County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

January 4, 2013

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

From: Philip L. Browning
Director

MOORE'S COTTAGE 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 Moore's Cottage in August 2012. Moore's Cottage has two sites located in the Fifth Supervisorial District. The Altadena site provides services to Los Angeles County DCFS foster children and youth. The Pomona site provides services to Department of Probation youth, and is monitored by the Department of Probation. According to Moore Cottage's program statement, its purpose is "to achieve a successful outcome for each youth's treatment plan and designated case goal to help all youth develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society, and to develop and promote a viable social support system for youth outside the foster care system."

Moore's Cottage is a six-bed site and is licensed to serve a capacity of six boys, ages 13 through 17. At the time of the review, Moore's Cottage served six placed DCFS children. The placed children's overall average length of placement was three months, and their average age was 15.

SUMMARY

During our review, the interviewed children generally reported being treated with respect and dignity.

Moore's Cottage was in full compliance with three of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness and Personnel Records.

The Psychotropic Medication area was not applicable, as none of the sampled children were prescribed psychotropic medication.

We noted deficiencies in the areas of maintenance of the group home's vehicle, documentation of service delivery, and ensuring the needs of placed children are met. Moore's Cottage needed to develop comprehensive initial and updated NSPs, as well as ensure timely initial dental examinations for children. There were also deficiencies related to children's personal rights and requesting children's removal without documentation of efforts to stabilize the placement.

It was noted in the Fiscal Year 2011-2012 compliance report, dated September 24, 2012, that during the recent monitoring review, the Monitor discovered that a child had not been provided his prescribed seizure medication for approximately eight days and had not received medical treatment for an itchy rash until the Monitor brought both of these issues to the Executive Director's attention. The Executive Director immediately followed-up with the child's medical needs. However, due to these serious deficiencies, a Hold Status was imposed on Moore's Cottage. Subsequently, the Hold was removed when Moore's Cottage provided an approved Corrective Action Plan.

Attached are the details of our review.

REVIEW OF REPORT

On September 28, 2012, the DCFS OHCMD Monitor, Kristine Kropke Gay, held an Exit Conference with Moore's Cottage staff, Steven Smith, Executive Director, Billy McDaniel, Administrator, and Alba Vargas, Facility Manager. Moore's Cottage representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

Moore's Cottage provided the attached approved CAP addressing the recommendations noted in this compliance report.

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

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

PLB:RRS:KR
EAH:PBG:kkg

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
Steven Smith, Executive Director, Moore's Cottage Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

MOORE'S COTTAGE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the August 2012 review.

The purpose of this review was to assess Moore's Cottage's compliance with its County contract and State regulations and included a review of the Moore's Cottage's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, four placed children were selected for the sample. We interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess Moore's Cottage's compliance with permanency efforts. At the time of the review, none of the sampled children were prescribed psychotropic medication.

We reviewed three staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

We found the following six areas out of compliance. The area of Psychotropic Medication was not applicable, as none of the sampled children were prescribed psychotropic medication at the time of our review.

Licensure/Contract Requirements

- We found that the group home vehicle was not maintained and in good repair. Specifically, the van was in an accident in July 2012, and the rear bumper was damaged. The spare tire was underneath the middle seat rather than secured underneath the rear of the van, and three of four side window latches were broken. Upon the Monitor's request that the brakes and tires be inspected, the rear brakes were replaced and the (brake) rotors were repaired. Subsequently, the Monitor

observed that the spare tire was no longer underneath the seat and was appropriately secured. According to the Executive Director, the van has a new bumper and the window latches have been replaced and are all operational. The Administrator stated that they will create and maintain a vehicle maintenance log to ensure the group home van is maintained.

- In October 2011, the OHCMD conducted training on Special Incident Reports. The Executive Director attended the training.

