County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 5, 2014

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

From: Philip L. Browning
Director

LITTLE PEOPLE'S WORLD 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 Little People's World Group Home (the Group Home) in July 2013. The Group Home has four sites: two sites located in the Second Supervisorial District, and two sites located in Riverside County. The Group Home provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to increase the likelihood that young children in crisis will be provided the opportunity for a successful return home or placement in a less restrictive setting conducive toward legal permanency."

The Group Home has three 6-bed sites and one 10-bed site and is licensed to serve a capacity of 28 boys, ages 6 through 15. At the time of review, the Group Home served 15 placed DCFS children. The placed children's overall average length of placement was 18 months, and their average age was 13.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of our Contract compliance review: Facility and Environment; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being submitted timely and cross-reported to required parties, and Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during complaint investigations and evaluations of the group homes; Maintenance of Required Documentation and Service Delivery, related to children were not being placed in accordance with the

group home's capacity and population criteria, initial and updated Needs and Services Plans (NSPs) were not comprehensive, as they did not include all of the elements in accordance with the NSP template; and Education and Workforce Readiness, related to one child's academic performance and/or attendance not having increased.

Attached are the details of our review.

REVIEW OF REPORT

On August 14, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with Group Home representative, Hitaji Kidogo, Assistant Executive Director. The Group Home representative: was in agreement with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

OHCMD will confirm that these recommendations have been implemented during our next visit to the Group Home in January 2014 to provide the Group Home with SIR training and again in March 2014 to provide the Group Home with technical assistance and follow-up to ensure implementation of the recommendations.

Additionally, with the upcoming implementation of the Contract Monitoring Section, we will be able to focus more on quality assurance for an increased uniform standard and comprehensive measure of overall programmatic efficacy by providing additional training, support and oversight to the Group Homes.

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

PLB:EM:KR
RDS:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Muriel G. Woods, President Board of Directors, Little People's World
CSJ Kidogo, Executive Director, Little People's World
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

LITTLE PEOPLE'S WORLD GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

727 S. Harris Street
Compton, CA 90220
License # 191670240
Rate Classification Level: 12

704 N. Kalsman Street
Compton, CA 90221
License # 191600851
Rate Classification Level: 12

39514 Brookside Ave.
Cherry Valley, CA 92223
License # 330910409
Rate Classification Level: 12

1193 Lyons Street
Banning, CA 92220
License # 336425453
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: July 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	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. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	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. Improvement Needed
	2. County Children's Social 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. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Worker's Monthly	7. Full Compliance

	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	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/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance
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 Nutritious 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. Children's Chores Reasonable 10. Children Informed About Their Medication and	Full Compliance (ALL)

	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 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 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/Photo Album	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	Full Compliance (ALL)

LITTLE PEOPLE'S WORLD GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the July 2013 review. The purpose of this review was to assess Little People's World Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home'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, and
- Personnel Records.

For the purpose of this review, seven Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, five of the sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not cross-reported to all required parties in a timely manner; a sample of 30 SIRs reviewed revealed that 9 SIRs were not reported in a timely manner. It is noted that two Group Home representatives attended the OHCMD's SIR training in October 2011, and had received the PowerPoint presentation for the SIR training issued in June 2012. However, to further ensure SIRs are submitted in accordance with reporting guidelines, the Group Home conducted SIR training for the staff responsible for preparing and submitting SIRs via ITrack, on August 9, 2013. Verification of the training was submitted to OHCMD.

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during complaint investigations and evaluations of the Group Home's sites. CCL cited the Group Home's Banning site in June 2012, during a Facility Evaluation, for failing to update CCL required forms, LIC 500-Personnel Report and LIC 610-Emergency Disaster Plan. The Group Home completed the forms and supporting documentation and submitted them to CCL, on June 21, 2013. CCL approved the revised forms and cleared the deficiency.

