COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

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CALVIN C. REMINGTON
Interim Chief Probation Officer

March 17, 2016

TO: Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Calvin C. Remington
Interim Chief Probation Officer

SUBJECT: **RANCHO SAN ANTONIO BOYS' HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Rancho San Antonio Boys' Home, operated by Rancho San Antonio Boys' Inc., in November 2015. Rancho San Antonio Boys' Home has one (1) site, located in the Fifth Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children. According to the Rancho San Antonio Boys' Home program statement, its purpose is to provide a structured treatment environment, strength based assessments, cognitive behavioral techniques, social learning, modeling, a level system that reinforces social skills training and Aggression Replacement Training to promote change.

Rancho San Antonio Boys' Home is a 106-bed capacity home, which is licensed to serve boys, 13-17 years old. At the time of review, Rancho San Antonio Boys' Home was serving 58 Los Angeles County Probation children. Based on the sample size, the placed children's overall average length of placement was seven (7) months, and their average age was 17 years.

Seven (7) children were randomly selected for the interview sample. The children in the sample were not prescribed psychotropic medication. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Rancho San Antonio Boys' Home, and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. Rancho San Antonio Boys' Home was in compliance with eight (8) of the 10 areas of our Contract Compliance Review: "Licensure/Contract Requirements", "Facility and Environment", "Educational and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", "Personal Rights and Social/Emotional Well-Being", "Personal Needs/Survival and Economic Well-Being", and "Discharged Children".

Although, PPQA/GHM noted deficiencies in two (2) out of the 10 areas, there were no egregious findings or child safety issues in any of the areas, and it is a marked improvement from last year's review. However, the same deficiencies from the last review period were found in both areas. In the area of "Maintenance of Required Documentation and Service Delivery", Rancho San Antonio Boys' Home did not provide comprehensive Initial Needs and Services Plans, as well as comprehensive Updated Needs and Services Plans. Additionally, in the area of "Personnel Records", Rancho San Antonio Boys' Home needed to ensure that staff health screenings were received in a timely manner, as well as ensure that staff receives timely required training.

REVIEW OF REPORT

On December 8, 2015, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Rancho San Antonio Boys' Home Administrator Sharon Covington. Administrator Covington agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Rancho San Antonio Boys' Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, a quarterly follow up will be conducted for NSPs and Personnel Files to ensure the agency's adherence to their CAP in this area. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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

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

CCR:REB
LCM:ae

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Lori Glasgow, Executive Officer, Board of Supervisors
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Sharon Covington, Rancho San Antonio Boys' Home Administrator
Community Care Licensing

RANCHO SAN ANTONIO BOYS' HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Rancho San Antonio Boys' Home **License Number: #191202023**
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: November 2015**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	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. Improvement Needed 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	Full Compliance (ALL)
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** (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	Full Compliance (ALL)

	12. Children Given Opportunities to Plan Activities in 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)	
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	Full Compliance (ALL)
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	Full Compliance (ALL)
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 Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed

RANCHO SAN ANTONIO BOYS' HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The purpose of this review was to assess Rancho San Antonio Boys' Home compliance with the County contract and State regulations and include a review of the Rancho San Antonio Boys' Home 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, seven (7) placed children were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, none of the children in the sample were prescribed any psychotropic medication. Additionally, three (3) discharged children's files were reviewed to assess Rancho San Antonio Boys' Home compliance with permanency efforts.

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

CONTRACTUAL COMPLIANCE

The following two (2) areas were out of compliance.

Maintenance of Required Documentation and Service Delivery

Seven (7) children's Initial Needs & Services Plans (NSPs) were reviewed, and three (3) children's Updated NSPs were reviewed. The following deficiencies were found:

- Of the seven (7) children's Initial NSPs reviewed, six (6) were not comprehensive. All seven (7) initial NSPs documented Family Reunification for the Case Plan Goal (Permanency); however, the Concurrent Case Plan Goals (Permanency) did not document the reason why Adoption or Legal Guardianship was not an option for the child. In addition, there were several Specific Goals in the Outcome Goals sections that were not measurable; therefore, there was no way to show that the child made progress towards attaining the goals set in place.

