clearly document the children's progress toward their NSPs goals. It was further noted that none of the 14 initial and updated NSPs were comprehensive as they lacked complete face sheet information; Concurrent Case Plan Information; Psychological Health information; Educational Information; NSP Treatment Information; and Life Skills Information. In addition goals were broad and not attainable, and did not have a projected completion date in the Goal section. In addition, CSWs were not contacted monthly by the Group Home. The Administrator reported that they will do a better job of contacting the CSWs monthly and appropriately documenting the contacts. The Group Home Administrator and the Assistant Administrator reported that they appreciated the recommendations given to them at the Exit Conference and that they will continue to work with OHCMD to improve in this area. They also attended the NSP training conducted by OHCMD in January 2012.

Recommendations:

Pennacle Group Home management shall ensure:

1. All children are progressing toward meeting the NSPs case goals.

2. Development of comprehensive initial NSPs.

3. All CSWs are contacted monthly by the group home staff, and the contacts are appropriately documented and maintained in the child's file.

4. Development of comprehensive updated NSPs.

EDUCATION AND WORKFORCE READINESS

Based on our review of four children's case files and/or documentation from the provider, Pennacle fully complied with seven of eight elements reviewed in the area of Education and Workforce Readiness.

During the review we noted one child was not enrolled in school within three school days after placement. Effective immediately, per the Administrator, the facility manager will work closely with the holder of the educational rights, DCFS CSW, and the designated Unified School District for each placed child to ensure that all children are being enrolled into the appropriate educational setting within three days of placement. The facility manager and staff will maintain documentation of all efforts towards enrolling each child into school.

Recommendation:

Pennacle Group Home management shall ensure:

5. Each child is enrolled in school within three school days after placement.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of four children's case files and/or documentation from the provider, Pennacle fully complied with 13 of 15 elements reviewed in the area of Personal Rights and Social/Emotional Well-Being.

During our review, we noted that children were not given opportunities to participate in planning age-appropriate extra-curricular, enrichment, and social activities in which they have an interest. The Group Home reported they will have at least one meeting a month so the children can participate in planning activities, and they will utilize a newly created form to help them document the activity planning meetings. Pennacle also stated they would do a better job at affording the children opportunities to participate in age-appropriate, extra-curricular, enrichment activities in which they have an interest.

Recommendations:

Pennacle Group Home management shall ensure:

6. Children are given opportunities to participate in planning activities.

7. Children are given opportunities to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of four children's case files and/or documentation from the provider, Pennacle fully complied with seven of eight elements reviewed in the area of Personal Needs/Survival and Economic Well-Being.

We found that none of the children were encouraged or assisted in creating and updating a life book/photo album. The Group Home stated they would create a better system to ensure each child is encouraged and assisted in creating and updating a life book/photo album.

Recommendation:

Pennacle Group Home management shall ensure:

8. All children are encouraged and assisted in creating and updating a life book/photo album.

PERSONNEL RECORDS

Based on our review of three staff personnel files, Pennacle Group Home fully complied with nine of 14 elements in the area of Personnel Records.

Two staff did not have timely clearances from the Department of Justice (DOJ), Federal Bureau of Investigation (FBI) or Child Abuse Clearance Index (CACI), one staff person did not sign a criminal background statement in a timely manner, and another staff's health-screening was not timely. Per the Administrator, Pennacle's Human Resource Department understands and agrees to submit timely DOJ, FBI, CACI clearances and have all employee prospects sign a criminal background statement and receive health-screenings in a timely manner. Pennacle's Human Resource Department further understands and agrees that, effective immediately all initial hire dates for new employees will be after all stated documents have been submitted, approved and appropriately filed in employees' files. The Administrator also reported that the Human Resources Department has received refresher training on the subject matter including, but not limited to, personnel clearances/records.

Recommendations:

Pennacle Group Home management shall ensure:

9. DOJs clearances are submitted timely.

10. FBI clearances are submitted timely.

11. CACI clearances are submitted timely.

12. Employees sign a criminal background statement in a timely manner.

13. Staff receives timely Health-screenings.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REPORT

Objective

Determine the status of the recommendations reported in the 2010 OHCMD monitoring review for Pennacle Foundation, Inc.

Verification

We verified whether the outstanding recommendations from the prior review were implemented. The last report was issued January 26, 2011.