  In reviewing Special Incident Reports (SIRs) for the previous eight months, three SIRs were not cross-reported to all applicable parties, and two SIRs were not timely. Also during this timeframe, the OHCMD requested a Corrective Action Plan for one of these SIRs, in part due to insufficient documentation in the SIR. The Administrator stated that they thought weekends were not included in the reporting timeframes, and therefore did not believe that the SIRs had been submitted late. The Monitor explained that the County contract revised Exhibit A-VIII's "next business day" became effective July 15, 2012; however, the two SIRs in question were submitted in March and April 2012, prior to the implementation of the new SIR guidelines. The management acknowledged the deficiency.

- We noted that the Sign-in/Sign-out Log was not consistently completed. One child has consistent weekend home passes; however, some of the home passes were not fully completed. The Administrator stated that the newly-hired facility manager will oversee this process, and review the log weekly to ensure all passes are approved by CSWs and that the log is thoroughly and consistently completed.

Recommendations

Moore's Cottage management shall ensure that:

1. The vehicle is maintained and in good repair.

2. SIRs are appropriately documented and cross-reported timely to all required parties.

3. Detailed sign-in/sign-out log is maintained.

Maintenance of Required Documentation and Service Delivery

- We found that the sampled children were not always offered weekly individual and group therapy, in accordance with the Moore's Cottage program statement. Specifically, there was no documentation of the children consistently receiving weekly individual and group therapy. The Administrator stated that although the therapist may not have documented weekly therapeutic sessions, he believes that it was an oversight on the therapist's part, and will ensure that the therapist provides all progress notes for the children's file. The Administrator also stated that the therapist will now document the weekly individual and group therapy notes for the

month, on one page. He also added that the facility manager and group home administrator will conduct random audits to ensure compliance.

- The group home did not have documentation of monthly contacts with CSWs. The Executive Director stated that they contact CSWs at least monthly; however it was not consistently documented in their communication log. The Administrator stated that the newly-hired facility manager will create a form to document monthly group home contacts with CSWs.

- In January 2012, the Executive Director attended OHCMD's NSP training. However, the new group home therapist was hired after the NSP training was held, therefore did not have the opportunity to attend the training.

  Four initial and three updated NSPs were reviewed. All seven NSPs were completed after the OHCMD's NSP training. We found that all seven NSPs were timely. Two initial and one updated NSP were comprehensive and met all the required elements in accordance with the NSP template. Two initial and two updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. We found that two initial and one updated NSP did contain measurable and comprehensive goals, including one initial NSP that did not contain a permanency plan goal and one updated NSP that mixed in two of another child's goals. Also, one initial and two updated NSPs did not contain sufficient information and/or correct information, while some of the template field areas were not completed.

  The Administrator stated that the group home therapist will receive training in NSPs and updated quarterly information to ensure NSPs are detailed and comprehensive. Additionally, the Monitor and therapist discussed the NSP deficiencies. The therapist confirmed receiving the newly-formatted NSP template and NSP training presentation and stated she will begin using the new template on November 1, 2012, the effective implementation date. The Monitor requested the therapist contact the Monitor after reviewing the NSP material to address any questions.

Recommendations

Moore's Cottage's management shall ensure that:

4. Children receive the required therapeutic/treatment services.

5. The group home documents monthly contacts with CSWs.

6. Comprehensive initial NSPs include all required elements in accordance with the NSP template.

7. Comprehensive updated NSPs include all required elements in accordance with the NSP template.

Health and Medical Needs

- We noted that one child was involved in a minor rear-end traffic accident in the group home vehicle. The child was immediately examined by a doctor and was to have a follow-up examination in two weeks. The child did not receive a follow-up medical examination; however, three months later he received a physical examination at a Hub Clinic. The Executive Director and Administrator acknowledged this deficiency and stated that the newly-hired facility manager will now receive all medical and dental paper work before it is placed in the children's file, to ensure children receive timely medical and dental treatment.

- One child did not receive a timely initial dental examination, in that it was four days late. The Administrator acknowledged the child's late dental examination and stated the same above-mentioned new procedure will be followed.