- Three (3) children's Updated NSPs were reviewed, since four (4) children's Updated NSPs were not due at the time of this review. Three (3) children's Updated NSPs were not comprehensive. It should be noted that the Visitation/ Involvement/ Contact with Family of Origin/ Guardian sections were fully completed and descriptive, showing the relationship between the child and family. However, the Updated NSPs were not comprehensive in that they were not child specific. For example several of the Education sections for Academic Achievements and Extra-Curricular Activities, as well as the Progress of Child's Life Skills Training sections had the same information documented. The sections only explain the services and events Rancho San Antonio Boys' Home provides without the information being specific to the child. In the Progress of Child's Life Skills Training sections, the actual progression and improvement the child has made was not noted. Lastly, the achieved outcome goals did not reflect that the children had actually attained the goals set in place.

Recommendation

Rancho San Antonio Boys' management shall ensure that:

1. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Initial NSP.
2. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Updated NSP.

Personnel Records

Five (5) staff files were reviewed, and the following deficiencies were found:

- One (1) of five (5) staff did not receive a timely health screening and tuberculosis screening. The information maintained in the file showed that the staff received their health screening two (2) days after it was due and the tuberculosis screening was dated in the year 2004, when staff was hired in 2001.

- One (1) of five (5) staff did not receive Developmental Disability and Child Abuse training in a timely manner, as required by Rancho San Antonio Boys' Home. This was brought to the attention of Rancho San Antonio Boys' Home, and staff immediately received the necessary trainings on November 19, 2015. Additionally, it was also discovered that one (1) of five (5) staff did not have all of the required training maintained in their file. Initial training was an issue since the document showing that staff received 10 hours of initial training was not signed by the staff or instructor. Although, the document was signed at the time of the follow-up, this is still an area of deficiency since it was not signed at the time of the review.

Recommendation

Rancho San Antonio Boys' Home management shall ensure that:

1. All staff receives timely health screenings and that the documentation is maintained in their files.
2. All staff receives timely required trainings and that the trainings are documented and maintained appropriately.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated August 17, 2015, identified nine (9) recommendations.

Results

Based on the follow-up, Rancho San Antonio fully implemented six (6) of the nine (9) previous recommendations for which they were to ensure that:

- Comprehensive monetary allowance logs and clothing allowance logs were consistently and permanently maintained and were to include the children's signatures.
- Comprehensive sign-in and sign-out logs were consistently and permanently maintained and were to include the destination.
- They exhibit proactive measures to be free of substantiated CCL complaints.
- All of the aforementioned physical deficiencies cited in the children's bedrooms were corrected and repaired in a timely fashion and that the corrections/repairs were maintained.

- County Worker's signatures are obtained for authorization to implement NSPs.
- All children are provided with a thorough initial dental examination within 30 days of admission.

However, the follow-up discovered that Rancho San Antonio Boys' Home failed to fully implement three (3) of the previous nine (9) recommendations for which they were to ensure that:

- The NSP deficiencies are corrected so that each child has a comprehensive initial NSP.
- The NSP deficiencies are corrected so that each child has a comprehensive updated NSP.
- All staff receives timely health screenings and that the documentation is maintained in their files.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Rancho San Antonio Group Home by the Auditor Controller was not scheduled for the 2015-2016, Fiscal Year.

RANCHO SAN ANTONIO BOYS HOME, Inc.

21000 Plummer Street
Chatsworth
California
91311

Telephone 818-882-6400
Fax 818-882-6404

Since 1933

Rancho San Antonio Corrective Action Plan: Probation Audit December 21, 2015

To: Attention DPO Lori Tchakerian, DPOII
Los Angeles County Probation Department
Placement Permanency & Quality Assurance Group Home Monitoring

From: RANCHO SAN ANTONIO (RSA)
21000 Plummer Street
Chatsworth, CA 91311
818-882.6400 ext 184

Re: Corrective Action Plan

Date: December 21, 2015

Thank you for your time and constructive feedback to help us continue quality services. We appreciate your observations and feedback regarding our program.

I. Licensure Contract Requirements
Full Compliance

II. Facility and Environment:
Full Compliance

III. Maintenance of Required Records and Service Delivery
Area of non-compliance: Needs and Service (NSP) and Quarterly Reports (QR) require more comprehensive information.
Case Plan Goals and Concurrent Case Plan goals need to reflect updates on cases that are longer term. Additionally, the concurrent goals need to reflect efforts made towards legal guardianship and adoption when indicated.

Improvement is needed on use of child specific language in both NSP's and QR's.

The Life Skills section of QR requires more child specific progress commentary on life skill goals.

Improvement required on goals. Must use SMART goal model, specifically goals are to be time limited and measurable.

