COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Chairman-Fourth District

MICHAEL D. ANTONOVICH
Fifth District

June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **AIMING HIGH TREATMENT CENTERS, ASHE, INC. CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Aiming High Treatment Centers, operated by ASHE, Inc., in February 2013. Aiming High Treatment Centers has three (3) sites located in San Bernardino County and serves both Probation and Department of Children and Family (DCFS) youth. Site I is located in the Third Supervisorial District of San Bernardino County. Site II is located in the Fifth Supervisorial District of San Bernardino County. Site III is located in the Third Supervisorial District of San Bernardino County. Site I provides services to Los Angeles County Probation Department and DCFS, San Bernardino County Child Protective Services (CPS), San Diego County Probation Department and CPS foster children and youth. Site II provides services to Los Angeles County Probation and DCFS, Alameda County Probation, and San Diego County Probation and CPS foster children and youth. Site III does not provide services to any Los Angeles County Probation or DCFS foster children or youth and does not have a contract with either agency. As a result, Site III was not evaluated as part of this year's review. According to Aiming High's program statement, its purpose is to provide 24-hour supervised care and housing for boys, ages 10 - 17 years, who are delinquent and/or dependent, neglected children and who are referred for placement by the Juvenile Court and the Department of Social Services.

Aiming High Treatment Centers Sites I and II consist of two (2) six-bed sites and is licensed to serve a capacity of six (6) boys at each site, ages 10 - 17, for a total population of 12 children. At the time of review, Aiming High served eight (8) Los Angeles County Probation placed children, one (1) Los Angeles County DCFS placed child, one (1) Alameda County Probation placed child, and one (1) dual supervision (Los Angeles County Probation/DCFS) placed child, for a total population of 11 placed children. The placed children's overall average length of placement was 5 months, and their average age was 17 years. The randomly selected interview sample size was four (4) youth, three (3) Probation children and one (1) DCFS/Probation (Dual Supervision) child; however, one child was not available for interview due to the fact that he had run-away and did not return until after the review was concluded. At the time of the review, none of the placed children were prescribed psychotropic medication.

Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were 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 Aiming High, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Aiming High was out of compliance in nine (9) of the 10 areas of our Contract Compliance Review: Licensure/Contract Requirements, Facility and Environment, Maintenance of Required Documentation and Service Delivery, Educational and Workforce Readiness, Health and Medical Needs, Personal Rights and Social/Emotional Well-Being, Personal Needs/Survival and Economic Well-Being, Discharged Children, and Personnel Records. In the area of Psychotropic Medication, the agency could not be evaluated at the time of the review, as there were no placed children with psychotropic medication needs.

The deficiency noted in the area of Licensure/Contract Requirements was "Vehicle Maintained In Good Repair" in that proof of insurance was missing in each of the facility vehicles. Various deficiencies were discovered in the area of Facility and Environment, specifically the exteriors at both sites had repair or replacement issues, and the interior common areas at both sites required repairs. Additionally, some of the children's bedrooms at both sites needed repair and personal touches, as most bedrooms were bare. Several major deficiencies were noted in the area of Documentation and Service Delivery, and meeting the children's Educational and Workforce Readiness needs. Aiming High did not develop timely and comprehensive Needs and Services Plans (NSPs), to include required authorization of implementation and participation, as well as detailed, child-specific plans that have measurable goals and detailed information. Documented efforts to enroll placed children in school within three (3) school days of placement were not accurate, and late school enrollments were not explained or justified. Additionally, workforce readiness was not properly documented or included as part of the children's NSPs, and the efforts made by the Group Home to provide workforce readiness were not detailed.

In the area of Health and Medical Needs, Aiming High failed to properly document medical visits and appointments and failed to ensure that children were physically examined in a timely manner. Several deficiencies were noted in the area of Personal Rights and Social/Emotional Well-Being, related to intake packets for the youth, meals and snacks and religious services. In the area of Personal Needs/Survival and Economic Well-Being, one (1) child reported a lack of personal care items. In the area of Discharged Children, one (1) of the three (3) child files reviewed revealed that they were not discharged according to their goals. Finally, in the area of Personnel Records, Aiming High staff files were missing information; such as, educational experience, medical clearance records, proof of child abuse and criminal records clearances, and proper documentation of training provided. Aiming High supervisory staff was instructed to enhance monitoring in order to eliminate documentation issues.

REVIEW OF REPORT

On March 18, 2013, Probation PPQA Monitor Armando Juarez held an Exit Conference with Claudius Wright, Executive Director, John Brantley, House Manager and via telephone conference Mitchica McNeair, LCSW Therapist and Edward Siahaan, MS LCSW Therapist. Aiming High representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their 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 Community Care Licensing.

Aiming High Treatment Centers provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

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.

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Claudius Wright, Executive Director, Aiming High Treatment Centers
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

AIMING HIGH TREATMENT CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

34201 5th Place
Yucaipa, CA 92399
License # 366402773
Rate Classification Level: 12

715 S. Sutter Avenue
San Bernardino, CA 92410
License # 366403887
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: February 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Improvement Needed
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Improvement Needed
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

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

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Improvement Needed 2. Improvement Needed 3. Full Compliance
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. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed

AIMING HIGH TREATMENT CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

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

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

For the purpose of this review, four (4) placed children were selected for the sample, three (3) Probation children and one (1) DCFS/Probation (Dual Supervision) child. We interviewed three (3) out of the four children. One of the children was not available for interview due to the fact that he had run-away at the time that the interviews were conducted and did not return to the Group Home until after the review was concluded. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) reviewed all four (4) of the children's case files to assess the care and services they received. Additionally, three (3) discharged Probation children's files were reviewed to assess Aiming High's compliance with permanency efforts. At the time of the review, none of the placed children were prescribed psychotropic medication, although Aiming High does accept children with psychotropic medication needs. As a result, the area of Psychotropic Medication was not assessed for timeliness of Psychotropic Medication Authorizations (PMAs), and the required documentation of psychiatric monitoring was not confirmed.

Four (4) staff files were also reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following nine (9) areas were out of compliance.

Licensure/Contract Requirements

- Each of the two (2) facilities has a transportation van, one (1) for each site. During the facility inspection, a review of the facility vans revealed that each van was missing valid proof of insurance. Although Aiming High immediately placed valid

proof of insurance in each vehicle during the inspection, it was noted that these vans did not have proof of insurance for an undetermined amount of time prior to this review. As a result, Aiming High was in violation under the section of "Vehicle Maintained In Good Repair"

Recommendation

Aiming High's management shall ensure that:

1. All vehicles used to transport children have current proof of insurance placed in the vehicles at all times in accordance with the California Vehicle Code, as stated in the Master County Contract, Statement of Work (SOW).

