PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

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May 1, 2012

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

DAVID AND MARGARET GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of David and Margaret Group Home (David and Margaret) in June 2011, at which time they had one 60-bed site licensed to serve female youth. There were 26 placed Los Angeles County Department Children and Family Services (DCFS) children and eight placed Probation children.

David and Margaret is located in the Fifth Supervisorial District and provides services to DCFS foster youth and Probation Department youth. According to David and Margaret's program statement, its stated goal is "to provide a safe and structured environment for remediation and treatment of presenting symptoms of adolescent girls who have histories of abuse, neglect, or delinquent behavior." David and Margaret is licensed to serve a capacity of 60 girls ages 11 through 17, which includes children from other counties.

For purposes of this review, the case files of seven currently placed DCFS children and two currently placed Probation children were reviewed, and all nine children were interviewed. The placed children's average length of placement was five months, and the average age was 16. Three discharged children's files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged per their permanency plan. Five staff files were reviewed for compliance with Title 22 Regulations and the County contract requirements.

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

SCOPE OF REVIEW

The purpose of this review was to assess David and Margaret's compliance with the County contract and State regulations. The visit included a review of David and Margaret's program statement, administrative internal policies and procedures, nine current and two discharged children's case files, and a random sampling of personnel files. A visit was made to the site to assess the quality of care and supervision provided to children, and we conducted interviews with the children to assess the care and services they were receiving.

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

SUMMARY

During our review, children interviewed reported feeling safe, being provided with good care and appropriate services, being comfortable in their environment, and treated with respect and dignity.

A few deficiencies were noted during the monitoring review. Twenty-eight Special Incident Reports (SIRs) were identified as not cross-reported to the OHCMD. Initial and updated NSPs were not comprehensive and lacked detail. It was also determined that six children were not progressing toward meeting their NSP goals, and one child was not enrolled in school timely. Additionally, one child disclosed he was not satisfied with the meals and snacks; one said consequences were not fair; and two children disclosed they were neither encouraged nor assisted in creating and updating a lifebook/photo album.

David and Margaret's representatives were receptive to implementing systemic changes to improve compliance with regulations and the contract. They agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- Twenty-eight pertinent SIRs were not forwarded to OHCMD via I-Track. The Residential Director stated that staff is directed by management to ensure SIRs are forwarded to OHCMD via I-Track. He said he would check into why the SIRs were not sent to the OHCMD. Since the review, OHCMD has been receiving required

SIRs completed by David and Margaret. Additionally, David and Margaret's representatives attended the SIR training conducted by OHCMD in October 2011.

- Six of nine sampled children were not progressing toward meeting their NSP goals. The Residential Director stated that the children had made progress, but staff was not documenting the progress. David and Margaret will continue to train the staff to clearly document the children's progress toward meeting their goals in the NSPs.

- NSPs were all timely, but some were not comprehensive. Seven of nine initial NSPs were reviewed, and 12 updated NSPs were reviewed. One initial NSP had no admission date for the child. Eleven updated NSPs were not comprehensive as they did not have dates to indicate the period for which the NSPs were providing updates. The NSPs did not contain dates for dental visits, and there was no documentation regarding the progress children were making toward their educational, physical, dental and psychological health. More details were needed regarding visits with relatives and the Group Home's contacts with CSWs. Some updated NSPs did not address how children would achieve their goals and did not identify staff responsible for ensuring the goals were achieved. The Residential Director stated that staff will be given further training to address all required sections in the NSP to ensure NSPs are comprehensive and children's progress towards achieving their NSP case goals is documented in the updated NSPs. Also, David and Margaret's representatives attended the NSP training conducted by OHCMD in January 2012 and it is expected that the training and implementation of their CAP will eliminate future NSP findings.

