COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

PLACEMENT SERVICES BUREAU
3965 SOUTH VERMONT AVENUE, 3RD FLOOR
LOS ANGELES, CALIFORNIA 90037
(323) 730-4400

CALVIN C. REMINGTON
Interim Chief Probation Officer

May 27, 2016

TO: Supervisor 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: **FLORENCE CRITTENTON SERVICES FOR CHILDREN AND FAMILIES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Crittenton Services for Children and Families Group Home, operated by Florence Crittenton Services of Orange County, Inc., in December 2015. Crittenton Services for Children and Families has one (1) site, in the Fourth Supervisorial District of Orange County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children. According to Crittenton Services for Children and Families program statement, its purpose is designed to treat clients who are physically, sexually and emotionally abused and neglected. The program is also intended to treat pregnant clients, clients who are delinquent in their behavior and clients who require psychotropic medication.

Crittenton Services for Children and Families is a 91-bed site and is licensed to serve a capacity of 54 girls, 12-17 plus years of age and a capacity of 37 children from birth to four (4) years of age. At the time of review, Crittenton Services for Children and Families was serving 31 Los Angeles County Probation foster children and five (5) children and 15 DCFS foster children and four (4) children. Based on the sample size, the placed children's overall average length of placement was three (3) months, and their average age was 17 years.

Seven (7) children were randomly selected for the interview sample, four (4) Los Angeles County Probation foster children and three (3) DCFS foster children. There were three (3) children in the sample who were prescribed psychotropic medication, two (2) Los Angeles

County Probation foster children and one (1) DCFS foster children, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Los Angeles County Probation foster children and one (1) DCFS foster child, were reviewed to assess compliance with permanency efforts. 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 Crittenton Services for Children and Families, with exception to two children, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Crittenton Services for Children and Families was in compliance with five (5) of the 10 areas of the Contract Compliance Review: Licensure/ Contract Requirements; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Discharged Children.

Although, PPQA/GHM noted deficiencies in five (5) out of the 10 areas, there were no egregious findings in any of the areas; however, there is a repeated concern of child safety, which has been expressed by one or two children over three (3) consecutive review periods. It is also concerning that there has been an increase of deficiencies found in more areas than the previous review. In the area of Facility and Environment, Crittenton Services for Children and Families needed to make minor repairs, and ensure that all children's bedrooms are adequately maintained. In the area of Maintenance of Required Documentation and Service Delivery, Crittenton Services for Children and Families needed to ensure that all Updated Needs and Services Plans (NSP) have appropriate documentation of the County Worker's contact with the Group Home and that all Initial and Updated NSPs are comprehensive.

Deficiencies were also noted in the area of Personal Rights and Social/ Emotional Well-Being, in that, Crittenton Services for Children and Families needed to ensure that all children feel safe at the Group Home. In the area of Personal Needs/ Survival and Economic Well-Being, Crittenton Services for Children and Families needed to ensure that the Group Home provides all children with a life book or photo album. In the area of Personnel Records, Crittenton Services for Children and Families needed to ensure that all employees have completed mandatory certifications and trainings.

REVIEW OF REPORT

On December 22, 2015, Probation PPQA Monitor Kedra Frelix held an Exit Conference with Crittenton Services for Children and Families Administrators Amy Gant and Tristyn Ingallinera, and DCFS Contract Compliance Administrator Anthony Curry. Administrators Gant and Ingallinera agreed with the review findings and recommendations and were

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).

Crittenton Services for Children and Families Group 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 check will be required to assess children's safety and a quarterly follow-up will be conducted on Needs and Service Plans to ensure the agency's adherence to their CAP in these areas and ensure permanent changes were made. Assessment for continued implementation of recommendations will be conducted throughout this fiscal period and into the next monitoring review.

