COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

July 21, 2014

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

FROM: Jerry E. Powers J.P. (RB)
Chief Probation Officer

SUBJECT: **CRITTENTON SERVICES FOR CHILDREN AND FAMILIES CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Crittenton Services for Children and Families in February 2014. Crittenton Services for Children and Families is located in the Fourth Supervisorial District of Orange County. Crittenton Services for Children and Families provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS). According to Crittenton Services for Children and Families program statement, its purpose is designed to treat clients who are physically, sexually and emotionally abused and neglected. The program is also designed to treat pregnant clients, clients who are delinquent in their behavior and clients who require psychotropic medication. Crittenton Services for Children and Families is licensed to serve a capacity of 101 female client's 12 - 17 years of age and a capacity of 37 infants from birth - four (4) years of age. The Group Home is also licensed to accept AB 12 youth up to 21 years of age. At the time of the review, Crittenton Services for Children and Families was providing care for 37 Probation children and six (6) of DCFS children. The placed children's overall average length of stay was 3.97 months, and their average age at the time of inspection was 17.11 years old.

Seven (7) children were randomly selected for the interview sample, five (5) Probation children and two (2) DCFS children. Three (3) children in the sample were on psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric

monitoring. 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 reported feeling safe at Crittenton Services for Children and Families, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Crittenton Services for Children and Families was in compliance with six (6) of the 10 areas of our Contract Compliance Review: Licensure/Contract Requirements; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Psychotropic Medication; Discharge Children and Personnel Records.

However, deficiencies were noted in the areas of Facility and Environment, Health and Medical Needs, Personal Rights and Social/Emotional Well-Being, and Personal Needs/Survival and Economic Well-Being. Crittenton Services for Children and Families needed to remove graffiti from common areas and children's bedrooms and had minor repair issues, which they agreed to correct immediately. Crittenton Services for Children and Families had an issue with a late exam due to an incorrect date being documented. The agency also needs to ensure that all placed children feel safe, receive a variety of snacks, have private phone calls and are allowed to participate in extra-curricular activities at school. Lastly, Crittenton Services for Children and Families needed to ensure that all placed children receive a life book and are encouraged and assisted in updating the book/album.

REVIEW OF REPORT

On April 2, 2014, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Crittenton Services for Children and Families Program Director Briana Wheat. Mrs. Wheat agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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

Crittenton Services for Children and Families provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued 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:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Acting 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
Briana Wheat, Program Director, Crittenton Services for Children and Families
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

CRITTENTON SERVICES FOR CHILDREN AND FAMILIES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY
100 East Valley View
Fullerton, CA 92832
License # 300612972
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: February 2014**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	Full Compliance (All)

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

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. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

CRITTENTON SERVICES FOR CHILDREN AND FAMILIES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Crittenton Services for Children and Families compliance with the County contract and State regulations and include a review of the Crittenton Services for Children and Families program statement, as well as, internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, seven (7) placed children were selected for the sample, five (5) Probation children and two (2) DCFS children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed to assess Crittenton Services for Children and Families compliance with permanency efforts. The three (3) Discharged Children's files reviewed were for Probation children; as there were no DCFS children's files available for review during this monitoring period. At the time of this review, three (3) placed children were prescribed psychotropic medication, and those case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM reviewed five (5) staff files 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 four (4) areas were out of compliance.

Facility and Environment

During the facility inspection, there were varying amounts of graffiti throughout all of the cottages and restrooms. The outside bedroom doors and all the carpet needed to be cleaned throughout the facility.