- One child was not enrolled in school within three school days of placement, as required. David and Margaret did not present any acceptable documentation to explain why the child was enrolled late. The Residential Director explained that every effort is made to enroll children in school timely. However, at times a school may delay a child's enrollment if the child does not have paperwork that the school deems necessary, such as IEPs and transcripts. The Residential Director planned to ensure that children are enrolled timely and that staff document their efforts. A staff is assigned to ensure that children are enrolled timely. OHCMD provided David and Margaret with a link to the Education Coordination Council website that would be very helpful to providers and provide them with information that will assist them in enrolling children timely.

- One child reported not being satisfied with the meals and snacks. The Residential Director stated that David and Margaret makes every effort to satisfy the children's individual preferences for food and snacks, and provides different ethnic/cultural food choices. He added that there are always some children who will never be satisfied with the food, however the Group Home will increase their efforts to make the food and snacks satisfying to all the children.

- One child disclosed to the DCFS Monitor that the Group Home's consequences were not fair when a child did not follow the rules. She stated that the consequences were rigid and should be flexible. The Residential Director stated

that David and Margaret had clear policies for staff when enforcing consequences. However, he understood how some children could say that the consequences are not fair to them. David and Margaret will modify the consequence if the child's concerns are with merit. The DCFS Monitor reviewed the Group Home Discipline Policy and found them to be fair and reasonable.

- Two children interviewed said they were neither encouraged nor assisted in creating and updating a life book/photo album. The Residential Director reiterated that according to their procedure, life books/photo albums were given to cottages at scheduled times and were issued to children who were new or who had lost them. He also stated that the Group Home was in the process of changing this arrangement. The children who disclosed not having a life book/photo album received one. This was verified by the Monitor.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held September 8, 2011:

In attendance:

Michael Miller, Director of Operations; Andrew Levander, Residential Director; Deputy Probation Officer Armando Juarez; and Kirk Barrow, Monitor, OHCMD, DCFS.

Highlights:

The Director of Operations and the Residential Director were in agreement with most of the findings and recommendations. During the Exit Conference, the Director of Operations stated that David and Margaret would continue to encourage their staff to ensure all SIRs are forwarded to OHCMD via I-Track, NSPs are comprehensive, consequences are fair, all the children are satisfied with the meals and snacks, and all the children are encouraged and assisted in creating and updating a life book/photo album.

David and Margaret provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full 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:RS:KR:
EAH:PBG:kb

Attachment

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
Cindy Walkenback, President, Board of Directors, David and Margaret
Charles Rich, Executive Director, David and Margaret
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

DAVID AND MARGARET GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

1350 Third Avenue
La Verne, CA 91750
License Number: 191500192
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: June 2011**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. SIRs	3. Improvement Needed
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies	8. Full Compliance
	9. Detailed Sign In/Out Logs for Placed Children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms/Interior Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non-Perishable Food	6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Full Compliance
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Children Progressing Toward Meeting NSP Case Goals	5. Improvement Needed
	6. Development of Timely Initial NSPs	6. Full Compliance
	7. Development of Comprehensive Initial NSPs	7. Improvement Needed
	8. Therapeutic Services Received	8. Full Compliance

	9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates In Meeting Child's Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourages Children's Participation in YDS	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	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** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Improvement Needed

	7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures	Full Compliance (ALL)

	9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. Ongoing Training Documentation 14. Emergency Intervention Training Documentation	

DAVID AND MARGARET GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

1350 Third Avenue
La Verne, CA 91750
License Number: 191500192
Rate Classification Level: 12

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

CONTRACTUAL COMPLIANCE

Based on our review, David and Margaret complied with four of 10 sections of contract compliance review; Health and Medical Needs; Psychotropic Medication; Discharged Children; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review, David and Margaret fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

During our review, we noted that some Special Incident Reports (SIRs) were neither submitted timely nor cross-reported to OHCMD. The Residential Director stated they would immediately begin submitting all pertinent SIRs via I-Track to OHCMD and will retrain staff on SIR reporting protocols. Since the review, pertinent SIRs have been forwarded to the OHCMD and David and Margaret attended SIR training conducted by OHCMD in October 2011.