Recommendations

Moore's Cottage's management shall ensure that:

8. Children receive all follow-up medical appointments.

9. Children receive timely initial dental examinations.

Personal Rights and Social/Emotional Well-Being

- Two children reported they were not satisfied with the food. Specifically, one child stated that he would like more nutritious, homemade meals, does not eat deep-fried chicken and pork chops and prefers pasta with tomato or cheese sauce, or shrimp, which he stated are the type of meals his mother prepares. Another child reported the food as tasting "bad" and explained that "Hamburger Helper is dry and stuff has hardly any flavor." The Executive Director and Administrator discussed the dilemma of trying to satisfy all children's food tastes and requests, along with trying to provide healthy and balanced meals. The Administrator also stated they will consult with a dietician to assist in providing nutritious meals.

- One child reported that he did not believe it was fair to receive a level drop for one month due to an AWOL. The child reported that the level drop includes two weeks "probation" and an additional two week level drop. The Monitor reviewed the group home's discipline policy, which is based on daily earned points to achieve various levels, and found the system to be fair. However, in reviewing the group home's Restriction and Consequence policy and House Rules policy, the Monitor found a few issues of concern. Specifically, the Restriction and Consequences policy stated that children receive the loss of home passes for various infractions and the House Rules policy stated that $.25 is deducted from their allowance for each curse word used. The Executive Director and Administrator acknowledged that both of these rules are in violation of the Foster Care Bill of Rights and Title 22 Regulations, and have not exercised these policies. The Administrator advised that they will revise both policies and submit the revised documents to DCFS Contracts

and CCL for approval to amend their program statement. Subsequently, OHCMD received the revised policies, which were found to be compliant with Title 22 Regulations.

Recommendations

Moore's Cottage's management shall ensure that:

10. Children receive nutritious, palatable meals and snacks.

11. The group home utilizes a fair rewards and discipline system.

Personal Needs/Survival and Economic Well-Being

- The clothing allowance log was not maintained for one child who had been placed in the group home for two months. The Administrator advised that the newly-hired facility manager will now be in charge of the monthly clothing allowance procedures. He stated that the monthly clothing allowance shopping will be announced to all residents; however, if the child chooses to defer his clothing allowance to the following month, the child will sign a form stating his choice to defer his clothing allowance to the following month.

- One child was not encouraged and assisted in creating and updating a life book/photo album. The Administrator stated that the newly-hired facility manager is now tasked with ensuring children have a life book. He stated that upon the child's admission, the facility manager will discuss with the child the importance of a life book, and will meet with the child on a monthly basis to encourage maintenance of the life book.

Recommendations

Moore's Cottage's management shall ensure that:

12. Children receive the $50 monthly clothing allowance.

13. Children are encouraged and assisted in creating and updating a life book/photo album.

Discharged Children

- It was noted that one of the three discharged children was not discharged according to the permanency plan, did not make progress toward meeting their NSP goal and there was no documentation that the group home attempted to stabilize the placement prior to the group home issuing a request to remove the child. The Administrator stated that before the group home issues a 7-Day Notice, the child has repeatedly failed to follow the group home's program, despite the group home's interventions. However, the Executive Director was unable to locate documentation of the group home's efforts to stabilize the child and stated that in

the future they will document their efforts in their newly-created contact log and in SIRs.

Recommendations

Moore's Cottage's management shall ensure that:

14. Children are discharged according to their permanency plan.

15. Children make progress toward meeting their NSP goals.

16. All available resources are utilized to attempt to stabilize the placement prior to requesting the child's removal.

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

The OHCMD's last compliance report dated September 24, 2012, identified 15 recommendations.

Results

Based on our follow-up, Moore's Cottage fully implemented 11 of 15 previous recommendations. The previous recommendation of ensuring children prescribed psychotropic medication receive a current psychiatric evaluation, was not applicable, as none of the reviewed children were prescribed psychotropic medication. The previous recommendations were that Moore's Cottage was to ensure that:

- Staff obtain or document efforts to obtain the DCFS CSWs' authorization to implement NSPs.
- Children make progress towards meeting their NSP goals.
- Initial NSPs are timely.
- Initial and updated NSPs are comprehensive.
- Children attend school as required.
- Staff will facilitate meeting the child's education goals.
- Staff will assist with facilitating all children's progress in academic performance and/or school attendance.
- Children receive a timely follow-up dental examination.
- Children prescribed psychotropic medication receive a current psychiatric evaluation.
- Children are informed of Moore's Cottage's policies and procedures.
- Children are satisfied with meals and snacks.
- Children are treated with respect and dignity.
- Children are given the opportunity to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest.
- Children are provided with adequate personal care items appropriate to their needs.
- Children are discharged according to their permanency plan.