Facility and Environment

- An inspection of the exterior of Site I revealed that there were some issues that required action. The back yard storage room screen door was off the hinges. The basketball hoop was damaged and had large rocks holding it in place, while the side of the house had large loose rocks that were a safety hazard. There was also some debris and trash along the southern property dividing wall. However, all of these deficiencies were repaired at the time of the review. In addition, the porch screen had holes and tears, which were not repaired during the review. An inspection of the exterior of Site II revealed that there were some repairs needed to the exterior of the home as well. The front of the house had chipped and weathered paint, especially the garage door. The west side of the house had a damaged seat/couch that was disposed of at the time of the review. As a result, Aiming High was out of compliance with the section under "Exterior Well Maintained".

- An inspection of the common areas to the interior of the two (2) sites revealed that the detached garage/office at Site I had rain damage to the ceiling above the sink that needed to be repaired. The restroom inside the house had minor deficiencies. The light above the sink was missing a bulb, which was replaced immediately during the inspection, and the towel rack was loose and needed to be tightened. At Site II, there were also minor deficiencies. The living room had a bookshelf near the fireplace that was damaged and worn and needed to be either repaired or replaced. The Personal Rights (Foster Youth Bill of Rights) with the telephone number to the County Ombudsman were not posted anywhere in the home. The restroom shower curtain had mold. This was replaced with a brand new one during the time of the review. Although the deficiencies were mostly minor, Aiming High was still out of compliance with the section under "Common Areas Maintained".

- During the review, the children's bedrooms were also inspected. At Site I, bedroom #1 had exposed wiring in the closet, which was still an issue from the previous year's monitoring review. Bedroom #2 had a hole in one of the walls; however, this was fixed during the review. Bedroom #2 also had a smoke detector that was loose and was missing a battery. In addition, the children's bedrooms were not personalized or decorated, which did not make for a home-like environment. At Site II, bedroom #1 had minor graffiti on the top of the closet track. Bedroom #2 also had some graffiti on top of closet track and had a smoke detector that was missing a battery. All of

these issues were repaired at the time of the review. Bedroom #2 also had a damaged and worn rolling chair that needed to be removed and replaced, and there was also some graffiti on top of one of the dressers. As a result, Aiming High was out of compliance with the section under "Children's Bedrooms".

- Although Site I had sufficient reading and recreational supplies, Site II did not have enough reading material. The home had two (2) bookshelves that were bare and did not have enough books or a large enough variety of books to choose from. As a result, Aiming High was out of compliance with the section "Sufficient Recreational Equipment/Educational Resources".

Recommendation

Aiming High's management shall ensure that:

1. All of the aforementioned physical deficiencies cited that have not already been fixed, will be corrected and repaired in a timely fashion. This shall be in accordance with the Community Care Licensing, Title 22 standards, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times", and also that the personal rights "shall be prominently posted" in areas accessible to children and their visitors.

2. Children's bedrooms will be arranged so that they are encouraged to personalize and decorate them in accordance with the Master County Contract, SOW, which states that the Group Home must create a "home-like" and "child-friendly" environment.

3. There is a sufficient supply and variety of reading materials for children to choose from in accordance with Title 22 standards.

Maintenance of Required Documentation and Service Delivery

- A review of the children's files showed that all four (4) of the children had NSPs that were missing or did not have the proper signatures of approval from their Probation Officer's, which was also an issue from the previous year's monitoring review. Child #1 only had one (1) quarterly NSP, and it was missing all of the required signatures by the Probation Officer, child, Group Home representative, and parents. Child #2 was missing the initial NSP from his file and therefore could not be reviewed for accordance with these requirements. Child #3 had an initial NSP and two (2) quarterly NSPs that were missing his Probation Officer's signature. Child #4's initial NSP was also missing the Probation Officer's signature. In addition, there were no documented efforts by the Group Home to obtain the Probation Officer's signature for any of the NSPs reviewed. Therefore, Aiming High was not in compliance with the section under "County Worker's Authorization to Implement NSPs".

- As previously mentioned, the first child had one (1) quarterly NSP, which did not have any of the related parties' signatures of approval, and the second child was missing the initial NSP, which could not be reviewed for signatures. The third child had two (2) quarterly NSPs that did not have the Group Home representative's

signatures. Out of the four (4) files reviewed, only one (1) had the required signatures of approval from the Group Home representative, which was also an issue of concern in the previous year's monitoring review. Therefore Aiming High was out of compliance with the section under "NSPs Implemented and Discussed with Staff".

- Of the four (4) files reviewed, two (2) of the children's NSPs were adjusted accordingly. Both of these children were from the Site I house. However, the NSPs of the other two (2) children from the Site II house did not have proper documentation of the progress that was being made, or lack there of. Their goals did not indicate if they were achieved or modified, and were unclear and non-specific to the needs of the specific child. Therefore, Aiming High was not in compliance with the section "Children Progressing Toward Meeting NSP Case Goals".

- None of NSP's for all four (4) of the children's files reviewed had any documentation of dates and types of contact made with their Probation Officers. The NSP's only stated that "regular visits" or "monthly visits" were being made. As a result, Aiming High was not in compliance with the section of "County Workers Monthly Contacts Documented".

- Out of the four (4) children's files reviewed, only one (1) of the children's NSPs indicated that important relationships were being maintained. The second child's quarterly NSP indicated that his plan was to return home to his mother; however, the NSP indicated that she had limited participation in his program, and efforts to sustain any important relationships were not documented. In addition, because the child was not interviewed due to the fact that he was on AWOL status at the time of this review, it could not be determined if the child felt that the Group Home was assisting him with this. The third child indicated that the Group Home was encouraging him in maintaining a good relationship with his mother. However, the Permanency Plan of his NSP indicated minimal participation by his mother in his program and also did not document any efforts to obtain or sustain any important relationships. The fourth child had an NSP that indicated that he had some contact with his grandmother, but did not provide any other information on how or what types of other relationships were being encouraged or maintained. In addition, the child interview indicated that the Group Home only facilitated family therapy sessions. As a result, Aiming High was not in compliance with the section of "Children Assisted in Maintaining Important Relationships".

- None of the four (4) children had comprehensive initial NSPs. Three (3) out of the four (4) had timely initial NSPs and one (1) was not available for review. As mentioned earlier, the second child's initial NSP was missing and could not be evaluated for timeliness and comprehensiveness. One (1) of the children's initial NSP was missing his signature of participation. All three (3) of the initial NSPs either had incorrect dates, were missing important educational or medical information, such as dates of initial medical and dental exams, and dates of enrollment. The NSPs had quarterly sections completed that should not have been completed, and had sections that were incomplete or had the wrong check boxes marked. Additionally, none of the three (3) children had an established concurrent case plan goal for the children, and two (2) of them did not have a clearly defined "reason for placement"

section. All three (3) of the children had goals that were not measurable, did not identify the adult responsible for monitoring their progress, and were either generic or had very basic goals. As a result, Aiming High was not in compliance with the section of "Development of Timely, Comprehensive Initial NSPs with Child's Participation"

- None of the four (4) children had comprehensive updated NSPs. One (1) out of four (4) children had updated NSPs that were timely. Two (2) out of the four (4) children had quarterly NSPs that were not completed in time. One (1) had a quarterly NSP that incorrectly had the same date of completion as the previous NSP; therefore, it could not be assessed for timeliness. Two (2) out of the four (4) children had at least one (1) quarterly NSP that was missing the child's signature of participation. As with the initial NSPs, the quarterly NSPs also had issues with incorrect dates, missing important educational or medical information (e.g. dates of initial medical and dental exams and dates of enrollment), and had sections that were incomplete, vague, had the wrong check boxes marked, or had irrelevant information in specific sections. The concurrent case plan goals were still not established for several of the quarterly reports, and adjustment to the placement was generic or incomplete for two (2) of the children. In addition, important family information such as the "efforts to unite the youth with siblings" sections were not properly completed or the services and accomplishments the children were making.