A copy of this compliance report has been 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
Community Care Licensing
Latasha Howard, Probation Contracts
Joyce Capelle, Crittenton Services for Children and Families, Chief Executive Officer
Tristyn Ingallinera, Crittenton Services for Children and Families, Vice President of Residential Services
Amy Gant, Crittenton Services for Children and Families, Program Director

FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY, INC. DBA CRITTENTON SERVICES FOR CHILDREN AND FAMILIES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

VALLEY VIEW CAMPUS
LICENSE NUMBER: 300612972
RATE CLASSIFICATION LEVEL: 12

	Contract Compliance Monitoring Review	Findings: December 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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

	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	7. Improvement Needed 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	1. Full Compliance
	2. Children Feel Safe	2. Improvement Needed
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's efforts to provide Meals and Snacks	4. Full Compliance
	5. Staff Treat Children with Respect and Dignity	5. Full Compliance
	6. Appropriate Rewards and Discipline System	6. Full Compliance
	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend or not Attend Religious Services/Activities	8. Full Compliance
	9. Reasonable Chores	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance
	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	1. Full Compliance
	2. Adequate Quantity and Quality of Clothing Inventory	2. Full Compliance
	3. Children's Involved in Selection of Their Clothing	3. Full Compliance
	4. Provision of Clean Towels and Adequate Ethnic Personal Care Items	4. Full Compliance
	5. Minimum Monetary Allowances	5. Full Compliance
	6. Management of Allowance/Earnings	6. Full Compliance
	7. Encouragement and Assistance with Life Book	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	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. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY, INC. DBA CRITTENTON SERVICES FOR CHILDREN AND FAMILIES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The purpose of this review was to assess Crittenton Services for Children and Families' compliance with the County contract and State regulations and include a review of the Crittenton Services for Children and Families 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, four (4) Los Angeles County Probation foster children and three (3) Department of Children and Family Services (DCFS) foster 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, three (3) placed children, two (2) Los Angeles County Probation foster children and one (1) DCFS foster child, were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Los Angeles County Probation foster children and one (1) DCFS foster child, were reviewed to assess Crittenton Services for Children and Families 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 five (5) areas were out of compliance.

Facility and Environment

An inspection of the interiors and exteriors of Crittenton Services for Children and Families revealed some cosmetic deficiencies in the Children's Bedrooms that require correction as follows:

- Willow Cottage: Bathroom faucet was not working; Room #7 had graffiti in the closet; Room #8 had a dirty window sill.

Recommendation

Crittenton Services for Children and Families management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion. In addition, the children's bedrooms are to be maintained daily.

Maintenance of Required Documentation and Service Delivery

Seven (7) of the children's Needs and Services Plans (NSPs) were reviewed, and of those, only three (3) children were placed long enough to have an Updated NSP in their file. Therefore, only three (3) of the children had Updated NSPs reviewed, and four (4) of the children had only Initial NSPs reviewed.

- Of the three (3) Updated NSP's reviewed, one (1) lacked documentation of the County Worker's contact with the Group Home.

- Of the seven (7) Initial NSP's reviewed, six (6) were not comprehensive and lacked case specific detail, and four (4) of the six (6) noted that the youth refused to sign with no additional documented attempts to have the youth sign the NSP. All six (6) Initial NSPs reviewed were deemed not comprehensive due to the following: Case Plan Goal section lacked pertinent information in the comment section, the Concurrent Case Plan Goal did not address why adoption or legal guardianship was not an acceptable option for the child's future placement, the Goal section did not contain simplistic, specific, age appropriate and achievable goals, and the signature dates were typed, with one (1) Initial NSP containing typed dates that were prior to the completion of the document. Additionally, the third Initial NSP reviewed was missing a Psychotropic Medication Authorization (PMA) date in the Mental Health section, and the NSP Treatment section did not address the lack of parental involvement. The fourth Initial NSP reviewed had conflicting information regarding the youth's plans to reunify with their family, the Life Skills section had

incorrect information regarding the youth's clothing information, and the Goal section contained incomplete information.