Willow Cottage

- Remove graffiti from the window seals in the living room
- Bedroom 2 remove or replace the wipe off board to remove the graffiti
- Bedroom 3 remove graffiti from the wall, order has been placed to replace the bedroom door
- Bedroom 4 remove graffiti from window seal
- Bedroom 5 remove graffiti from both wardrobes
- Bedroom 7 remove graffiti from bedroom door
- Bedroom 9 remove graffiti from wall and white board

Juniper Cottage

- Bedroom 6 remove graffiti from window seals and bathroom door
- Remove the mold from the common bathroom
- Bedroom 5 remove graffiti from the door
- Bedroom 4 repair the closet door

Pine Cottage

- Wash all bedroom doors and walls

Aspen Cottage

- Bedroom 2 remove graffiti from wardrobe
- Bedroom 3 paint walls remove graffiti from mirror
- Repair or replace the broken towel rack in restroom of bedroom 5
- Repair the broken wall near window in bedroom 6
- Bedroom 7 remove graffiti from blinds, wall, and restroom

All cottages are in the process of having kick plates placed on all of the bedroom doors.

Recommendation

1. Crittenton Services for Children and Families management shall ensure that the aforementioned deficiencies noted in the Common Areas will be corrected or replaced in a timely manner.

2. Crittenton Services for Children and Families management shall ensure that the aforementioned deficiencies noted in the Children's Bedrooms will be corrected or replaced in a timely manner.

Health and Medical Needs

During the review of documentation, there was one child who did not have a timely dental exam due to a typing error. Crittenton Group Home reported that the child's

dental exam was in fact timely; however, there was an error when the date was inputted into the form.

Recommendation

1. Crittenton Services for Children and Families management shall ensure that all children placed receive a timely dental exam and that all documentation is noted correctly on the forms.

Personal Rights and Social/Emotional Well-Being

During the seven (7) child interviews, two (2) children reported that they did not always feel safe at the Group Home. They reported that, on one (1) occasion, they had been threatened by other placed children. They both stated that staff was always supervising them, and after the incident occurred, they participated in a conflict resolution meeting with Group Home staff to address the issue. One (1) out of the seven (7) children reported that she would like more of a variety of snacks. She reported that she is always offered fresh fruit, string cheese, yogurt, peanut butter and jelly sandwiches or packages of crackers or cookies. She indicated that she would like more of a "variety" like "hot chips". One (1) out of the seven (7) children interviewed reported that she thinks that staff takes notes during her phone calls. One (1) child out of the seven (7) interviewed, reported that she does not get to participate in extra-curricular activities at school. She reported that she wanted to participate in theater at school; however, her Deputy Probation Officer would not authorize her to participate in all of the activities. The Group Home has numerous children who participate in varying extracurricular activities; however, in order to participate, they must maintain satisfactory school attendance and grades.

Recommendation

Crittenton Services for Children and Families management shall ensure that all children's personal rights and social emotional well-being needs are being met while placed at their facility by:

1) Ensuring that Children feel safe
2) Providing more of a variety of snacks as indicated by the children
3) Allowing privacy during Children's calls and visits, and if any level of monitoring is necessary, it is documented in the Needs and Service Plan (NSP) and Foster Care Case Plan
4) Allowing Children to participate in extra-curricular activities at school and assist with any barriers preventing them from doing so

Personal Needs/Survival and Economic Well-Being

During the child interviews and the facility inspection, one (1) child reported that she did not have a life book. At the time of the inspection, Crittenton was out of their supply of Life books and was in the process of purchasing additional books. In the past, Crittenton has been diligent in supplying life books to the children. However, at the time of the

PPQA/GHM review, they were out of the books and pages and had not purchased a new book for one (1) child.

Recommendation

1. Crittenton Services for Children and Families management shall ensure that all placed children receive a life book and are encouraged and assisted in updating the book/album.

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

PPQA/GHM's last compliance report dated June 9, 2014, identified (3) three recommendations, "Facility and Environment", "Documentation of Services Delivery" and "Personal Rights and Social Emotional Well-Being".

Results

Based on the follow-up, Crittenton Services for Children and Families fully implemented two (2) of the three (3) previous recommendations for which they were to ensure that:

1) Deficiencies in Common Areas and Children's Bedrooms under "Facility and Environment" be corrected/repaired as follows:

   - **Pine Cottage**-replace the couches in the library, remove graffiti from window in bedroom #4.