  Similarly, all four (4) of the children had quarterly NSPs that continued with the generic goals that were not measurable, and still did not identify the adult responsible for monitoring their progress. The goals also remained the same from the previous NSPs without indicating the child's progress. The goals did not indicate dates of completion or dates of modification and completed goals were not indicated in the "Achieved Outcome Goals" section of the NSPs. The goals also continued to have the exact same generic "projected completion dates" for all of the child's goals. Finally, some of the children were missing goals that would have been case-specific, such as one (1) child that was missing a goal to address his gang related behavior as had been identified within the same NSP. Another child also had a drug abuse goal even though his NSP did not indicate that the child had drug addiction issues. As a result, Aiming High was not in compliance with the section under "Development of Timely, Comprehensive, Updated NSPs with Child's Participation".

Recommendation

Aiming High's management shall ensure that:

1. Concerted efforts are made to obtain the signatures of all of the parties involved in the development and implementation of a child's NSPs, including but not limited to, their Probation Officer/County Case Worker, the child, and the Group Home representative. Efforts to obtain these signatures of approval shall be documented and made readily available upon request by the county in accordance with Title 22 and the Master County Contract, SOW.

2. Each child's NSP is adjusted accordingly to properly document the progress they are making in the Group Home program as stated in the Master County Contract, SOW.

3. The monthly contact with each child's Probation Officer/Case Worker is properly documented. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "Include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

4. Concerted efforts are made to assist the child in maintaining important relationships. This is to be done in compliance with the Master County Contract, SOW, which states that "The CONTRACTOR shall assist the Placed Child in identifying, developing and maintaining important relationships...to enable children 10 years of age and older to develop a connection with a caring adult, when important relationships are lacking". These efforts are to be documented in the child's NSPs in accordance with the aforementioned NSP training handout which indicates that the "providers should describe any direct observations...related to the child's visitation, involvement, and contact with his or her family" and that the Group Home is to "Explain the child's social support network outside of the family (e.g. CASA, mentor, Big Brother/Big Sister)".

5. Each child has timely NSPs, including the quarterly NSPs as stated in the Master County Contract, SOW, which states that "Quarterly Report template shall be updated 90 days from the date of placement and every 90 days thereafter". Grace periods to complete NSPs shall not be allowed.

6. The aforementioned NSP deficiencies are corrected so that each child has comprehensive NSPs in accordance with Title 22 standards as well as the Master County Contract SOW.

Educational and Workforce Readiness

- A review of the children's files and NSPs revealed that two (2) out of the four (4) children were not enrolled in school within three (3) days of placement at the Group Home. The previous year, the Group Home was in compliance with this section. According to the second child's quarterly NSP, he was enrolled 80 days late, and the third child's NSP showed that he was enrolled three (3) days late without explanations provided in either of their NSPs. As a result, Aiming High was not in compliance with the section of "Children Enrolled in School Within Three School Days".

- Based on the review of the "Education" section of each child's NSPs, two (2) out of the four (4) children were having attendance issues, and efforts made by the Group Home to assist them in improving their attendance was not documented. In addition, the fourth child did not have any useful information provided under the "Education" section of his NSPs. As a result, Aiming High was out of compliance with three (3)

out of the four (4) children's files reviewed in the sections of "GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals" and "Children's Academic or Attendance Increased".

Recommendation

Aiming High's management shall ensure that:

1. All children are enrolled in school in accordance with the Master County Contract, SOW, which states that children are to be enrolled within three (3) school days from the date of placement, and that proper explanation is provided in the provided section of the NSP, whenever a child is not enrolled in a timely fashion.

2. All children are afforded the opportunity to attend school and have assistance in meeting their education goals as indicated in Title 22.

3. All children shall improve academically with both attendance and grades, according to the Master County Contract, SOW, which also states that the Group Home shall "work with the Placed Child's teachers and academic counselor to monitor educational progress" for each placed child.

Health and Medical Needs

- A review of the four (4) children's NSPs indicated that three (3) of the children were not provided with timely initial medical examinations. The previous year, the Group Home was in compliance with this section. One of the children's files had proof that he was not given a medical examination due to Medi-cal issues. The second child did not have proof of medical examination nor was there any information provided in his NSP regarding his medical status. The third child's NSP indicated that the medical exam was conducted 21 days late; however, the medical exam visit form in his file indicated that the exam was conducted 72 days late, creating a discrepancy between the two (2) documents. As a result, Aiming High was not in compliance with the section of "Initial Medical Exams Conducted Timely".

- A review of the files showed that two (2) of the four (4) children were not provided with timely dental examinations. The previous year, the Group Home was in compliance with this section. The first child's file indicated that his dental exam was 33 days late. The fourth child's NSP indicated that the dental exam was conducted 20 days late; however, the dental exam visit form in his file indicated that the exam was conducted 105 days late. As a result, Aiming High was out of compliance with the section under "Initial Dental Exams Conducted Timely".

Recommendation

Aiming High's management shall ensure that:

1. All children under the Group Home's care are provided with adequate and timely initial medical and dental exams as stated in Title 22, "to ensure that children have a thorough physical examination by a pediatrician within 30 days of admission".

Personal Rights and Social/Emotional Well-Being

- A review of the children's files revealed that two (2) out of the four (4) children did not have intake packets with signed copies of the Group Home's policies and procedures. Furthermore, one (1) of these two (2) children indicated during his interview that he was never informed of the GH policies and procedures or the house rules. As a result, Aiming High was out of compliance with the section of "Children Informed of Group Home's Policies and Procedures".

- During the interview process with the children in the sample size, two (2) out of the four (4) reported that they were satisfied with the snacks provided. Both of these children were from the Site II location. They both reported that they get snacks such as Oreo cookies, potato chips, pudding, Pop-Tarts, and fruits such as bananas and oranges. However, one (1) of the four (4) from the Site I location reported that the Group Home did not provide sufficient portions of meals and fruits, and that snacks were not provided. During the facility walk through of the Site I Group Home, it was noted that the site had a minimal amount of oranges and bananas. The fourth child was also a resident of the Site I house; however, he was not interviewed due to being on AWOL status. Based on the interview with the Site I child and the inspection of the Site I location, it was determined that Aiming High was not in compliance with the section of "GH's efforts to provide Meals and Snacks".