Moore's Cottage did not implement the recommendations regarding ensuring the development of comprehensive initial and updated NSPs; children are satisfied with meals and snacks; and children are discharged according to their permanency plan.

It should also be noted that during the monitoring review, the Monitor discovered that a child had not been provided his prescribed seizure medication for approximately eight days and had not received medical treatment for an itchy rash until the Monitor brought both of these issues to the Executive Director's attention. The Executive Director immediately followed-up with the child's medical needs. However, due to the serious deficiencies, the OHCMD called in a referral to the Child Protection Hotline, and a Hold Status was imposed on Moore's Cottage on August 16, 2012. The OHCMD conducted a Review Conference on August 28, 2012 to discuss the concerns. Subsequently, the Hold was removed on September 6, 2012, when Moore's Cottage provided an approved CAP.

Recommendation

Moore's Cottage's management shall ensure that:

17. It fully implements the September 24, 2012 outstanding recommendations from the 2011-2012 fiscal year monitoring review, which are noted in this report as Recommendations 6, 7, 10, and 14.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Moore's Cottage for calendar year 2006. The fiscal report, dated May 22, 2008, identified $12,985 in unallowable costs. According to the DCFS Fiscal Monitoring Section, Moore's Cottage has paid off this debt.

Furthermore, the A-C fiscal report also documents that Moore's Cottage has approximately $23,000 in delinquent Federal and State payroll taxes, including interest and penalties, owed to the Internal Revenue Service; a repayment plan has been established. The A-C is currently in the process of an audit; however, the final report has not yet been issued.

MOORE'S COTTAGE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2353 Navarro Avenue
Altadena, CA 91001
License # 191290878
Rate Classification Level: 09

	Contract Compliance Monitoring Review	Findings: August 2012
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Improvement Needed
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks? 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in	1. Full Compliance 2. Full Compliance 3. Full Compliance 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

	Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Improvement Needed 2. Improvement Needed 3. Improvement Needed
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All RequiredTraining	Full Compliance (ALL)

Moore's Cottage

11/05/12

To: Out Of Home Care Manager

Fr: Moore's Cottage Group Home

Re: Corrective Action Plan

Attached is Moore's Cottage Group Home Correction Action Plan. If you have any questions, please feel free to contact Billy McDaniel, Administrator at (626)786-2544.

Billy McDaniel

2353 Navarro Ave., Altadena, CA. 91001 Office: 626 398-1227 Fax: 626 398-0004
1349 Casa Vista Dr., Pomona, CA. Office: 909 620-4800 Fax: 909 620-4880

Moore's Cottage

I. LICENSURE/CONTRACT REQUIREMENTS

#3---The Executive Director will be responsible for ensuring that the vehicle, in which the children are transported in, is in good repair and safe. Van bumper has been replaced, spare tire has been secured, window latches have been replaced, and brakes and rotors were replaced. A vehicle maintenance log has been created and will be maintained to show all maintenance repairs that have been completed. The Administrator will be responsible for enforcing ongoing maintenance.

#4---Facility Manager will be responsible for ensuring that special incident reports SIRs) are submitted and cross reported timely to all parties. Each time an I-TRACK is generated manager will utilize Exhibit A-VIII to ensure all applicable parties have been notified. Administrator will be responsible for ensuring Facility Manger follows the correct reporting guidelines.

#8--- A detail Resident Sign In/Sign Out log has been created for children who are going on home passes or on off grounds activities that has been pre-approved by Social Worker. All information will be kept in one log book. Facility Manager will ensure that the log is being maintained, by reviewing the log weekly. Administrator conducted training with Facility Manager to ensure compliance. Administrator will ensure ongoing maintenance of the log.