The cause of the non-compliance: Lack of full understanding of expectations and human error.

Plan to correct the non-compliance: Clinical Director will review need for more comprehensive information and child specific references in reports as well as goal protocol and concurrent case planning expectations for NSP's and QR's in Full Social Work meeting on December 17, 2015. In addition to the December review the Clinical Director has asked the Probation QA Consultant to lead training at Rancho between February and March of 2016 in order to further ensure compliance and full understanding of expectations.

CAP implementation: Clinical Director reviewed goal protocol and concurrent case planning expectations for NSP's and QR's in Full Social Work meeting on December 17, 2015. Clinical Director also reviewed specifically the rules of SMART goals for all future reports (see attachment #1). In addition on December 16, 2015 QA Consultant and Clinical Director discussed setting training date for early next year.

Quality Assurance plan to maintain compliance: The Clinical Director, Assistant Clinical Director, and Clinical Manager review goals for above indicated information and seek correction when necessary. Additionally, quarterly case reviews are completed focusing on areas of compliance.

IV. Education and Workforce Readiness
Full Compliance

V. Health and Medical Needs
Full Compliance

VI. Psychotropic Medication
Full Compliance

VII. Personal Rights/Social Emotional Well Being
Full Compliance

VIII. Personal Needs/Survival and Economic Well Being
Full Compliance

IX. Discharged Children
Full Compliance

X. Personnel Records
#1 Area of non-compliance: Employee timely health screening. One staff member did not have their screening completed in a timely fashion. This file dates back to 2001.

The cause of the non-compliance: Lack of follow through of staff when they are cited as non compliant.

Plan to correct the non-compliance: Timely reminders to staff regarding health screening expectations and warning of disciplinary action/suspension when they are late and do not meet deadlines.

CAP implementation: As of June 8, 2015 the warning and suspension plan was implemented. Files reviewed prior to 2015 may have similar issues, as we cannot correct historical problems.

Quality Assurance plan to maintain compliance: HR Director shall track and follow through with aforementioned plan.

#2 Area of non-compliance Training: DD training and Child Abuse training on one staff was not completed within the annual timeframe.

The cause of the non-compliance: Lack of effective data base to ensure follow through.

Plan to correct the non-compliance: Staff completed outstanding DD and Child Abuse training on November 19, 2015 (See Attachment #2). Additionally, HR Director is working with his assistant on creating an effective data base that ensures compliance.

CAP implementation: As of January 4, 2016 a new data base to ensure compliance is being implemented.

Quality Assurance plan to maintain compliance: HR Director shall track and follow through with aforementioned plan.

Additionally, the Initial training on one staff was completed but not signed by employee and supervisor.

The cause of the non-compliance: Oversight by HR.

Plan to correct the non-compliance: HR Director obtained signatures on material noted by auditor and in the in the future will work with supervisors more closely.

CAP implementation: Compliance plan is being implemented immediately.

Quality Assurance plan to maintain compliance: HR Director shall follow through with aforementioned plan.

Person responsible for implementing corrections on Client Files: Clinical Director
Person responsible for staff files: HR Director
Person Responsible for monitoring to ensure corrective action plan: Executive Director

Randy McTague, Executive Director, Rancho San Antonio

Attachment #1
Notes from December 17, 2015 Full Social Work Training with all Social Workers in attendance.

1. LA Audit feedback and Training:
   Area of non-compliance: NSP and Quarterly reports require more comprehensive information.

   Case Plan Goals and Concurrent Case Plan goals need to reflect updates on cases that are longer term. Additionally the concurrent goals need to reflect efforts made towards legal guardianship and adoption when indicated. Primary goal is always reunification except in rare circumstances.

   Improvement is needed on use of child specific language in both Needs and Service and Quarterly reports.

   The Life Skills section of Quarterly reports requires more child specific progress commentary on life skill goals.

   Do not put a "modified date" on initial NSPs.

   Write dates on signature pages, no typed in dates.

   <u>Family Therapy section:</u> Write with the idea that the family will read; not clinical notes. Use language targeted to reader.
   <u>Goal section:</u>
   All goals must be written as specific and measureable. Do not start a goal with "Continue to..."
   Sharon updated Quarterly Report Instructions to include definition of SMART Goals.
   <u>Specific</u>- knowledge and behaviors being targeted for change
   <u>Measureable</u>- something that can be observed and/or counted (and means by which behaviors are to be exhibited and measure stated)
   <u>Attainable</u>-client can reasonably be expected to accomplish
   <u>Results Oriented</u>-planned services which will result in services objectives being accomplished
   <u>Time Limited</u>- complete by dates set forth to accomplish objectives

   Please think SMART when developing goals.
   Power point on Needs and Service Plans and QR's saved in network under Quarterly Reports

   Thank you for your hard work on obtaining PO signatures on reports.