- The interviews with the children revealed that one (1) out of the four (4) children indicated that the Group Home used to take clients to church but that they have not been taken recently, and that a reason was not provided by the staff members whenever he asked to be taken. The child was from the Site I location. The other two (2) children were from the Site II location, and they indicated that they are allowed to attend religious services. One of the children even reported that he was allowed to go to his temple to celebrate the Chinese New Year. Based on the interview conducted with the child from the Site I location, it was determined that Aiming High was not in compliance with the section of "Children Free to Attend or not Attend Religious Services/Activities".

Recommendation

Aiming High's management shall ensure that:

1. They maintain signed copies in each child's file documenting proof that all children are informed of the Group Home's policies and procedures upon admission into their program. This is to be done in accordance with Title 22, and Master County Contract standards.

2. They provide enough food at all meals in compliance with Title 22 standards, which states that "food shall be safe and of quality and in the quantity necessary to meet the needs of the clients". They are also to provide children with snacks.

3. They provide and offer children with the opportunity to go to church in compliance with Title 22, which states that children have the right "to attend religious services".

Personal Needs/Survival and Economic Well-Being

- During the interview process with the children, the one (1) youth interviewed from the Site I location complained that he did not receive enough personal care items. He stated that he is not provided with a sufficient supply of personal care items such as toothpaste and hair gel. He stated that, upon requesting for such refills, he is instructed to extend the amount of supplies that he has until the Group Home can purchase more products during the upcoming shopping date, and that the products supplied were only of generic brands. As a result, Aiming High was in violation of the section under "Provision of Clean Towels and Adequate Ethnic Personal Care Items".

Recommendation

Aiming High's management shall ensure that:

1. They are in compliance with the Master County Contract, SOW, which states that each Group Home shall provide children with hygiene products upon being placed, and that they are to "replace as needed" and "offer each Placed Child choice among brands as long as the cost is reasonable".

Discharged Children

- A review of the sample size of discharged children revealed that one (1) out of the three (3) children was not discharged according to his discharge plan. According to the child's NSP, he was to return to his parents upon completing his program at Aiming High; however, the child instead ran away from the Group Home approximately 3 ½ months into his program. It should be noted that the NSP permanency plan was in accordance with all standards as the Group Home had documented efforts to reunite the child with his family upon completing his program. As a result, the Group Home was found to be in compliance with the section under "Children Discharged According to Permanency Plan", even though he ran away. In spite of this, the child's file indicated that he did not make substantial progress during his program with Aiming High. The child's discharge report indicated that his behavior was "unsatisfactory", and that his school performance was poor, citing "excessive absenteeism" and a suspension. Additionally, the child was involved in incidents such as theft, drug use, deflection of responsibilities, and displayed "blatant" violations of other children's rights. As a result, Aiming High was not in compliance under the sections of "Children Made Progress Toward NSP Goals".

Recommendation

Aiming High's management shall ensure that:

1. All efforts are made to discharge children according to their permanency plan and that all efforts are consistently and accurately documented in the child's NSP, as stated in the Master County Contract and SOW.

2. All efforts are made to assist all children in making progress towards reaching their goals, and that all efforts are properly documented in the child's NSP, as stated in the Master County Contract, SOW and the Title 22 standards.

Personnel Records

- A review of a sample size of four (4) staff files revealed that one (1) out of the four (4) staff files did not have a record of his DOJ, FBI, and CACI clearances. Although, the required documents were placed in the file at the time of the review, Aiming High was still out of compliance with the section under "DOJ, FBI, and CACIs Submitted Timely".

- The review also revealed that two (2) out of the four (4) staff files did not have proof of qualifications in their files. Both staff files were missing a copy of their college degrees. As a result, Aiming High was not in compliance with the section of "Education/Experience Requirement".

- The files also showed that two (2) of the four (4) staff files were missing proper documentation of medical screenings and clearances. The first staff's medical documentation indicated that his tuberculosis test and physical exam were completed 75 days late from the date of hire. The other staff did not have proof of a health screening in his file; therefore, he could not be evaluated for timeliness of medical clearances. As a result, Aiming High was not in compliance with the section of "Employee Health Screening/TB Clearances Timely".

- The review of the staff files also disclosed that three (3) out of the four (4) staff files were missing at least one (1) piece of documented proof that they were in compliance with training standards. All three (3) of the deficient files were missing documented proof of their initial training. One of the staff only had eight (8) hours of on-going training for the year, and the other file was missing proof of Pro-ACT training certification. As a result, Aiming High was out of compliance with the section of "All Required Training".

Recommendation

Aiming High's management shall ensure that:

1. They maintain accurate child abuse and criminal records clearances for all employed staff in accordance with the Master County Contract, SOW.

2. They maintain accurate qualification records for all employed staff in accordance with Title 22, which states that personnel records maintain "Documentation of educational background, training, and/or experience", related to the type of works the employee will be engaging in.

3. They maintain accurate medical clearance records for all employed staff in accordance with Title 22, which states in part that employees "shall be in good health, and that physical and tuberculosis exams are to be "performed by or under

the supervision of a physician not more than one year prior to or seven days after employment or licensure."

4. They maintain accurate training records for all employed staff in accordance with Title 22, which states that, new child care staff shall complete a minimum of 24 hours of initial training. Aiming High shall also ensure that staff shall complete at least 16 hours of a "basic assaultive behavior and prevention training course" prior to their participation in the restraint of a child. The staff shall also participate in a "four-hour semiannual review course", as also indicated in Title 22.

PRIOR YEAR FOLLOW-UP FROM PROBATION's PPQA GHMU's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA GHM's last compliance report dated May 2012 identified 27 recommendations.

Results

Based on the follow-up monitoring visit, Aiming High only implemented 11 of the 27 previous recommendations for which they were to ensure that:

- Children were provided with a weekly allowance in accordance with the Master County Contract.
- They created and maintained proper Sign-In/Sign-Out Logs for Probation Officers/Case Workers at Site I.
- They corrected all of the physical deficiencies at Site II.
- Updated quarterly NSPs are placed in the children's files upon completion, and are to be readily accessible for review.
- Children were provided with a variety of choices for breakfast meals, in accordance with Title 22 standards.
- Children were allowed the opportunity to plan and participate in weekly recreational, social, and educational activities and that a calendar of activities is posted in a visible area.
- Children are provided with a regular monthly allowance of a minimum of $50, and that children are not paid this allowance on a "semi-annual" basis unless a signed waiver form is placed in the child's file.
- Children will be provided with weekly allowances in a timely manner and in accordance with the Master County Contract.
- Children are provided with "Life Books" and are encouraged to update and engage in the use of their "Life Books".

- All employed staff have current CPR training and that proof of training is placed in their files and available for review.