Results

The DCFS prior monitoring report contained 12 outstanding recommendations. Specifically, Pennacle was to ensure that common areas and children's bedrooms were maintained and that there was sufficient recreational equipment. Pennacle was to also ensure they obtained DCFS CSWs' authorization to implement NSPs; and that children participated in the development of NSPs. The treatment team was to ensure development of comprehensive and individualized NSPs. Pennacle staff was to also ensure the children participated in activity planning and age-appropriate extra-curricular, enrichment and social activities. Pennacle also needed to ensure there were current court approved authorizations and that there was documentation of current psychiatric evaluations. Pennacle needed to ensure that the children had an adequate quantity of clothing. Pennacle was to ensure that all staff had emergency intervention training. As we noted, corrective action was requested of Pennacle Group Home to further address these findings.

Based on our follow-up of these recommendations, Pennacle fully implemented seven of 12 recommendations. Pennacle did not implement the recommendations regarding; comprehensiveness of initial and updated NSPs; children were not given opportunities to participate in planning activities; and children were not participating in age-

appropriate extra-curricular, enrichment and social activities in which they have an interest. As noted, corrective action was requested of Pennacle Group Home to further address the recommendations that were not implemented.

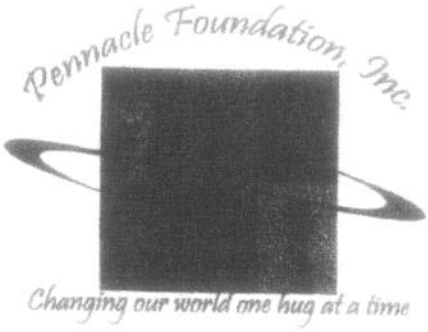
Recommendation:

Pennacle Group Home management shall ensure:

14. Full implementation of the outstanding recommendations from the 2010 monitoring report which are noted in this report as Recommendations 2, 4, 6, and 7 .

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

On April 13, 2012, the OHCMD Monitor contacted the A-C to inquire if a fiscal review had been conducted. We were informed that the A-C's office was in the process of conducting a fiscal review of the Pennacle Foundation.



December 5, 2011

Sonya Noil, CSA 1
Group Home Monitor
Out of Home Care Management Division
9320 Telstar Ave. Suite # 216
El Monte, CA 91731

Dear Ms. Noil

The following is the written Corrective Action Plan for Pennacle Foundations' overall program as it relates to the Group Home Monitoring Review Field Exit Summary conducted in 7/2011.

1. **(Section #3) Maintenance of Required Documentation and Service Delivery:**

(# 20) – Are the sampled children progressing towards meeting the Needs and Service Plans (NSP) case goals?
(# 22) – Did the treatment team develop comprehensive initial Needs and Services Plan (NSP) with the child?
(#26) – Are DCFS CSW's contacted monthly by the GH and are the contacts appropriately documented?
(# 28) – Did the treatment team develop comprehensive updated Needs and Service Plans with the child?

Implemented Immediately
Effective immediately, the treatment team in collaboration with the County Worker and GH staff will develop more comprehensive, outcome based, specific, measurable, attainable, and time specific goals for all minors having difficulty progressing towards meeting their current Needs and Service Plan case goals.

Effective immediately, the treatment team members and GH staff will take additional session time with each minor placed in Pennacle's care to discuss and develop with each minor a more comprehensive Initial Needs and Service Plan within their initial 30 days of placement and an updated NSP each 90 days thereafter. Further, during each session, the treatment team and staff will ensure that all minors truly understand their goals as stated in their NSP's.
Administration provided supportive documentation to OHC/ S. Noils via fax on 11/11/11, as it relates to our GH staff and administrations documented monthly contact with the DCFS CSW's. Pennacle staff will ensure that all monthly contact will continue to be documented.

P.O. Box 18224 • Los Angeles, CA 90018
Phone: (323) 750-2400 • Fax: (323) 750-2444 • www.pennaclefoundationinc.org

Plan To Prevent Reoccurrence:
All staff attended training on the subject matter of Required Documentation and Client Needs and Service Plans during the month of November 2011(See Attachment #1). The Group Home Social Worker will conduct a case plan meeting with the members of the treatment team and staff on a routine basis to discuss each minor's case plans, goals, and progress. Administration will meet monthly with the GH Social Worker to discuss case plan summaries for all minors placed; to ensure that the treatment team is meeting with all minors placed and developing comprehensive Initial NSP's and updated NSP goals. Further Administration will follow up with minors placed to ensure that they understand and agree with their current NSP goals as stated in their NSP's as stated in Group Home Contract statement of work.