Casey Corr
Joan Archer
Sharon Covington

RANCHO SAN ANTONIO
Training History Detail Report*

Attachment #2

by Training Class
07/01/15 to 06/30/16

Class Number: 203177 **Class Title:** Child Abuse Reporting **Training Type:** Agency
Training Date: 11/19/15 **Class Instructor:** Art Renfro

Class Goals:

Attendee	Class Hours
Jackson, Andre	1.00

Total Attendees: 1 Total Hours: 1.00

Report Totals

Attendees: 1.00
Hours: 1.00

*Excludes begining balances

TRAINING DOCUMENTATION

Title: Child Abuse Reporting

Trainer(s): Art Renfro

Date: 11/19/15 **Time:** From 6:00 A To 7:00 A

Qualifications: Vitae on file **Were the trainees paid?** Yes

If "yes," what documentation supports this payment? Time cards & schedules.

	NAME OF TRAINEES	TRAINEE SIGNATURES
1	Andre P. Jackson	[illegible]
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
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16		
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22		
23		
24		
25		

Signature of Trainer(s) [illegible]

EVALUATION FORM

Title: Child Abuse Reporting

Trainer(s): Art Renfro

Date: 11/19/15 **Time:** From 6:00 A 7:00 A

Trainees Name: [illegible]

Trainees Signature: [illegible]

This training has improved the following job related knowledge base & skills (check all that apply).

- ☐ Individual counseling of the residents.
- ☐ Group counseling of the residents.
- ☑ Prescribed record keeping.
- ☐ Providing input on the residents' staffing.
- ☐ Planning dorm outings & recreational activities.
- ☐ Supervising dorm outings & recreational activities.
- ☑ Communication with other staff.
- ☐ Supervision of residents.
- ☑ Enforcing general RSA resident policies, rules, & regulations
- ☐ Ability to get to know the residents.
- ☐ Lending support to programs.
- ☐ Participating in & supervising the residents afternoon activities.
- ☐ Supervising the residents upkeep of the dorm & the general physical plant.

☐ Comments (opt.) _____

RANCHO SAN ANTONIO
Training History Detail Report*
by Training Class
07/01/15 to 06/30/16

Class Number: 203178 **Class Title:** Development Disabilities **Training Type:** Agency
Training Date: 11/19/15 **Class Instructor:** Art Renfro

Class Goals:

Attendee	Class Hours
Jackson, Andre	2.00

Total Attendees: 1 Total Hours: 2.00

Report Totals

Attendees: 1.00
Hours: 2.00

*Excludes begining balances

TRAINING DOCUMENTATION

Title: Developmental Disabilities

Trainer(s): Art Renfro

Date: 11/19/15 **Time:** From ~~5:00 A~~ 4:00 A see attached To ~~4:00 A~~ 6:00 AM per Shay [illegible]

Qualifications: Vitae on file **Were the trainees paid?** Yes

If "yes," what documentation supports this payment? Time cards & schedules

	NAME OF TRAINEES	TRAINEE SIGNATURES
1	Andre P Jackson	[illegible]
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
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22		
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24		
25		

Signature of Trainer(s) [illegible]

EVALUATION FORM

Title: Developmental Disability

Trainer(s): Art Renfro

Date: 1/19/15 **Time:** From [illegible] AM [illegible] AM

Trainees Name: [illegible]

Trainees Signature: [illegible]

This training has improved the following job related knowledge base & skills (check all that apply).

- ☐ Individual counseling of the residents.
- ☐ Group counseling of the residents.
- ☑ Prescribed record keeping.
- ☐ Providing input on the residents' staffing.
- ☐ Planning dorm outings & recreational activities.
- ☐ Supervising dorm outings & recreational activities.
- ☐ Communication with other staff.
- ☐ Supervision of residents.
- ☑ Enforcing general RSA resident policies, rules, & regulations
- ☑ Ability to get to know the residents.
- ☐ Lending support to programs.
- ☐ Participating in & supervising the residents afternoon activities.
- ☐ Supervising the residents upkeep of the dorm & the general physical plant.

☐ Comments (opt.) _____