- All employed staff have current First-Aid training and that proof of training is placed in their files and available for review.

However, the follow-up visit discovered that Aiming High failed to fully implement 16 of the 27 previous recommendations for which they were to ensure that:

- Site I was to cover loose wiring that was exposed in the closet of bedroom #1. This year's facility inspection revealed that the exposed wiring was simply covered with a loose cover box that was not secured in place to prevent tampering. All other physical deficiencies at Site I from the previous year were repaired accordingly.

- Children's initial NSPs were immediately placed in their files upon completion by the therapist, and made readily available for review. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", one (1) of the children in the sample size from this year's review did not have an initial NSP provided for review by the Group Home.

- They discuss the children's case plans with the Probation Officers/Case Workers and obtain proof by including their signatures on the NSPs that are being implemented. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", all four (4) of the children's files in the sample size from this year's review were missing the signature of approval in at least one (1) NSP for each child. Additionally, last year's recommendation also requested that efforts to obtain the signatures of approval from the Probation Officer/Case Worker should be documented in the children's files. This recommendation was also not followed for the children in this year's sample size.

- Children's participation in their NSPs was to be documented by obtaining their signatures on each of the implemented NSPs in their files. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", two (2) out of the four (4) children in this year's sample size were missing the children's signatures, and documented explanations were not provided.

- Children's parental participation in their NSPs was to be documented by obtaining their signatures on each of the implemented NSPs in their files. None of the four (4) children in this year's sample size had any of their parent's signatures on any of the implemented NSPs, and documented explanations were not provided.

- Children's initial NSPs were child specific, fully completed and comprehensive. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", none of the four (4) children in this year's sample size had initial NSPs that were fully compliant with this recommendation. The initial NSPs in this year's review were still not properly completed (e.g. unmarked check boxes, sections requiring entries were left blank or had incorrect information, non-specific to each child and/or generic goals).

- Children's updated NSPs were child specific, fully completed and comprehensive. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", all four (4) of the children in this year's sample size had at least (1) updated NSP in their file that was not fully compliant with this recommendation. As with the initial NSPs in this year's review, the quarterly NSPs were also not properly completed (e.g. unmarked check boxes, sections requiring entries were left blank or had incorrect information, non-specific to each child and/or generic goals). In addition, the outcome goals section of the updated NSPs failed to indicate the child's progress; or lack thereof, and modification dates and/or dates that goals were achieved were consistently left blank.

- Children's updated NSPs were completed in a timely manner. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", two (2) out of the four (4) files in this year's review had completion dates that were past due, and one (1) of the other files had an incorrect completion date that was the same date as the previous NSP for that child.

- Children are provided with nutritious meals in accordance with the Master County Contract. As aforementioned in the element of "Personal Rights and Social/Emotional Well-Being", the Group Home failed to provide a sufficient quantity of food for children's meals to satisfy all of the children in this year's sample size. Child #1 from the Site I location reported that the Group Home did not provide sufficient meal portions.

- Children are provided with a variety of seasonal fruits other than bananas, pears, apples, and oranges. As aforementioned in the element of "Personal Rights and Social/Emotional Well-Being", the Group Home failed to provide a sufficient variety and quantity of fruit to satisfy the needs of all of the children in this year's sample size. Child #1 from the Site I location reported that the Group Home did not provide sufficient fruit. Furthermore, during the facility walk through of the Site I Group Home, it was noted that the site had a minimal amount of oranges and bananas available.

- Children are provided with quality brand name snacks and no longer use a weekly "fill up" snack process intended to prevent theft and/or overeating. As aforementioned in the element of "Personal Rights and Social/Emotional Well-Being", the Group Home failed to provide snacks to satisfy all of the children in this year's sample size. Child #1 from the Site I location reported that the Group Home did not provide snacks for children.

- Children are provided with quality and appropriate hygiene and personal care products. As aforementioned in the element of "Personal Needs/Survival and Economic Well-Being", the Group Home failed to provide personal grooming and hygiene products to satisfy all of the children in this year's sample size. Child #1 from the Site I location complained that he did not receive enough personal care items. He stated that he was not provided with a sufficient supply of personal care items such as toothpaste and hair gel. He stated that upon requesting for such refills, that he was instructed to extend the amount that he had until the Group Home

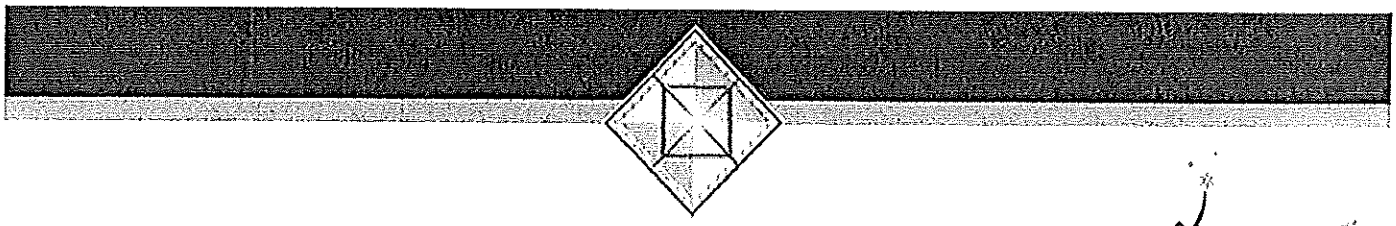
could purchase more products during the upcoming shopping date. He also reported that the products supplied were only of generic brands.

- All employee files are to maintain proof of DOJ/CACI clearance as mandated by Master County Contract Standards. As aforementioned in the element of "Personnel Records", one (1) out of the four (4) staff files in this year's review did not have a record of his DOJ, FBI, and CACI clearances in his file. However, the required documents were placed in the file at the time of the review.

- All employee files are to maintain proof of their initial health screening clearances as mandated by Master County Contract Standards. As aforementioned in the element of "Personnel Records", two (2) of the four (4) staff files in this year's review were missing proper documentation of medical screenings and clearances. The first staff's medical documentation indicated that his tuberculosis test and physical exam were completed 75 days late from the date of hire. The other staff did not have proof of a health screening in his file.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Aiming High (Ashe Inc.) from the Department of Auditor Controller is dated December 13, 2010, for the fiscal period of July 1, 2007, to June 30, 2008. The report dated December 13, 2010, indicated that the Aiming High (Ashe, Inc.) had questioned/disallowed costs. Aiming High (Ashe, Inc.,) submitted a Fiscal Corrective Action Plan (FCAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section. However, ASHE Inc. has a balance due of overpayments, and Placement Administrative Services reports issues with timely payments and cooperation of payment on a consistent basis.



DATE: April 17, 2013

TO: Probation Department Managers & DPO Armando Juarez

FROM: Aiming Treatment Centers Group Home Management

RE: Corrective Action Plan

Attached is Aiming High Treatment Center's Corrective Action Plan. If there are any questions, please feel free to contact Claudius Wright at 1(951) 453-6907.