Recommendation:

David and Margaret's management shall ensure:

1. SIRs are appropriately documented and cross-reported to all required parties via I-Track in a timely manner.

FACILITY AND ENVIRONMENT

Based on our review of David and Margaret, and the review of nine children's case files and/or documentation from the provider, David and Margaret fully complied with four of six elements reviewed in the area of Facility and Environment.

During the site inspection, it was noted one drawer was missing from the kitchen cabinet in Turner cottage, and several empty boxes were dumped on the ground outside the east corner of the main kitchen area. This was brought to the attention of the Residential Director, who immediately had the boxes removed after the inspection. Also, the Maintenance Department replaced the missing drawer to the kitchen cabinet in Turner cottage. The DCFS Monitor verified the drawer was replaced and the boxes had been removed.

Recommendations:

David and Margaret's management shall ensure:

2. The Group Home exterior and facility grounds are well maintained.

3. The common quarters are well maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of nine children's files and/or documentation from the provider, David and Margaret fully complied with 10 out of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

NSPs were all timely, but some were not comprehensive. Seven of nine initial NSPs were reviewed and 12 updated NSPs were also reviewed. One initial NSP was not comprehensive, because it had no admission date for the child. Eleven updated NSPs were not comprehensive. Specifically, updated NSPs did not contain the following information: dates for the period the NSPs were updated to address; dates for dental visits; and documentation on the progress children were making toward their educational, physical, dental and psychological health. NSPs also lacked details regarding visits with relatives and group home contact with CSWs. Some updated NSPs did not address how goals were to be achieved by the children and did not identify the staff responsible for ensuring the goals were achieved. The review further revealed six of nine sampled children were not progressing toward meeting their NSP goals. The Residential Director stated that staff will be given further training to address all required sections in the NSP to ensure NSPs are comprehensive and children's progress towards achieving their NSP case goals is documented in the updated NSPs. David and Margaret attended NSP training conducted by OHCMD in January 2012.

Recommendations:

David and Margaret's management shall ensure:

4. The children are progressing toward meeting NSP case goals.

5. Comprehensive initial and updated NSPs are developed.

EDUCATION AND WORKFORCE READINESS

Based on our review of nine children's files and/or documentation from the provider, David and Margaret Group Home fully complied with seven of eight elements reviewed in the area of Education and Workforce Readiness.

One child was not enrolled in school within three school days of placement, as required. David and Margaret did not present any acceptable documentation to explain why the child was enrolled late. The Residential Director explained that every effort is made to enroll children in school timely. However, at times a school may delay a child's enrollment if the child does not have paperwork that the school deems necessary, such as IEPs and transcripts. The Residential Director planned to ensure that children are enrolled timely and that staff document their efforts. OHCMD provided David and Margaret with a link to the Education Coordination Council website that would be very helpful to providers and would provide them with information to assist them in enrolling children in school timely.

Recommendation:

David and Margaret's management shall ensure:

6. Children are enrolled in school timely.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

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

One child disclosed that consequences were not fair at David and Margaret. Another child said that she was not satisfied with the meals and snacks. The Residential Director stated that David and Margaret has clear policies for staff when enforcing consequences. However, he understood how some children could say that the consequences are not fair to them. David and Margaret will modify the consequence if the child's concerns are with merit. He also stated that the Group Home makes considerable effort to satisfy individual preferences for food and snacks for the children, and provides different ethnic/cultural food choices. However, he said there are always some children who will never be satisfied with the food. The Group Home will make all efforts to make the food and snacks satisfying to all the children.