   - **Aspen Cottage**-replace the couch in the library, repair kick plate in bathroom in bedroom #5, remove graffiti from bathroom #7.

   - **Willow Cottage**-remove graffiti from bedroom #2. All the carpet and doors in all cottages need cleaning.

   All above deficiencies were repaired/corrected; however, the graffiti on the walls is an ongoing issue and continues to be a challenge for the Group Home in their attempts to dissuade the children from writing on the walls.

2) Deficiencies related to NSPs under "Maintenance of Required Documentation and Service Delivery" be corrected as follows:

   - There was one NSP that contained the incorrect date of completion.

   During the review of NSP's, there were no incorrect dates of completion. Furthermore, all NSPs were completed in a timely and comprehensive manner. The Group Home fully implemented this recommendation.

Based on the follow-up, Crittenton Services for Children and Families did not fully implemented one (1) of the three (3) previous recommendations for which they were to ensure that:

1) Deficiency related to providing more of a variety of snacks under "Personal Rights and Social/Emotional Well-Being" would be corrected as follows:

   - One (1) resident reported that she did not like the snacks. Additionally, two (2) residents stated that the consequences were not fair, and one (1) resident stated that she did not get to participate in planning activities.

   During this review period, there was a resident who stated that there was not a variety of snacks; however, all of the residents interviewed stated that the consequences were fair and that they have the opportunity to participate in planning activities.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Crittenton Services for Children and Families from the Department of Auditor Controller is dated December 5, 2007, for the fiscal period of April 1, 2005, to March 31, 2006. The report dated December 5, 2007, indicated that Crittenton Services for Children and Families had questioned/disallowed costs. Crittenton Services for Children and Families submitted a timely approved Fiscal Corrective Action Plan (FCAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

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[illegible]
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[illegible]
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[illegible]
Chief Elect
[illegible]
Vice Chair Fund Development
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Vice Chair Strategic Planning
[illegible]
Treasurer
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April, 21, 2014

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

RE: Group Home Annual Evaluation Review Results – **Corrective Action Plan**

Dear DPO Ratasha Smith,

Thank you for your review of our Valley View Campus earlier this year. Your observations and feedback are appreciated and have been taken into consideration. The following items have been addressed in the areas you requested:

Item #11 Common Areas well maintained

Currently at our facility we continue to have a number of practices in place to ensure that the grounds are well maintained. With the support of our Residential Counselors, each client placed at the facility is given a daily chore that they are expected to complete. The staff are responsible for checking off the chore each and every day and if the chore is not completed then the staff completes it for the client. In addition, once a week, on Wednesdays, each cottage completes a deep cleaning of the entire cottage, including the bedrooms. Once the deep cleaning is completed the Team Leaders complete a "weekly walk thru checklist" in another cottage to ensure all items were addressed. The reason for having Team Leaders complete the walk thru in another cottage is to have a fresh set of eyes. As a result of this annual audit and the varying amounts of graffiti throughout all the cottages/restrooms we have added sections on the "weekly walk thru checklist" to address the issue of graffiti.

In a facility that houses up to 64 adolescent girls at one time it is expected that the items will experience a significant amount of wear and tear. As a result we do have a pecking order to the repairs, as our procedure is to repair items that are of a safety concern for the clients and staff before any

cosmetic repairs. For instance, we would be repairing a broken window prior to fixing a wall that needed to be repainted due to graffiti. The majority of our maintenance requests are repaired within a 2 week period depending on the nature of the request and the urgency.

In regards to the carpets being stained, it is common that the client and their small children often spill items on the carpet which are difficult stains to remove. Because of such, we have removed most carpets and replaced them with laminate flooring and are continuing to replace the carpets in the cottages. However, each cottage has been put on a monthly rotation for carpet cleaning that is completed by our maintenance crew. As a result, each cottage has its carpet shampooed on a consistent rotation.