Administrator

"The human family can make a difference."
ASHÉ Inc. (Aiming High Treatment Centers)
www.asheinc.org | info@asheinc.org
P.O. Box 1235 Yucaipa, California 92399 |909.446.8719 (p)| 909.446.8813 (f)

AIMING HIGH TREATMENT CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

34201 5th Place
Yucaipa, CA 92399
License # 366402773
Rate Classification Level: 12

715 S. Sutter Avenue
San Bernardino, CA 92410
License # 366403887
Rate Classification Level: 12

April 17, 2013

I. Licensure/Contract Requirements

Findings:

1. During the facility inspection a review of the facility vans revealed that each van was missing valid proof of insurance. All vehicles used to transport children must have current proof of insurance placed in the vehicles at all times in accordance with the California Vehicle Code, as stated in the Master County Contract, Statement of Work (SOW).

Corrective Action Plan:

During the facility inspection conducted by the DPO proof of valid insurance for the agency vehicles was faxed over to Site I while the DPO was onsite. Administration will conduct routine checks of the vehicles to ensure that valid proof of insurance is properly placed in each vehicle at all times.

II. Facility & Environment

Findings:

2. Below are the physical deficiencies found at each site:

Site I-
1. The back yard storage room screen door was off the hinges
2. The basketball hoop was damaged and had large rocks holding it in place
3. The side of the house had large loose rocks that were a safety hazard
4. The porch screen had holes and tears
5. The detached garage/office had rain damage to the ceiling above the sink that needed to be repaired
6. The light above the restroom sink inside the house was missing a bulb and the towel rack was loose

7. Bedroom #1 had exposed wiring in the closet which was still an issue from the previous year's monitoring review
8. Bedroom #2 had a hole in one of the walls and also had a smoke detector that was loose and was missing a battery

Site II-

- The front of the house had chipped and weathered paint, especially the garage door
- The west side of the house had a damaged seat/couch at the time of the review
- The living room had a bookshelf near the fireplace that was damaged and worn and needed to be either repaired or replaced
- The Personal Rights were not posted anywhere in the home
- The restroom shower curtain had mold
- Bedroom #1 had minor graffiti on the top of the closet track
- Bedroom #2 also had some graffiti on top of closet track and had a smoke detector that was missing a battery
- Bedroom #2 had a damaged and worn rolling chair that needed to be removed and replaced and there was also some graffiti on top of one of the dressers

Title 22 standards state that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times", and also that the personal rights "shall be prominently posted" in areas accessible to children and their visitors.

Corrective Action Plan:

All necessary repairs have been made as noted herein and all deficiencies as reported have been addressed for both facilities.

The back door of Site I was repaired and placed back on the hinges prior to the final inspection conducted by the DPO. A new basketball hoop was purchased and was observed upon the final inspection conducted by the DPO. All large rocks were removed from facility grounds. Maintenance staff will conduct routine checks of facility grounds to ensure that any large rocks and or debris that become exposed due to weather and other elements will be appropriately removed to ensure the safety of all clients. The screen porch was sealed and new screen were purchased and installed. The light bulb above the bathroom sink was replaced and the towel rack was tightened. The hole in the wall was repaired and the smoke detector was mounted up with a replaced battery while DPO was on site. Appropriate locks were purchased to

secure the exposed wiring and were secured and inspected during the final inspection by the DPO.

Site I experienced major flood damage as result of a busted pipe and the facility office had to be temporarily relocated. Repairs were completed in a timely fashion. The office has since been restored.

As for Site II, the chipped and weathered paint on the front of the house has been painted. The couch was removed while DPO was on site. A new book shelf was purchased; receipt provided to DPO. The Personal Rights forms were posted and observed by DPO. The shower curtain was replaced. Bedroom # and Bedroom #2 has had touch up paint applied over the graffiti markings and was observed by DPO. Battery in smoke detector was replaced in Bedroom #2. The rolling chair in Bedroom #2 was removed and the graffiti on the dresser was painted over.

3. Children's bedrooms were not personalized or decorated, which did not make for a home-like environment. The Master County Contract, SOW, states that the Group Home must create a "home-like" and "child-friendly" environment.

Corrective Action Plan:

Administration purchased various items to personalize children's bedrooms, including pictures and other decorations. Children have also been encouraged to display personal items such as family photos, artwork, etc. to create a more "home-like" and "child friendly" environment.

During the closeout out report, DPO also observed corkboards being placed in each child's room so they can post personal items on display.

4. Site II did not have enough reading material. The home had two (2) bookshelves that were bare and did not have enough books or a large enough variety of books to choose from in accordance with Title 22 standards.

Corrective Action Plan:

Administration has purchased new reading material and has renewed subscriptions to several magazines such as ESPN, GameStop Magazine, Skateboard Magazine and Black Enterprise to encourage the children to explore interests through literature.

III. Maintenance of Required Documentation and Service Delivery

Findings:

5. A review of the children's files showed that all four (4) of the children had NSPs that were missing or did not have the proper signatures of approval from their Probation Officer's. In addition, there were no documented efforts by the Group Home to obtain the Probation Officer's signature for any of the NSPs reviewed in accordance with Title 22 and Master County Contract standards.

Corrective Action Plan:

Many times the POs do not come on site to the facilities. It is practice many times for them to meet the child at their school. They will meet the child there without our knowledge. Therefore, staff does not find out until after the fact.

An email was provided to DPO showing efforts to obtain appropriate signatures from respective POs.

Often there is a time detail in obtaining the signatures via email or fax due to the scheduling of PO visits with child offsite. Agency will continue to provide documentation of request for signatures from DPOs.

Administration has reviewed all children's files and met with clinical staff to ensure that all missing reports have been appropriately written and filed according to requisite standards. All NSPs have been corrected and all necessary signatures have been obtained and filed in the respective files and are available for review.

6. Two (2) children from the Site II house did not have proper documentation of the progress that was being made, or lack there of. Their goals did not indicate if they were achieved or modified, and were unclear and non-specific to the needs of the specific child as required by The Master County Contract, Statement of Work (SOW).

Corrective Action Plan:

Administration met with clinical staff to review the documentation pertaining to the children noted. Clinical staff has amended and updated the respective files to address the progress and status of the children's prospect. The children's records have been personalized to each child.

7. None of NSP's for all four (4) of the children's files reviewed had any documentation of dates and types of contact made with their Probation Officers. The NSP's only stated that "regular visits" or "monthly visits" were being made. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "Include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

Corrective Action Plan:

POs often visit the child on school grounds and not the facility. At each facility a log is kept on site of all visitors including the POs. Many times Agency does not find out until after the fact that a PO has visited the child at his school.

The NSPs have been amended to document the dates and types of contacts made with the children's Probation Officers.