Recommendations:

David and Margaret's management shall ensure:

7. Consequences are fair for all the children.

8. Children are satisfied with meals and snacks.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

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

Two children interviewed said they were neither encouraged nor assisted in creating and updating a life book/photo album. The Residential Director reiterated that according to their procedure, life books/photo albums were given to cottages at scheduled times and were issued to children who were new or who had lost them. He also stated that the Group Home was in the process of changing this arrangement. The children who disclosed not having a life book/photo album received one. This was verified by the Monitor.

Recommendation:

David and Margaret's management shall ensure:

9. Children are encouraged and assisted in creating and updating life books/photo albums.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued September 30, 2011.

Results

The OHCMD's prior monitoring report contained 13 outstanding recommendations. Specifically, David and Margaret was to ensure the following: the exterior and grounds were well maintained; that common quarters were well maintained; children's bedrooms were well maintained; that comprehensive NSPs were developed; and contacts with DCFS CSW's were appropriately documented in the NSPs. Further, the Group Home was to ensure: children were given opportunities to be involved in extra-curricular activities of their choice; dental exams were conducted and were timely for all the children; children were satisfied with meals and snacks; all children were provided at least $50 per month clothing allowance; all children's ongoing clothing inventories were of adequate quantity; and all children were encouraged and assisted with maintaining a life book/photo album.

Based on our follow-up of these recommendations, David and Margaret fully implemented eight of the 13 recommendations. David and Margaret did not implement the recommendations regarding maintaining the exterior of the of the Group Home and common areas; development of comprehensive NSPs; ensuring children were satisfied with meals and snacks; and encouraging and assisting children in creating and updating a life book/photo album. Corrective action was requested of David and Margaret to further address the recommendations that were not implemented.

Recommendation:

David and Margaret's management shall ensure:

8. Full implementation of the outstanding recommendations from the prior monitoring report which are noted in this report as Recommendations 2, 3, 5, 7 and 9.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of David and Margaret Group Home has not been posted by the A-C.

David & Margaret
Youth and Family Services
1350 Third St, La Verne, CA 91750 (909) 596-5921

Group Home Monitoring Review Field Exit Summary

October 17, 2011

Department of Children and Family Services
Out of Home Care Management Division
ATTN: Kirk Barrow and Liz Howard
425 Shatto Place
Los Angeles, CA 90020
Fax (626) 572-2368

Dear Mr. Barrow and Ms. Howard:

This letter will serve as a corrective action plan for the findings of the audit that was conducted at our facility in June 2011.

3. David & Margaret will ensure proper and timely submissions of required SIR's and cross report as indicated. Intervention Coordinator Brian O'Connor, LMFT along with Andrew Levander, LMFT, Director of Residential Services are responsible for this area of compliance.

10. David & Margaret will ensure that the exterior and the grounds will be well maintained and in accordance with maintenance policies and procedures related to cleanliness of grounds and daily inspections of cottages. Overall responsibility for this area of compliance is shared between Case Managers, Cheryl Kroll, Residential Program Manager and Hugo Avila, Maintenance Supervisor.

11. David & Margaret will ensure that the common quarters will continue to be well maintained and in accordance with maintenance policies and procedures related to cleanliness of grounds and daily inspections of cottages. Overall responsibility for this area of compliance is shared between Case Managers, Cheryl Kroll, Residential Program Manager and Hugo Avila, Maintenance Supervisor.

22. David & Margaret will ensure that NSP's are comprehensive and will include Input from CSW/PO and will be comprehensive including measurable goals, updates, and specific time frames for deliverables. David & Margaret will also ensure that the NSP meets Title 22 requirements. The NSP will further include documented contacts with all those indicated who has contact with placed youth.

David & Margaret
Youth and Family Services

28. David & Margaret will ensure that all placed children's Needs and Service Plans are comprehensive and meet the standards set forth. Overall responsibility for this area of compliance is shared between Paula Randle, LMFT, Mental Health Director and Andrew Levander, LMFT, Director of Residential Services. Others involved in NSP completion are Individual Family Therapists within Mental Health Department along with Case Managers and Cheryl Kroll, Residential Program Manager.

