COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

July 11, 2014

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

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

SUBJECT: **CHILDREN ARE OUR FUTURE CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Children Are Our Future (CAOF) in January 2014. CAOF has eight (8) sites, in which seven (7) are located in the Fifth Supervisorial District and one (1) is located in the Third Supervisorial District of Los Angeles. CAOF provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS). According to the CAOF program statement, its purpose is to provide professional staff who offers children counseling and psychotherapy to effectively restore their emotional health and development.

CAOF has eight (8) six-bed sites and is licensed to serve a capacity of six (6) boys, 13 - 17 years of age. At the time of the review, CAOF was providing care for 15 Probation children and 29 DCFS children. The placed children's overall average length of placement was 1.83 months, and their average age was 16.65 years.

Seven (7) children were randomly selected for the interview sample, four (4) Probation children, and three (3) DCFS children. Two (2) 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 generally reported feeling safe at CAOF, and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. CAOF was in compliance with three (3) of the 10 areas of our Contract Compliance Review: "Health and Medical Needs", "Psychotropic Medication", and "Discharged Children".

However, deficiencies were noted in the area of "Licensure and Contract Requirements", in that, CAOF needed to maintain their vehicles by keeping them in good repair and needed to have staff's signatures on the allowance logs. Additionally, CAOF management needed to exhibit proactive measures to be free of substantiated Community Care Licensing (CCL) complaints. Deficiencies were also noted in the area of "Facility and Environment", in that, CAOF needed to repair the exteriors, the common areas, and the children's bedrooms of the Group Home sites. CAOF agreed to correct the deficiencies noted at each site. Deficiencies were also noted in the area of "Maintenance of Required Documentation and Service Delivery", in that, Case Worker and staff signatures were missing on Needs and Services Plans (NSPs). Additionally, the NSPs were not child specific and appeared to include unnecessary and excessive information in the section of Outcome Goals making them difficult to understand.

Deficiencies were also noted in the area of "Educational and Workforce Readiness", in that, CAOF needed to provide documentation to show that children were being encouraged to participate in Youth Development Services or vocational training. Deficiencies were also noted in the areas of "Personal Rights and Social/Emotional Well Being" and of "Personal Needs/Survival and Economic Well Being", in that, personal rights were being violated related to feeling safe, food, religious and extracurricular activity and allowance. Lastly, deficiencies were noted in the area of "Personnel Records", in that, CAOF needed to provide documentation to show that staff were qualified to work in specific positions and that staff received training.

REVIEW OF REPORT

On March 6, 2014, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with CAOF Executive Director Michael Linquata, Program Director Anthony Linquata, Assistant to the Directors Sandra Harris and Case Manager Supervisor Judy Isaac. Michael Linquata shared that several facility deficiencies were corrected prior to the Exit Conference. Additionally, documents were provided to show that CAOF was in compliance in certain areas. For example, documents to show that staff were current with their drivers' licenses were provided. The difficulties in obtaining Caseworker signatures were addressed at length, as well as, the NSPs in general, and staff qualifications. On March 19, 2014, a second exit interview was conducted due to the Administrators being in disagreement with some of the original findings. These remaining issues were discussed and CAOF representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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

CAOF provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted, and most deficiencies cited in CAP were corrected or systems were put in place to avoid future deficiencies. There were a few remaining minor deficiencies that still need attention due to maintenance scheduling, and PPQA/GHM will provide continue monitoring to ensure full compliance. 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
Michael Linquata, Executive Director, Children Are Our Future
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

CHILDREN ARE OUR FUTURE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Chatsworth
10928 Remmet Avenue
Chatsworth, Ca 91311
Phone #: 818-709-3808
License Number: 197600743
Rate Classification Level: 12

Howard
20463 Mayall Avenue
Chatsworth, Ca 91311
Phone #: 818-709-3808
License Number: 197606680
Rate Classification Level: 12

Legg
19110 Merion Drive
Northridge, Ca 91326
Phone #: 818-709-3808
License Number: 197600298
Rate Classification Level: 12

Terry
19646 Ballinger Street
Northridge, Ca 91325
Phone #: 818-709-3808
License Number: 197601442
Rate Classification Level: 12

Harvey
19600 Superior Street
Northridge, Ca 91325
Phone #: 818-709-3808
License Number: 197605633
Rate Classification Level: 12

Kezios
20440 Keswick Street
Canoga Park, Ca 91306
Phone #: 818-709-3808
License Number: 197602059
Rate Classification Level: 12

Saticoy
17622 Lemarsh Street
Granada Hills, Ca 91344
Phone #: 818-709-3808
License Number: 197605332
Rae Classification Level: 12

West Hills
8569 Faust Avenue
West Hills, Ca 91304
Phone #: 818-709-3808
License Number: 191222605
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: January 2014
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. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed

II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	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. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	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	1. Full Compliance
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Full Compliance
	3. Current Report Cards Maintained	3. Full Compliance
	4. Children's Academic or Attendance Increased	4. Full Compliance
	5. GH Encouraged Children's Participation in YDS/ Vocational Programs	5. Improvement Needed
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	Full Compliance (ALL)
	2. Follow-Up Medical Exams Conducted Timely	
	3. Initial Dental Exams Conducted Timely	
	4. Follow-Up Dental Exams Conducted Timely	

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. Full Compliance 8. Improvement Needed 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. Improvement Needed 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	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Improvement Needed

CHILDREN ARE OUR FUTURE
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Children Are Our Future's (CAOF) compliance with the County contract and State regulations and include a review of their 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, four (4) Probation children, and three (3) DCFS children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess for care and services they received. Additionally, three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess CAOF's compliance with permanency efforts. At the time of the review, two (2) placed children were prescribed psychotropic medication. These 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 conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following seven (7) areas were out of compliance:

Licensure/Contract Requirements

- Each of the eight (8) Group Home sites has one (1) vehicle used to transport children. Eight (8) Group Home vehicles were inspected. Five (5) of eight (8) vehicles were not maintained in good repair. One (1) vehicle had torn ceiling material, tagging throughout, and a missing bumper. Two (2) vehicles were missing second row middle seatbelts. One (1) vehicle did not have working break lights or a left turn signal, and lastly, one (1) other vehicle did not have proof of insurance, at time of inspection.

- Allowance logs from eight (8) Group Home sites were reviewed. Six (6) of eight (8) sites kept comprehensive allowance logs, which were legible and included staff signatures. However, two (2) Group Home sites were not fully completing allowance logs, in that, they were missing staff signatures.

- The following is a list of substantiated complaints reported by Community Care Licensing (CCL). According to CCL, these complaints were addressed and/or corrected:

    - **Chatsworth:** 10/09/13 no lock on pool gate; latch needs repair.

    - **Legg:** 1/17/14 vehicle issue; sliding door broken. 11/19/13 missing smoke detector and exposed wires in bedroom #1

    - **Saticoy:** 9/20/13 bathroom faucet in bedroom #1 not working; no water

Recommendation

CAOF Group Home management shall ensure that:

1. Group Home vehicles are maintained in good repair and have current insurance placed in their vehicles.

2. Allowance logs are comprehensive and include staff signatures

3. Substantiated complaints made by CCL are addressed and/or corrected

Facility and Environment

A walk through inspection was completed at all eight (8) Group Home sites. Deficiencies were noted in the areas of the exterior of Group Home sites, as well as, the common areas and the children's bedrooms.

The following exterior deficiencies were noted:

- **CHATSWORTH:** Backyard drains missing covers, backyard tagging under right side window, sliding door missing handle, clean up trash (trashcans overflowing and trash on ground), front yard right side window screen out of place

- **LEGG:** Backyard sliding door missing handle

- **TERRY:** Tagging on front door

- **HARVEY:** Backyard bar at kitchen window protruding screws

- **KEZIOS:** Tagging on backyard garage door, clean up trash and backyard area around garage

The following common area deficiencies were noted:

- **CHATSWORTH:** Bathroom #1 tagging on wall frame, replace light bulbs, bathroom #2 shower leak and replace light bulbs, Group Home entrance floor undone (at step to the living room), kitchen smoke detector not working, hallway smoke detector not working

- **HOWARD:** Bathroom #1 cabinet knob missing, staff office smoke detector not working, kitchen ceiling replace light bulbs and ruined light fixture

- **LEGG:** Bathroom #1 dirty, hidden dishes, and cabinet wood chipped, bathroom #2 no running water and Group Home entrance smoke detector not working

- **TERRY:** Bathroom #1 tagging on cabinets, bleach and Ajax found in the bathroom, hallway mirror tagging

- **HARVEY:** Bathroom #1 replace light bulbs, bathroom #2 dirty wall and ceiling vent, broken faucet handle, dirty/chipped Group Home entrance ceiling and laundry room walls, dining room chair cushions loose (white chairs), hallway smoke detector not working, dirty/stained hallway walls (near bathroom), living room love seat worn out/dirty, back-up refrigerator in garage old, dirty, and rusty

- **KEZIOS:** Living room tagging on wall, chipped paint in closet on shelves

- **SATICOY:** Bathroom #1 replace light bulb, bathroom #2 replace light bulb, bathroom #3 replace light bulb, kitchen oven not working

- **WEST HILLS:** Bathroom #1 chipped/stained door, disorganized garage closet (emergency and AWOL personals), kitchen drawers missing knob, kitchen cabinet under sink dirty with old towels

The following children's bedrooms deficiencies were noted:

- **CHATSWORTH:** Bedroom #1 broken blinds, window screen out of place, tagging in dresser drawers, opened closet attic door, bedroom #2 tagging in dresser drawers, window screen out of place, bedroom #3 tagging in dresser drawers, protruding screws on dresser drawers, and smoke detector not working

- **HOWARD**: Bedroom #2 replace light bulb socket, bedroom #3 protruding screws in dresser