8. Out of the four (4) children's files reviewed, only one (1) of the children's NSPs indicated that important relationships were being maintained. The second child's quarterly NSP indicated that his plan was to return home to his mother; however, the NSP indicated that she had limited participation in his program, and efforts to sustain any important relationships were not documented. The third child's Permanency Plan in his NSP indicated minimal participation by his mother in his program and also did not document any efforts to obtain or sustain any important relationships. The fourth child had an NSP that indicated that he had some contact with his grandmother, but did not provide any other information on how or what types of other relationships were being encouraged or maintained.

The Master County Contract, SOW states that "The CONTRACTOR shall assist the Placed Child in identifying, developing and maintaining important relationships...to enable children 10 years of age and older to develop a connection with a caring adult, when important relationships are lacking". These efforts should be documented in the child's NSPs in accordance with the aforementioned NSP training handout which indicates that the "providers should describe any direct observations...related to the child's visitation, involvement, and contact with his or her family" and that the Group Home is to

"Explain the child's social support network outside of the family (e.g. CASA, mentor, Big Brother/Big Sister)".

Corrective Action Plan:

Please note that all the files were reviewed. The children in question were all in placement with Aiming High less than two months. The respective families were reach out however an assessment of their willingness to participate had not been establish due to the newness of the placements and scheduling of family sessions.

Family sessions are provided the first Friday of every month and are available to all children and their families as so long as not prohibited by the placing agency/PO of record. Aiming High also offers a travel voucher program to provide financial assistance to incentivize family participation.

NSPs have been reviewed by Administration and clinical staff. Clinical staff has been advised and retrained on documentation requirements. Clinical staff will review all NSPs to ensure that they provide an accurate reflection of the children's status and that all documentation is conducted in compliance with NSP training document. Clinical staff will monitor and document children's family relations and support network to ensure that all NSPs and related documentation provides current and accurate information pertaining to the status of the child.

9. Two (2) out of the four (4) children had quarterly NSPs that were not completed in time, and one (1) had a quarterly NSP that incorrectly had the same date of completion as the previous NSP; therefore it could not be assessed for timeliness. The Master County Contract, SOW states that "Quarterly Report template shall be updated 90 days from the date of placement and every 90 days thereafter". Grace periods to complete NSPs shall not be allowed.

Corrective Action Plan:

It is customary that Aiming High provides staff therapists a 5-7 day grace period in order to accurately familiarize themselves with the child and to be able to provide an accurate and personalized treatment assessment. After meeting with the DPO it was determined that it has to be completed by the exact date.

Administration has met with clinical staff to review reporting guidelines. Clinical staff has been retrained on reporting time requirements and have been advised to make necessary assessments in a timely fashion to ensure that NSPs are completed within the required time.

10. None of the four (4) children had comprehensive initial and or quarterly NSPs. As mentioned earlier, the second child's initial NSP was missing and could not be evaluated for timeliness and comprehensiveness. One (1) of the children's initial NSP was missing his signature of participation. All three (3) of the initial NSPs either had incorrect dates, were missing important educational or medical information. The NSPs had quarterly sections completed that should not have been completed, and had sections that were incomplete or had the wrong check boxes marked. Additionally, none of the three (3) children had an established concurrent case plan goal for the children and two (2) of them did not have a clearly defined "reason for placement" section. All three (3) of the children had goals that were not measurable, did not identify the adult responsible for monitoring their progress, and were either generic or very basic goals. The quarterly NSP goals did not indicate dates of completion or dates of modification and completed goals were not indicated in the "Achieved Outcome Goals" section of the NSPs.

    The aforementioned NSP deficiencies should be corrected so that each child has comprehensive NSPs in accordance with Title 22 standards as well as the Master County Contract SOW.

Corrective Action Plan:

Clinical staff has been retrained on the guidelines of filing NSPs and will make necessary assessments to be able to draft comprehensive NSPs in accordance with Title 22 standards as well as the Master County Contract. Current NSPs have been reviewed for content and compliance with filing requirements.

IV. Educational and Workforce Readiness

Findings:

11. A review of the children's files and NSPs revealed that two (2) out of the four (4) children were not enrolled in school within three (3) days of placement at the Group Home. According to the second child's quarterly NSP, he was enrolled 80 days late,

and the third child's NSP showed that he was enrolled three (3) days late without explanations provided in either of their NSPs.

All children should be enrolled in school in accordance with the Master County Contract, SOW, which states that children are to be enrolled within three (3) school days from the date of placement, and that proper explanation is provided in the provided section of the NSP, whenever a child is not enrolled in a timely fashion.

Corrective Action Plan:

During the monitoring review it was discussed that the district does not provide Aiming High with any official date of enrollment verification. All children are enrolled within the required time as specified in AB490 (must be enrolled in school within three days of placement) policies. The only time a delay occurs is if the child has an IEP that has not been provided or located.

Agency has requested from the district documentation that indicates the official date of enrollment. Agency will notify DPO of said request.

The respective NSPs have been amended to document the reasons for the delay in school enrollment. Agency is aware of the timeframe for school enrollment and makes best efforts to ensure that each child is enrolled in an appropriate school within the required timeframe.

12. Based on the review of the "Education" section of each child's NSPs showed that two (2) out of the four (4) children were having attendance issues and efforts made by the Group Home to assist them in improving their attendance was not documented. In addition, the fourth child did not have any useful information provided under the "Education" section of his NSPs.

    All children should be afforded the opportunity to attend school as indicated in Title 22. In addition, the Master County Contract, SOW, also states that the Group Home shall also "work with the Placed Child's teachers and academic counselor to monitor educational progress" for each child under it's care.

Corrective Action Plan:

Aiming High will continue to monitor school attendance. Attendance issues are reflective of truancies that occur once they are onsite at school.

Administration has reviewed school attendance policies with each staff member. Line staff is encouraged to discuss school attendance with clinical staff and clinical staff has been advised to review attendance records on a weekly basis to ensure that each child can be assisted with improving their attendance as needed.

V. Health and Medical Needs

Findings:

13. A review of the four (4) children's NSPs indicated that three (3) of the children were not provided with timely initial medical examinations. The first child's file had proof that he was not given a medical examination due to Medi-Cal issues; however, there was no proof of a medical exam in his file. The second child did not have proof of medical examination and did not have any information provided in his NSP regarding his medical status. The fourth child's NSP indicated that the medical exam was conducted 21 days late, however, the medical exam visit form in his file indicated that the exam was conducted 72 days late, creating a discrepancy between the two (2) documents.

    In addition, a review of the files showed that two (2) of the four (4) children were not provided with timely dental examinations. The first child's file indicated that his dental exam was 33 days late. The fourth child's NSP indicated that the dental exam was conducted 20 days late, however, the dental exam visit form in his file indicated that the exam was conducted 105 days late.

    All children under the Group Home's care should be provided with adequate and timely initial medical and dental exams as stated in Title 22, "to ensure that children have a thorough physical examination by a pediatrician within 30 days of admission".