- Of the three (3) Updated NSPs reviewed, two (2) were not comprehensive and lacked case specific detail. The first Updated NSP reviewed was deemed not comprehensive due to the following: Case Plan Goal section lacked pertinent information in the comment section, the NSP Treatment section did not address the lack of parental involvement, the Education section contained information that was not specific to the child and the information was not updated from the initial NSP, the Goal section did not contain simplistic, specific and achievable goals and the information was not updated from the initial NSP. Additionally, the signature page did not have a parental signature; however, the child's parents had documented visits at the facility. The second Updated NSP reviewed was considered not comprehensive due to the following: Case Plan Goal section lacked pertinent information in the comment section, the NSP Treatment section contained information that was not specific to the child, the NSP did not address the therapeutic services provided by the Group Home to address the child's loss of her brother, the Life Skills Training section was not updated from the initial NSP, the Goal section was not updated from the initial NSP, the signature dates were typed, the child refused to sign the document and there were no additional documented attempts to have the child sign the NSP.

Recommendation

Crittenton Services for Children and Families management shall ensure that:

1. The Group Home treatment team documents all County Worker's contact with the Group Home.

2. The Group Home treatment team develops comprehensive, Initial NSPs with the participation of the developmentally age-appropriate child.

3. The Group Home treatment team develops comprehensive, Updated NSPs with the participation of the developmentally age-appropriate child.

<u>Personal Rights and Social/Emotional Well-Being</u>

During the interview process, two (2) of the seven (7) children stated that they do not always feel safe at the Group Home. One (1) child reported that she does not feel safe when other children break windows and children are present. The other child stated that she does not feel safe because "the girls are crazy and break things around the babies that live there."

Recommendation

Crittenton Services for Children and Families management shall ensure that:

1. All children feel safe at the Group Home.

Personal Needs/ Survival and Economic Well-Being

During the interview process, two (2) of the seven (7) children stated that the Group Home did not provide them with a life book or photo album.

Recommendation
Crittenton Services for Children and Families management shall ensure that:

1. All children shall be encouraged or assisted in creating and maintaining life books or photo albums upon arrival in the Group Home.

Personnel Records

Upon reviewing a sample of Personnel Files at Crittenton Services for Children and Families, the following deficiencies were found:

- One (1) employee's training certification for Cardiopulmonary Resuscitation (CPR)/ First Aid had expired.

Recommendation

Crittenton Services for Children and Families management shall ensure that:

1. All necessary paperwork and documents to verify each employee's mandatory training are valid and included in their personnel files.

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 eight (8) recommendations.

Results

Based on the follow-up, Crittenton Services for Children and Families fully implemented seven (7) of the eight (8) previous recommendations for which they were to ensure that:

- All vehicles have proof of valid registration from the California DMV; all vehicles contain a First-Aid kit; all vehicles are free of graffiti.
- The Group Home is free of any substantiated CCL complaints on safety.
- All children are provided with a variety of palatable meals and snacks.
- All children are treated with respect and dignity by the Group Home staff.
- All staff abides by and enforces the Group Home's rewards and discipline system, in order to be fair towards all children.
- All children are informed about their right to refuse medical appointments without being subject to consequences by the Group Home staff.
- All children are given the opportunity to plan and participate in social activities in which they have an interest.

However, the follow-up revealed that Crittenton Services for Children and Families failed to fully implement one (1) of the previous eight (8) recommendations for which they were to ensure that:

- All children feel safe at the Group Home (it should be noted that this is the third review where child safety has been a deficiency and will be addressed with stricter monitoring)

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Crittenton Services for Children and Families by the Auditor Controller was conducted during the 2014-2015, fiscal year. A report has not yet been posted by the Auditor Controller.

May 11, 2016
Revised

County of Los Angeles
Department of Probation
Quality Assurance Division
c/o Kedra Frelix
11701 Alameda Street
Lynwood, CA 90262

Dear DPO Frelix,

Thank you for your review of our Valley View Campus this year. The following items have been addressed in the areas noted in the review findings:

SECTION II. FACILITY AND ENVIRONMENT
It was noted in the review that children's rooms need some level of maintenance, related to painting and replacement of blinds.