29. David & Margaret will ensure that all youth placed will be enrolled in school within 3 days per Group Home Contract, Statement of Work, 3.0 Well-Being / Education.

49. David & Margaret will continue to ensure that all placed children have healthy food choices made available to them and that they are included in menu preparation and meal selection, planning and preparing. Case Managers along with Cheryl Kroll, Residential Program manager have overall responsibility in this area of compliance along with Huntington Culinary, contracted food provider.

52. David & Margaret will continue to ensure that residents have opportunities to express their concerns with consequences in a safe environment and that we continue to explore options that youth will have regarding consequences and rewards for behavior that is inconsistent with the safety and wellbeing of placed youth. Overall responsibility for this area is Cheryl Kroll, Residential Program Manager, Andrew Levander, LMFT, Director of Residential Services, and Case Managers for placed youth.

69. David & Margaret will ensure that all placed youth will have an ongoing opportunity to participate in the creation and updating of a Life Book/Photo album. Overall responsibility for this area of compliance is Case Managers and Cheryl Kroll, Residential Program Manager.

We hope that the above will meet the expectations of DCFS and are available to modify this document if requested.

Respectfully,

Andrew Levander, LMFT
Director of Residential Services
David & Margaret Youth and Family Services
(909) 596-5921 x3191

David & Margaret
Youth and Family Services

28. David & Margaret will ensure that all placed children's Needs and Service Plans are comprehensive and meet the standards set forth. Overall responsibility for this area of compliance is shared between Paula Randle, LMFT, Mental Health Director and Andrew Levander, LMFT, Director of Residential Services. Others involved in NSP completion are Individual Family Therapists within Mental Health Department along with Case Managers and Cheryl Kroll, Residential Program Manager.

29. David & Margaret will ensure that all youth placed will be enrolled in school within 3 days per Group Home Contract, Statement of Work, 3.0 Well-Being / Education.

49. David & Margaret will continue to ensure that all placed children have healthy food choices made available to them and that they are included in menu preparation and meal selection, planning and preparing. Case Managers along with Cheryl Kroll, Residential Program manager have overall responsibility in this area of compliance along with Huntington Culinary, contracted food provider.

52. David & Margaret will continue to ensure that residents have opportunities to express their concerns with consequences in a safe environment and that we continue to explore options that youth will have regarding consequences and rewards for behavior that is inconsistent with the safety and wellbeing of placed youth. Overall responsibility for this area is Cheryl Kroll, Residential Program Manager, Andrew Levander, LMFT, Director of Residential Services, and Case Managers for placed youth.

69. David & Margaret will ensure that all placed youth will have an ongoing opportunity to participate in the creation and updating of a Life Book/Photo album. Overall responsibility for this area of compliance is Case Managers and Cheryl Kroll, Residential Program Manager.

We hope that the above will meet the expectations of DCFS and are available to modify this document if requested.

Respectfully,

Andrew Levander, LMFT
Director of Residential Services
David & Margaret Youth and Family Services
(909) 596-5911 x3191

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Interim Director

Board of Supervisors
GLORIA MOLINA
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Fifth District

January 31, 2012

Charles Rich, Executive Director
David and Margaret Group Home
4359 Third Street
La Verne, CA 91750

Dear Mr. Rich:

CORRECTIVE ACTION PLAN (CAP) APPROVAL – 2011 COMPLIANCE REVIEW

We have received your Corrective Action Plan dated October 17, 2011, regarding the 2011 Compliance Review conducted in June-July 2011. The CAP is approved as written.

Thank you for your cooperation. If you have any questions, you may contact me at (626) 569-6804 or Kirk Barrow, the monitor at (626) 569-6880.

Sincerely,

Elizabeth Howard, CSA III
Out of Home Care Management Division

EH:kb

C: Andrew Levander, Residential Director, David and Margaret Group Home