Person Responsible for Implementing Plan of Correction:
GH Social Worker and Administration

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
Administration and Program Director

2. (Section #4) Education and Workforce Readiness

(# 29) – Was the child enrolled in school within three days after placement or did the GH document efforts?

Implemented Immediately
Effective immediately, the Facility Manager will work closely with the designated Educational Rights holder, DCFS CSW, and the designated Unified School District for each minor placed to ensure that all minors are being enrolled into the appropriate educational setting within three days of initial placement. The facility manager and staff will maintain documentation of all efforts towards enrolling each minor into school as stated in the County Contract statement of work.

Plan To Prevent Reoccurrence:
Effective immediately and ongoing, the Facility manager will report daily efforts to enroll each minor into the appropriate educational setting to the administrator. The Facility Manager will maintain documentation of all phone conversations and face-to-face visits with the Educational agency, educational rights holder, and the DCFS CSW as it relates to the school enrollment of all minors placed. The facility manager will forward a copy of all said documentation to administration upon enrollment.

Person Responsible for Implementing Plan of Correction:
Administrator and Facility Managers

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
Administrator and Assistant Administrators

3. (Section # 7) Personal Rights and Social/Emotional Well-being

(# 59) – Are children given opportunities to participate in planning activities?
(# 61) – Are children given opportunities to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have interest?

Implemented Immediately
Effective immediately and ongoing, Pennacle residents have the opportunity to participate in planning activities that are age-appropriate, social, and enriching. The residents are also afforded the opportunity to participate in extra-curricular activities such as sports, dance, music and the arts. Staff has received training on the subject matter including but not limited to activity planning, and has been provided a new form in which to document all residents' activity planning participation and signatures. Activity planning discussions will take place during individual and groups with the on-duty staff and residents on a bi-weekly basis. Staff will post a monthly activity calendar listing the activities that where decided on by the participating residents. Staff will forward a copy of the bi-weekly calendar to the facility manager along with the form which documents the participation of placed residents and the residents' signatures.

Plan To Prevent Reoccurrence:
All staff received training on the subject matter including but not limited to residents participation in planning age-appropriate activities including extra-curricular, enrichment and social activities. During the daily routine grounds and facility check, the facility manager will ensure that the monthly activity calendar is posted, confirm all residents participation in activity planning and review the documentation reflecting participants signatures. The facility manager will forward the signed activity participation form to administration, reflecting all completed activities, at the conclusion of each month.

Person Responsible for Implementing Plan of Correction:
Staff and Facility Manager

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
Facility Manager and Administration

4. (Section #8) – Personal Needs/Survival and Economic Well-being

(#69) – Are children encouraged and assisted in creating and updating a life book/photo album?

Implemented Immediately
Effective immediately, upon intake all Pennacle residents will be issued a life book and sign a written affidavit acknowledging their understanding regarding the purpose and use of their life book. Effective immediately, Staff will continue to encourage and assist each resident in creating and updating a life book/photo album of items that relate to childhood and or recent memories, during a monthly group designated solely for this purpose. Staff will offer to store the resident's life books in a designated area and or the minor has the opportunity to store their life books in their own personal space.

Plan To Prevent Reoccurrence:
The facility manager will monitor, ensuring that all residents maintain and make a minimum monthly insert into their life book.

Person Responsible for Implementing Plan of Correction:
All CCW staff and Facility Manager

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
Facility Manager and Administration

5. (Section #10) - Personnel Records

(# 73) – Were DOJ submitted timely?
(#74) – If applicable, were FBI submitted timely?
(# 75) – Were Child Abuse Clearance Index (CACI) submitted timely?
(# 76) – Did appropriate employees sign a criminal background statement in a timely manner?
(#78) – Have employees received timely health-screenings?

Implemented Immediately
Effective immediately, Pennacle's HR department understands and agrees to submit timely DOJ, FBI, CACI, have all employee prospects sign a criminal background statement, and receive health-screenings in a timely manner as so stated in the county contract, Statement of Work. Pennacle's HR department further understands and agrees that from this date forward all initial hire dates for new employees will be after all stated documents have been submitted, approved and appropriately filed in employee files.

Plan To Prevent Reoccurrence:
Pennacle's HR department staff has received a refresher training on the subject matter including but not limited to Personnel clearances/records. HR department will ensure that all hire dates are posted after all forms, clearances and required documents have been filed in the employees files

Person Responsible for Implementing Plan of Correction:
HR Department and Office Manager

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
Office Manager and Administration

Sincerely,

Carolyn C. Ruffin, Director