Corrective Action

A. It should be noted that due to the nature of the business and the destructive behaviors of the clients, maintenance repairs on the daily wear and tear of the campus and rooms is done on a rotation. Should the maintenance issue be a identified as a health and safety issue, Maintenance Department will prioritize those issues first and get to the wear and tear as prioritized and on the rotation.
   - Effective 1/22/16 wall patch and paint had begun in the cottage in question and since then the blinds have all since been replaced.
   - Faucet in the cottage was repaired.
   - All graffiti have been removed.

B. As of 3/1/16 all staff were re-trained on timely submission of work orders. The Director of Support Services will continue to ensure all safety deficiencies are corrected in a three tier system of importance; safety, licensing, and security.
   a. Training Sign in submitted to Probation.

Responsible Party:
Director of Support Services, Program Director, Unit Supervisors for each cottage, Team Leaders and Maintenance Department.

SECTION III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY
It was noted in the review that the specific dates of the DPO visits/contacts were not documented on the NSP, the treatment team did not add detailed information

Believe.
Achieve.
Empower.

www.crittentonsvs.org

specific and individualized to the clients, such as the Psychotropic Medication Authorization was not documented in the NSP, there was a lack of details regarding parental involvement and grief and loss issues and pre-typed dates were inserted in the signature section of the NSP.

Corrective Action

A. In order to ensure that all clients NSP's are individualized and specific our Case Manager Coordinator developed a training that included a refresher on how to document in the NSP with specificity to the client, how to manage and update the goals, requirements to obtain proper signatures, or the documentation of our attempts made to gain signatures, parental involvement at each interval, updated Psychotropic Medication Authorization dates and any pertinent issues, such as grief and loss. Additionally, the Case Manager Coordinator/trainer educated Clinicians on the S.M.A.R.T. goals and provided examples to re-frame commonly used general goals to more detailed case specific goals, placing an emphasis on each youth's individual experience to guide the course of treatment. The QA measures currently in place will remain intact, in which the Case Manager Coordinator will review all NSP's for accuracy and sign off for final approval. The Program Director, through a thorough Quality Assurance process will review 10% of the files monthly to ensure that the NSP's are being completed and appropriately approved by the Case Manager Coordinator.
    a. This training was completed on 2/23/16. Training documents, including the sign in sheet of attendees was provided to Probation as verification.
    b. Qualifications and Degree of trainer are noted in the Training Sign in Sheet which is attached to this CAP. Trainer has a Bachelor's of Art in Human Services and 5+ year working in Social Services.
    c. Continuous Quality Assurance measures are in place and will be on-going.

B. Our Needs and Service Plan and Quarterly Report Procedure had not indicated that multiple attempts and/or documentation of attempts were needed in attempting to gain the client and/or parentis signature. Therefore, the procedure has since been revised by the Program Director and all Case Managers were trained on the updates on 4-11-16.
    a. This training was completed on 04/11/16. Training documentation, including the sign in sheet of attendees was provided to probation as verification.
    b. Qualifications and Degree of trainer are noted in the Training Sign in Sheet which is attached to this CAP. Trainer has a Bachelor's of Art in Human Services and 5+ year working in Social Services.

Responsible Party:
Case Manager Coordinator, Case Managers and the Program Director.

SECTION VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Review findings noted that a few youths perceived to feel unsafe during a time when a window was broken by another youth. Additionally, it was noted the one interviewee indicated that there was not sufficient staffing and supervision. Two interviewees indicated that the meals and snacks were not perceived to be nutritious and palatable.

Corrective Action

A. Beginning April 13, 2106, Treatment Teams will utilize Community Meetings to discuss and process any safety concerns to alleviate any uncertainty and assure clients of the measures taken to ensure their continued safety. Additionally, on-going incentive programs have been implemented to maintain youth in their cottages and avoid disruptions to prevent outbursts in behaviors leading to breaking windows.