Moore's cottage

II. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

 # 19---To ensure that children are receiving required therapeutic services, therapist will ensure all groups and individuals sessions are better documented in residents' file and that residents are aware of the number of times required for group or individual session. The therapist will document each month of group notes or individual notes for the month on one page. If a resident is absent from individual or group session, therapist will provide reason. Facility Managers and Administrator will be responsible for conducting random audits to ensure compliance.

 # 21---To ensure that County Social Workers are contacted monthly, the Facility Manager has created a CSW contact log, which will document all monthly contacts with CSW. The Administrator will review the log to ensure compliance.

 # 23/24--- To ensure that the initial and updated NSPs will be comprehensive, the therapist will utilize the DCFS OHCMD training materials. The therapist will ensure that the NSP template is fully completed, with no blanks. Therapist will ensure that Treatment Goals are measurable and the Quartly Only areas are completed and document the Treatment Goal number's progress during the previous three months to ensure the NSP is comprehensive. Administrator will maintain compliance.

Moore's Cottage

III. HEALTH AND MEDICAL NEEDS

 # 31--- To ensure required follow-up medical examinations are timely; Facility Manager will ensure all follow-ups are logged on a calendar to ensure that they will be complete timely as specified. Administrator will be responsible for compliance.

 # 32--- To ensure initial dental examination are timely Facility Manager will ensure that within 30 days of placement all new children will be scheduled to have a complete dental examination prior to 30 days of placement. Administrator will ensure compliance.

IV. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

 # 39---The Facility Manager will make every effort to provide nutritious meals and snack to residents. We will make all effort to provide residents with nutritious meals and also try to provide meals and snacks that the residents are requesting in house meetings. The group home will also consult with a dietician to help in providing nutritious meals. The Facility Manager will review menus for compliance.

#41---The Administrator will ensure that the restriction and consequences system is fair. The group home has revised the house rules, restriction and consequences system in accordance with the Foster Care Bill of Rights and Title 22 Regulations. The group has submitted the revised house rules, restriction and consequences system to Community Care licensing for approval.

2353 Navarro Ave., Altadena, CA. 91001 Office: 626 398-1227 Fax: 626 398-0004
1349 Casa Vista Dr., Pomona, CA. Office: 909 620-4800 Fax: 909 620-4880

Moore's cottage

V. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL BEING

#49--- Facility Manager is now in charge of monthly clothing allowance. Monthly clothing allowance shopping will be announced to all residents for the month, however if the child chooses to defer his clothing allowance to the next month, the child will sign stating that he choose to defer his clothing allowance to the next month. Documentation will be kept in the child's file. Administrator will ensure this policy remains in effect.

#55---Facility Manager is now in charge of encouraging and assisting children in creating and updating life books/photo album. Facility Manager will meet with the resident upon intake and discuss with the child the importance of maintaining a life book. Facility Manager will meet with the child to encourage and assist the child on a monthly basis to maintain his life book. Administrator will ensure compliance.

VI. DISCHARGE CHILDREN

#56,57,58—Upon placement the facility's therapist will discuss with the child their permanency plan and document all attempts to ensure that children placed at least 30 days are discharged according to permanency plan, if not group home will document interventions. The group home will meet with child's CSW and other important people in the child life to ensure the child is being discharged according to permanency plan. Documents will be placed in resident's file and documented in resident's discharge summary. Administrator will ensure compliance.

Moore's Cottage

Facility therapist will meet with the child upon intake and then document if children placed at least 30 days made progress toward their NSP goals. Therapist will meet with group home staff and contact CSW to see if child is progressing toward his NSP goals. Documents will be kept in child's file and also placed in NSP. Administrator will ensure compliance.

Facility Manager and therapist will document all attempts to stabilize a child's placement before removal. Group Home will document meeting with CSW and all important people in the child's life. All attempts will be documented and placed in resident's file and termination report. Administrator will ensure compliance.

Sincerely,

Billy McDaniel

2353 Navarro Ave., Altadena, CA. 91001 Office: 626 398-1227 Fax: 626 398-0004
1349 Casa Vista Dr., Pomona, CA. Office: 909 620-4800 Fax: 909 620-4880