  In November 2012, CCL cited the Group Home's Harris site, due to a Personal Rights violation, as it was determined that two Group Home staff had not followed the Group Home's Emergency Intervention Plan and/or Pro-Act Guidelines. The two Group Home staff involved had performed an improper restraint of a child. According to CCL's report, the Group Home Facility Management investigated the incident and reviewed the Group Home's surveillance video which confirmed the two Group Home staff had reported false information. CCL requested a Plan of Correction (POC) from the Group Home. The Group Home terminated the two staff involved in the incident, and the remaining Group Home staff was retrained on Emergency Intervention procedures. The POC was approved by CCL on November 30, 2012. DCFS Emergency Response Command Post did not investigate the allegation, as the referral was "Evaluated Out" by the Child Protection Hotline, in that the incident reported appeared to involve staff trying to prevent a youth who was out of control from injuring himself or others. The youth sustained some injuries, but based on what was reported the injuries were due to the youth struggling to free himself after he was restrained by staff. The injury was not seen as a result of malice or willful intent to harm. All Children's Social Workers (CSWs) with children placed in the Group Home, as well as OHCMD, and CCL were made aware of the incident. However, OHCMD requested a (Corrective Action Plan) CAP from the Group Home, as CCL cited the Group Home after investigating the allegation. The CAP was approved by OHCMD on September 3, 2013.

  On November 16, 2012, CCL conducted a case management visit to the Group Home's Kalsman site, as a DCFS staff had contacted CCL to report that the Group Home had accepted a five-year-old child into placement. CCL cited the Group Home for operating a facility beyond the conditions and limitations specified on the license, as the Group Home's Kalsman site was licensed to provide care and supervision for children 6 to 14 years of age. CCL requested a POC, at which time the Group Home informed CCL that the child had been replaced to a more appropriate placement, on November 8, 2012.

During the Exit Conference, the Group Home's Assistant Executive Director stated that the Group Home will ensure compliance with all Title 22 Regulations and guidelines, and ensure that SIRs are submitted in a timely manner.

Recommendations

The Group Home's management shall ensure that:

1. SIRs are submitted timely to all required parties via ITrack.

2. The group home sites are in compliance with Title 22 Regulations and free from CCL citations.

Maintenance of Required Documentation and Service Delivery

- Two Group Home sites, the Kalsman and the Banning sites, were not in compliance with the Group Home's Program Population Criteria, as documented in the Group Home's program statement. The Group Home's program statement states the age range of the child target population served is 6 to 12 years old. The Kalsman site had two children who were 13 years old; the Banning site had one child who was 14 years old and another child who was15 years old.

During the Exit Conference, the Assistant Executive Director stated that the Group Home was following the age guidelines of the Group Home's renewed licenses, which show that the Group Home's Kalsman site is now licensed to serve children ages 6 to 14 years old, and the Group Home's Banning site is now licensed to serve children ages 6 to 15 years old. However, the changes in the age guidelines for the Group Home sites were not approved by DCFS, and the changes are not reflected in the Group Home's program statement. The Group Home stated that it had submitted an addendum to OHCMD to update the program statement and to ensure that the licenses and the Program Statement do not contradict each other; however, there was no record that the addendum had been approved by OHCMD. The Group Home will resubmit its addendum to OHCMD for approval. As of December 20, 2013, the addendum is still under review and pending approval.

- Three of five initial Needs and Services Plans (NSPs) reviewed were not comprehensive and did not include all of the required elements in accordance with the NSP template. One goal in an initial NSP was not measurable, and one initial NSP did not include the signature of the person who developed the NSP.

- Five of Twenty-two updated NSPs reviewed were not comprehensive, as they did not meet all the required elements in accordance with the NSP template. One updated NSP did not include school enrollment and psychotropic medication authorization dates; four updated NSPs did not include detailed information of the Group Home's contacts with the DCFS CSWs; and one updated NSP did not include the signature of the person who developed the NSP.

It should be noted that although not all initial and updated NSPs reviewed were comprehensive, all NSPs were timely. The initial and updated NSPs reviewed were developed after the OHCMD January 2012 NSP training. A Group Home representative attended the NSP training, and the Group Home received the Power Point presentation for the training. In addition, the Group Home's Quality Assurance (QA) Director attended the NSP training provided by OHCMD in August 2013. Further, on September 13, 2013, the Group Home conducted NSP training for Group Home staff that develops NSPs; verification of the training was submitted to OHCMD.