Corrective Action:
Our maintenance department has completed all of the other concerns listed on our audit.

Responsible Party: Briana Wheat, Program Director Unit Supervisors for each cottage, Maintenance Department and Team Leaders for each cottage.

#32 Initial Dental Exams Conducted Timely
Crittenton has many procedures in place to make sure that case management arranges and completes Needs and Service meetings and documentation, including the medical appointments attended out the outcomes. The initial dental examination in question during the audit was completed in a timely manner yet there was a mistaken entry in the date on the Needs and Service Plan, which made it appear as if it were untimely.

Corrective Action:
Case Plan reflected an incorrect date of initial dental exam
The problem identified during the audit was that in her medical appointments section it was indicated that the client did not have her initial dental exam within the first 30 days, however that was a simple oversight on the case manager's part and has since been fixed and replaced back in client's file. The report now reflects the corrected date and information.

Responsible Party: Briana Wheat, Program Director and Javina George, Case Manager Coordinator

 # 37 Children feel safe in the Group Home
The children interviewed during the 2014 Compliance review indicated that at times they "do not always feel safe at the group home". Due to the nature and the reasons for clients being placed at Crittenton, it is expected that clients will have gang affiliations, exhibit aggression towards others, resolve their conflicts with physical aggression, etc. As a result, Crittenton makes every effort to assure that they clients in placement are provided a safe and friendly environment. For instance, all staff are trained in Therapeutic Crisis Interventions (TCI). This intensive training has allowed for our staff to manage tensions, conflicts, and fights calmly, tactfully, and efficiently. In doing so, all bystanders are cleared from the event and the crisis is often times quickly defused. Crittenton staff

utilize daily community meetings in each cottage to encourage the clients to discuss their personal feelings/issues and participate in conflict resolutions in order to prevent future conflicts from occurring. Furthermore, clients are encouraged to speak to their assigned Unit Supervisors and Team Leaders should they feel uncomfortable bringing up issues or concerns in a group setting.

One of the greatest challenges in addressing safety issues is that due to the upbringing of many of the clients placed at Crittenton Services the girls are hesitant to bring their concerns to the attention of staff as they don't want to labeled as a "snitch". For instance, when a client has been "threatened" by a peer they are not quick to speak up and share with the staff. This safety issue is constantly addressed in community meeting by the Unit Supervisors and Team Leaders and will continue to be addressed. In instances, when the client has said they feel unsafe and/or threatened by a peer there are a variety of things that staff do in order to address the problem. They will either place the client on a safety watch, attempt conflict resolution, respite a client in another cottage, move a client to another cottage, etc. The way the situation is handled is different each and every time as factors are slightly different each and every time.

Corrective Action:
The Unit Supervisors and Team Leaders will utilize community meeting to continue to address conflicts occurring on the cottage and remind the clients of the multiple avenues they can express their concerns should they not feel safe so that staff can appropriately and adequately address them.

Responsible Party: Briana Wheat, Program Director, Unit Supervisors for each cottage, and Team Leaders for each cottage.

 # 39 Group Homes effort to provide nutritious palatable meals and snacks
In the audit one client reported that she does not like the snacks and would like more of a variety. Currently during the week we offer snacks that include but are not limited to; assorted cookies and crackers, jello, granola bar, popcorn, gram crackers, string cheese, fruit cups, yogurt, etc. We typically have snacks that are easy to transport as the girls are on the go and need something they can take to school, ILP, ROP, CD meetings, etc. However, in the cottage the girls have constant access to bread, peanut butter and jelly, yogurt, fresh fruit and milk. We also have extra snacks that we supply on the weekends such as tortillas, cheese, hot dogs, eggs, macaroni and cheese. Both the meals and snacks that we offer have to meet USDA standards and we have to keep in mind the calories being offered so that the food offered remains healthy and nutritious for our clients.