B. All Residential staff are trained, at minimum every 6 months, on Therapeutic Crisis Intervention, which thoroughly explores ways to manage the environment, deescalate behaviors and debrief with youth involved and those not involved to ensure safety and the opportunity to process. After any major incident, the treatment team will offer a debriefing in Community Meeting to all youth.

C. Should any youth continue to display dangerous or unsafe behaviors on the campus, the Treatment Teams will hold a Program Review to discuss the youth's behaviors/choices and to address and consider other placement options that are more suitable for them.

D. Finally, our Maintenance Emergency Procedure has since been revised to include that 'Hal's Window's' is to be contacted if and when a window is broken immediately after 5pm to come out and replace the window for safety.

E. All staff are supervised to a higher standard than required due to our COA and The Joint Commission accreditations. All staff receive weekly supervision and live supervision when on the floor. Crittenton requires 40 hours of on-going training each year.

F. Valley View is staffed adequately per our staffing and ratio guidelines. Should we have a call out on a certain shift, Valley View has an on-call and resource pool in which staff are called in to work the shift. Many youth perceive residential counselors as staff, yet there are many supervisors, manager and directors on campus that also add to the staffing ratio.

G. The Director of Support Services has been notified of the client's feedback regarding the nutritious palatable meals and snacks. Meals fall within the nutrition guidelines to maintain a healthy lifestyle for the youth we serve. Approved menus and nutritional values are available upon request. Various spices and condiments are offered to mitigate the issue of different personal tastes.

H. Currently, the Director of Support Services with the VP of Residential, are exploring alternative snacks to keep in the cottage. Currently, each cottage has fresh fruit, tortillas, cheese, milk, eggs, juice to be utilized as snacks and as an alternate in the event that they do not like the meal being served out of the café.

Responsible Party:
Unit Supervisor, Program Director, Case Managers, Director of Support Services, Kitchen Staff

SECTION VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING
It was noted in the review that two children reported that they do not have life books.

Corrective Action
A. Effective 3/1/16, Life Books were added to the Recreational Calendar to have consistent set dates and times when Life Books will be worked on by clients who wish to participate. We will utilize an Activity Roster to track client participation.

B. In addition, Effective 5/1/16, Recreation staff will offer the option to create a life book and offer supplies as needed to each client within 30 days of placement. Documentation acknowledging the acceptance of the Life Book and supplies or refusal will be maintaining in the client file.

C. Effective 4/15/16, Unit Supervisors, in coordination with the Recreation Department, will provide disposable cameras to all youth with babies to ensure that their child's special moments are captured and put into their life book and/or their babies photo book should they refuse a Life Book.

D. Effective 3/1/16, all clients have been provided with Life Books and started initial stage of process.

Responsible Party:
Recreational and Activities Coordinator, Recreation Staff, Unit Supervisors and Program Director

SECTION X. PERSONNEL FILES
It was noted that one employee had their CPR certification expired on 11/4/15 and had not renewed prior to the expiration.

Corrective Action
A. Effective 2016, Crittenton has employed a Training Manager who will be revamping our training records, renewal notices and assist in staff development efforts. The Training Manager is currently updating all training tracking tools through a web based program, Relias. Relias, has since began sending residential staff and their respective supervisors reminders of needed upcoming trainings and alerts to possible certification expirations, such as CPR.

B. Staff who do not comply to training requirements, will be subject to disciplinary action, including but not limited to, counseling reports, performance contracts, suspension and possible termination.

C. The employee in question during this review had completed CPR certification on 12/14/15.

Responsible Party:
Training Manager, Supervisors for each department, Directors for each department

Crittenton Services is committed to providing exceptional services to each of our clients. I am confident that the corrective action plans that have been put into place, in conjunction with existing policies and procedures, will further educate our clients and staff members to continue to run an effective and viable program. Should there be any questions please call Barbara Hernandez at (714) 680-9000 x 1018 or email at bhernandez@crittentonsocal.org.

Sincerely,

Dr. Barbara Hernandez, MA, Psy. D., LMFT, LPCC
Vice President of Residential Services