Corrective Action Plan:

Agency will continue to work with L.A. County designated representative for Medical assignments. It continues to be an ongoing issue in having youth placed with inactivated Medi-Cal coverage, in particular those that are considered undocumented minors. Most health facilities will not see the child unless the Medi-Cal coverage is active and that Agency is able to provide an actual Medi-Cal ID number versus a Social Security card/number.

All medical files have been reviewed to ensure that they are current and filed appropriately. Intake procedures have been reviewed with staff to ensure that all children will receive the proper medical and dental examinations upon intake into the program.

VII. Personal Rights and Social/Emotional Well-Being

Findings:

14. Two (2) out of the four (4) children did not have intake packets with signed copies of the Group Home's policies and procedures. Furthermore, one (1) of these two (2) children indicated during his interview that he was never informed of the GH policies and procedures or the house rules. Aiming High should maintain signed copies in each child's file documenting proof that all children are informed of the Group Home's policies and procedures upon admission into their program. This is to be done in accordance with Title 22, and Master County Contract standards.

Corrective Action Plan:

All children are given an intake packet upon coming into the program. Staff members responsible for the intake procedures of children accepted into the program will review the GH policies and Procedures with the children so that they are informed and understand the documents contained within the intake packet. Aiming High will maintain signed copies in each child's file documenting proof that all children are informed of the Agency's policies and procedures upon admission into the program.

15. One of the children from the Site I location reported that the Group Home did not provide sufficient portions of meals and fruits, and that snacks were not provided. During the facility walk through of the Site I Group Home, it was noted that the site had a minimal amount of oranges and bananas. Aiming High should provide enough food at all meals in compliance with Title 22 standards, which states that "food shall be safe and of quality and in the quantity necessary to meet the needs of the clients". They are also to provide children with snacks.

Corrective Action Plan:

Agency maintains a nutrition log which documents all meals served at the facility. All children are provided with access to a variety of nutritious snacks

and are also encouraged to provide input into the snacks and meals provided to them.

16. One of the children from the Site I indicated that the Group Home used to take clients to church but that they have not been taken recently, and that a reason was not provided by the staff members whenever he asked to be taken. Aiming High should provide and offer children with the opportunity to go to church in compliance with Title 22, which states that children have the right "to attend religious services".

Corrective Action Plan:

All children are provided with transportation and encouraged to attend religious based services if they so choose. In order to be fair to all children, staff provides transportation on a rotating basis to ensure that each child has equal access to attend such services.

VIII. Personal Needs/Survival and Economic Well-Being

Findings:

17. One youth from the Site I location complained that he did not receive enough personal care items. He stated that he is not provided with a sufficient supply of personal care items such as toothpaste and hair gel. Aiming High should maintain compliance with the Master County Contract, SOW, which states that each Group Home shall provide children with hygiene products upon being placed, and that they are to "replace as needed" and "offer each Placed Child choice among brands as long as the cost is reasonable".

Corrective Action Plan:

Upon intake all clients are given a $100 gift card to purchase items from Wal-Mart which carries all major brands. After the initial intake period are able to access the facility's stocked hygiene products.

All children are provided with ample hygiene products upon placement. All products are replaced as needed and children are provided with a choice of brands that are of quality standard.

IX. Discharged Children

Findings:

18. A review of the sample size of discharged children revealed that one (1) out of the three (3) children's files indicated that he did not make substantial progress during his program with Aiming High. The child's discharge report indicated that his behavior was "unsatisfactory", and that his school performance was poor, citing "excessive absenteeism" and a suspension. Additionally, the child was involved in incidents such as theft, drug use, deflection of responsibilities, and displayed "blatant" violations of other children's rights. Aiming High should ensure that efforts are made to assist all children in making progress towards reaching their goals, and that all efforts are properly documented in the child's NSP, as stated in the Master County Contract, SOW and the Title 22 standards.

Corrective Action Plan:

Child in question was placed with Aiming High for less than 45 days. During that time Aiming High staff exhausted all means to provide care for child, including enrolling him in an intensive drug & alcohol treatment program as well as additional extra-curricular.

X. Personnel Records

Finding:

19. One (1) out of the four (4) staff files did not have a record of his DOJ, FBI, and CACI clearances in his file. Aiming High should maintain accurate child abuse and criminal records clearances for all employed staff in accordance with the Master County Contract, SOW.

Corrective Action Plan:

Administration has reviewed all employee files and obtained all missing records including documentation of DOJ, FBI and CACI clearances. All requisite documentation has been filed accordingly in the respective employees' files.

20. Two (2) out of the four (4) staff files did not have proof of qualifications in their files. Both staff were missing a copy of their college degrees. Aiming High should maintain accurate qualification records for all employed staff in accordance with Title 22, which states that personnel records maintain

"Documentation of educational background, training, and/or experience" related to the type of works the employee will be engaging in.

Corrective Action Plan:

Administration has reviewed all personnel records and obtained the missing documentation so that the respective files contain the appropriate qualification records for all employees.

Documentation of college degrees and unofficial transcripts were submitted via fax to DPO for the two employees verifying their education.

21. Two (2) of the four (4) staff files were missing proper documentation of medical screenings and clearances. The first staff's medical documentation indicated that his tuberculosis test and physical exam were completed 75 days late from the date of hire. The other staff did not have proof of a health screening in his file. Aiming High should maintain accurate medical clearance records for all employed staff in accordance with Title 22, which states in part that employees "shall be in good health, and that physical and tuberculosis exams are to be "performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure."

Corrective Action Plan:

All staff were provided initial training which includes job shadowing. All staff receive the Manage Assaultive Behavior training as required. Documentation of trainings will be placed in employee files respectively.

Administration has reviewed the employee files and obtained the missing documentation of medical screenings and clearances for the respective employees. Aiming High will maintain accurate medical clearance records for all employed staff.

22. Three (3) out of the four (4) staff files were missing at least one (1) piece of documented proof that they were in compliance with training standards. All three (3) of the deficient files were missing documented proof of their initial training. One of the staff only had eight (8) hours of on-going training for the year and the other file was missing proof of Pro-ACT training certification. Aiming High should maintain accurate training records for all employed staff in accordance with Title 22, which states that, new child care staff shall complete a minimum of 24 hours of initial training. Aiming High shall also

ensure that staff shall complete at least 16 hours of a "basic assaultive behavior and prevention training course" prior to their participation in the restraint of a child. The staff shall also participate in a "four-hour semiannual review course", as also indicated in Title 22.

Corrective Action Plan:

Training records for all employees have been reviewed. All missing training certificates have been filed in the respective employee file. Any staff member that was determined to be deficient in training requirements was scheduled and attended the appropriate training sessions to ensure that they were compliant with training requirements. Aiming High held two additional training sessions to ensure that all employees were compliant with the required 16 hours of a "basic assaultive behavior and prevention training course" prior to their participation in the restraint of a child. Aiming High has also scheduled periodic review courses to ensure compliance with training requirements.

Administrator