All of the clients placed here are given opportunities to offer their feedback and suggestions regarding the snacks and food being offered daily. In each cottage on a daily basis the staff conduct Community Meeting and the girls are all given the opportunity to share any concerns/feedback/suggestions they have.

In addition, the girls are all given the opportunity to participate in Client Council which meets regularly. This is equivalent to a student council that would be on a school campus and helps to give all the girls a voice on the campus. These girls are identified on the campus so their peers know who they are so that they can bring their concerns to the Council members. The Council members are then encouraged to bring those concerns up and come up with ideas/solutions. The notes to the Client Council Meetings are given directly to the Program Director who then brings those notes to Director's meeting weekly to address with the administration.

Corrective Action:
The Food Services Manager and the President of Client Council went to each of the cottages Community meetings the week of April 7, 2014. This information will be used to continue to make the meal menus and the snack suggestions. The Food Services Manager will continue to do this on a quarterly basis.

Responsible Party: Briana Wheat, Program Director, Unit Supervisors for each cottage and Team Leaders for each cottage, Maria Renteria, Food Services Manager

 # 42 Clients are allowed private visits, to make and receive private telephone calls, and to send and receive unopened correspondence/mail
In the audit one client reported that "staff take notes during her phone calls". Staff do take notes during phone call that are "monitored". Although, this client does not have "monitored" phone calls currently, when first placed her phone calls were monitored by her placing worker. Due to the nature of clients placement and the need to ensure her safety it was felt that monitoring her phone calls was necessary. This young lady has an extensive history of awoling and commercial sexual exploitation. Recently in the past two months her phone calls have become unmonitored as her behaivors have stabilized and she has been running a strong program. The clients are always educated on the status of their calls whether they be "monitored or unmonitored" and we will continue to do that moving forward.

#47 Children given the opportunity to plan in age appropriate, extra-curricular, enrichment, and social activities

In the audit, one client reported that are not allowed to participate in school extra-curricular activities. As an agency we encourage all our girls to get involved an connected to their community resources, especially at their school. However, the schools that the clients attend have certain expectations/regulations that the girls must meet in order to attend certain events and/or participate in sports. The client who shared this concern does not attend school regularly, at some points refusing 5 out of 5 days a week, preventing her from being eligible by the schools standards to participate in the extra-curricular activities offered by Fullerton High School. The treatment team working with this young lady have met multiple times regarding her school attendance to come up with a plan to encourage her to attend and have taken that time to educate her on the schools' expectations should she wish to participate in extra-curricular activities.

#55 Encouraged and assisted in creating lifebook/photo album.

In the audit, one client reported that she did not have a lifebook. All the clients placed at Crittenton Services are offered the opportunity to create a lifebook and/or photo album. This is done in a group setting through our Rehabilitation Department. Currently the groups are offered about two times per month, however with the girls extremely busy schedules there are times when the girls miss the groups. In an attempt to improve we will be increasing the number of groups offered to weekly for each cottage. In addition we will create a tracking system to keep tabs of the lifebooks and ensure that the clients are offered the opportunity to participate in the groups being offered.

Corrective Action:
The Rehabilitation Specialist for each cottage will offer groups weekly where the clients will be offered the opportunity to create a lifebook and/or photo album.

Responsible Party: Amy Ploufee, Rehabilitation Coordinator, Ellen Parsons, Client Services Director, Briana Wheat, Program Director, Rehabilitation Specialist for each cottage.

Crittenton Services is committed to providing exceptional services to each of our clients. I am confident that the recent trainings and efforts being made to further educate our clients and staff members, in conjunction with existing policies and procedures will continue to allow us to run an effective and viable program. Should you have any additional questions or concerns regarding this response, please contact Briana Wheat at (714) 680-9057.

Sincerely,

Briana Wheat, MSW
Program Director

Tristyn Ingallinera, LMFT,
VP of Residential Services

Attachments:
1) Weekly walk thru checklist