During the Exit Conference, the Assistant Executive Director stated that she will be responsible for reviewing all NSPs before they are finalized to ensure they are comprehensive and are prepared in accordance with the NSP template. She will also ensure monthly contact information with

DCFS CSWs is documented in detail, school enrollment and psychotropic medication authorization dates are included in the NSPs, and required signatures are obtained.

Recommendations

The Group Home's management shall ensure that:

3. Children are placed in accordance with the Group Home's program population criteria.

4. Comprehensive initial NSPs, which include all elements of the NSP template, are developed.

5. Comprehensive updated NSPs, which include all elements of the NSP template, are developed.

EDUCATION AND WORKFORCE READINESS

- A review of the children's academic records revealed that one child's academic performance and attendance did not improve. The Group Home's QA Director reported that the Group Home had provided the child with a tutor to assist the child in improving school performance, but the child's not attending classes and his behavior were major barriers to succeeding in school. Further, as the child has been having repeated conflicts with a teacher at school, the QA Director is exploring having the child transferred to another school. The Group Home will continue to provide tutoring for the child, as well as ensure that the child continues to participate in behavioral therapy. Further, the Group Home will continue to provide the child with transportation to school, and the Group Home staff will keep in constant contact with the school to ensure the child is attending his classes.

Recommendation

The Group Home's management shall ensure that:

6. Children attend school daily, as required, and the necessary services to assist the children in improving academic performance and attendance are provided.

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

The OHCMD's last compliance report, dated October 31, 2012, identified seven recommendations.

Results

Based on our follow-up, the Group Home fully implemented three of seven recommendations for which they were to ensure that:

- The children are progressing toward meeting their NSP goals,

- All age-appropriate children are given opportunities to plan activities in which they have an interest, and
- Staff who have direct contact with children meet the educational and work experience requirements.

The Group Home did not implement four recommendations for which they were to ensure that:

- SIRs are appropriately documented and cross-reported to all required parties via ITrack, in a timely manner,
- All sites are in compliance with Title 22 Regulations and County contract requirements,
- Initial and updated NSPs are comprehensive, and
- Full implementation of the outstanding recommendations from the OHCMD's 2011-2012 monitoring report, as SIRs were not appropriately documented and cross-reported to all required parties via ITrack, in a timely manner, and initial and updated NSPs were not comprehensive.

Recommendation

The Group Home's management shall ensure that:

7. The outstanding recommendations from the 2012-2013 monitoring report dated October 31, 2012, which are noted in this report as Recommendations 1, 2, 4, and 5, are fully implemented.

At the Exit Conference, the Group Home representative expressed her desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home has retrained all staff members in the timely submission of SIRs. Further, in efforts to ensure the development of comprehensive NSPs, the Group Home Administrator and QA Director will conduct periodic checks to ensure NSPs are comprehensive; they will review NSPs prior to submittal; and ensure that all efforts to obtain the DCFS CSW's authorization to implement NSPs are documented. Additionally, the Group Home's Treatment Team will conduct monthly meetings to address the improvement of children's academic performance and/or attendance. OHCMD will visit the Group Home in January 2014 to provide the Group Home with SIR training and again in March 2014 to provide the Group Home with technical assistance and follow-up to ensure implementation of the recommendations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home was posted by the Auditor-Controller (A-C) on December 6, 2011. The A-C identified $182,387 in unallowable expenditures, and $1,667 in unsupported/inadequately supported expenditures. The Group Home submitted a fiscal CAP which is being monitored by the DCFS Fiscal Monitoring and Special Payments Section (FM & SPS). According to the FM & SPS, the Group Home signed an agreement with the Los Angeles County Treasurer and Tax Collector to pay back the identified unallowable expenditures. The Group Home has been making monthly payments.

Little Peoples World, Inc.

P O Box 248 Cherry Valley California, 92223
(951) 849-1959 Fax (951) 849-1227

September 24, 2013
Department of Children & Family Services
Out of Home Care Management
9320 Telstar Avenue, Suite #216
El Monte, CA 91731

Dear Ms Patricia Bolanos-Gonzalez

RE: Group Home Monitoring Review Field Exit Summary
Corrective Plan 2nd Submittal

August 14, 2013 Department of Children and Family Services-Out of Home Care Management Division (OHCMD) conducted an exit review with Little Peoples' World (LPW) Management to discuss findings from the Group Home Compliance Review for 2013.

Licensure/ Contract Requirements
#4. Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?

#9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review? (SAFETY)

Compliance
The Administrator or Facility Manager will ensure incidents that occur during DCFS office hours are telephone to CSW and submitted to I Track same day. Incidents that are non-emergency that occurs after hours or on the weekends will be reported via I Track system next business day.

LPW Facility Managers participated in updated SIR training September 19, 2013.

The Administrator will ensure simultaneous submittal of board resolution to CCL with update of LIC 308 and LIC 309.

The Administrator or Facility Manager will ensure staff ongoing training in Emergency Intervention / Management of Assaultive Behavior techniques in compliance with COP submitted to CCL and CAP submitted to OHCMD November 2012.

The Administrator will ensure continued compliance with COP submitted to CCL November 2012. The Administrator will ensure LPW will not operate a facility beyond the conditions and limitations specified on the license.

Maintenance of Required Documentation and service Delivery
#15: Are children placed in accordance with the group home's capacity and population criteria? (Well-Being)

23: Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (Well-Being)

#24: Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?(Well-Being)

Compliance
December 21, 2011 LPW sent to Contracts LIC 9106 (Program Statement) and Program narrative changing population specified ages 6-15 years. Contracts approved the modifications. The Administrator has contacted Contracts and will forward an updated LIC 9106 (Program Statement) to ensure Contracts has record of LPW population specified ages 6-15 years for all facilities. The board resolution will be submitted simultaneous to ensure Contracts has record of Board of Directors approval of the modification.

The Administrator will submit to CCL LIC 200 (Licensee Application) and LIC 9106 (Program Statement) to ensure CCL has record of LPW population specified ages 6-15 years for all LPW facilities. The board resolution will be submitted simultaneous to CCL to ensure LPW continued compliance with CCL regulations.

LPW Administrator/ Quality Assurance Director participated in DCFS Needs and Services Refreshing training August 1, 2013 conducted training with LPW staff and facility social worker August 13, 2013. LPW Administrator conducted training with LPW staff August 12, 19, 2013. See attached Training Logs

The training addressed missing information e.g. no PMA approval date and no explanation why, no school enrollment date no child attorney contact information, no signature of person preparing the report, and goal that is vague and not measurable, not enough detail in CSW contact.

The Facility Social Worker will ensure progress update sent by email to CSW is reference in the report and attached to NSP/Quarterly report. The Facility Social Worker will ensure information is recorded into the report at three intervals during the report period: beginning, middle and end this will address "missing information, missing signature" an explanation will be recorded when information is not available. The Facility Social Worker will ensure goals are specific and measurable e.g. 2 times within 3 days minor will demonstrate stop and think skills when wanting to fight. The Administrator will ensure information is recorded in the reports at intervals: beginning, middle and end of the report period to avoid future deficiencies.

IV. Education and Workforce Readiness

#28. Based on the services provided by the facility has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, and IEP goals)? (WELL-Being)

Compliance
The attached school report was not available for the reporting period. LPW requested the document during report period. The Educational Rights Holder did not receive a school report. LPW staff obtained the report from the School District Office September14, 2013. Minor's 3rd quarter grades improved from all Fs to Earth Sci D-, Phys Ed D+, MESA C- and maintained P indicating passing in Advisory. The comment regarding excessive absences decreased to Advisory class during the quarter. The minor participated in individual therapy at Kedem during Advisory period. Kedem had shortage of therapist scheduling therapy during school hours was necessary. Kedem provided returned to school notice following appointments. See School Performance Report submitted with CAP.

Administrator will ensure child record of academic performance is obtained from school in accordance with school calendar of reporting periods. The Administrator will maintain calendar control of school reporting period to ensure compliance.

Compliance Monitor
Quality Assurance Controller will conduct month monitoring to ensure compliance with CAP. QA will ensure correction of discrepancies within three days of discovery. The controller will sign the corrected document as verification of compliance and forward to Assistant Director for review and approval.

Respectfully,

Hitaji Kidogo

Hitaji Kidogo, Assistant Director