- **LEGG:** Bedroom #1 tagging on nightstand, bedroom #2 tagging in dresser drawers, and dresser drawers off track, bedroom #3 tagging inside closet and replace closet light bulb

- **TERRY:** Bedroom #1 window screen out of place, bedroom #2 broken blinds , bedroom #3 tagging on closet shelf, broken blinds, tagging in dresser drawers and smoke detector not working

- **HARVEY:** Bedroom #1 tagging inside closet, mirror edge, and ceiling, bedroom #2 dirty/stained ceiling and wall

- **KEZIOS:** Bedroom #1 opened safe cover in closet

- **SATICOY:** Bedroom #2 broken blinds, chipped paint on wall

- **WEST HILLS:** Bedroom #1 protruding screws on dresser drawers, bedroom #2 smoke detector not working, dirty/chipped paint door, stained blanket on bed near door, bedroom #3 torn blanket on bed near window

In discussing Group Home site deficiencies with CAOF, it was discovered that several deficiencies were corrected prior to the Exit Conference. It should be noted that some deficiencies, such as, smoke detectors not working, were corrected on-site during inspection. Theses corrections were also noted at the time of the follow-up.

Recommendation

CAOF Group Home management shall ensure that:

1. The exterior of the Group Home sites are well maintained, and deficiencies are repaired in a timely manner

2. The common areas of the Group Home sites are well maintained, and deficiencies are repaired in a timely manner

3. The children's bedrooms are well maintained, and deficiencies are repaired in a timely manner

Maintenance of Required Documentation and Service Delivery

- Seven (7) children's initial and updated Needs and Services Plans (NSPs) were reviewed. Four of (4) of seven (7) NSPs reviewed did not include Case Worker signatures authorizing the implementation of NSPs. Attached to the NSPs were fax forms submitted to Case Workers to show that CAOF made an attempt in obtaining their signatures.

- Four (4) of seven (7) initial and updated NSPs were missing staff signatures to show that NSPs were discussed and implemented with staff. These NSP signature pages included space for Clinical Supervisor and/or Program Director signatures. However, those signatures were missing.

- Seven (7) children's initial NSPs were reviewed. Six (6) of seven (7) initial NSPs were completed in a timely manner. However, one (1) initial NSP was completed 25 days after it was due. All seven (7) initial NSPs included children's signatures showing that they participated in the development of their NSPs; however, all seven (7) initial NSPs were not completed appropriately and were not child specific. Several goals were not clearly defined and were not measurable.

- Of the seven (7) children whose initial NSPs were reviewed, four (4) had updated NPS. It was discovered that one (1) of four (4) updated NSPs was not completed; therefore, only three (3) updated NSPs were reviewed. All three (3) NSPs were completed in a timely manner. Two (2) of three (3) updated NSPs included the children's signatures showing that they participated in the development of the NSPs. However, the updated NSPs were not completed appropriately and were not child specific. Several goals were not clearly defined and were not measurable. The Outcome Goals sections of the NSPs included unnecessary and excessive information making the NSPs difficult to understand.

Recommendation

CAOF Group Home management shall ensure that:

1. County Worker's signatures authorizing implementation of NSPs are obtained.

2. Staff signatures are obtained to show that NSPs are implemented and discussed with staff.

3. Initial NSPs are develop timely, complete, and comprehensive

4. Updated NSPs are developed in a timely, complete and comprehensive manner, which includes children's participation

Educational and Workforce Readiness

- Four (4) of seven (7) children interviewed were qualified to receive Youth Development Services (YDS) or vocational training. During interviews, one (1) child reported that these types of services were never offered to him. Another child reported that these services were received prior to placement at CAOF, and another child reported that CAOF was, "Working on it." The last youth reported that CAOF encourages participation in these types of services. CAOF was asked to provide documentation to show ways in which these children were being encouraged and how they were participating. However, CAOF was unable to provide this information.

Recommendation

CAOF Group Home management shall ensure that:

1. Children are encouraged to participate in YDS or vocational programs and that the information is documented.

Personal Rights and Social/Emotional Well-Being

- Two (2) of seven (7) children interviewed reported that they did not feel safe at CAOF. In speaking with one (1) child, it was reported that she did not feels safe because she was placed with Probation children who were violent. In speaking

with the other child, it was reported that he did not feel safe because he was uncomfortable around the Group Home managers. These matters were discussed with CAOF Administration, who were already well aware of these children's' concerns. Additionally, the Case Workers for these children had been notified of the concerns.

- Three (3) of seven (7) children interviewed reported that CAOF did not provide them with nutritious and palatable meals and snacks. The children reported not having enough fresh fruit and vegetables, that snacks were only given in the evening, and that only frozen foods were cooked and served to children. It should be noted that each Group Home site was inspected and that there appeared to be a sufficient amount of food and snacks; nutritious, palatable, fresh, and frozen. These issues were discussed with CAOF Administration. Additionally, this Group Home site was found to have enough food; however, they did not have a "pantry" for the children to choose snacks from as they pleased. This issue was brought to the attention of the Facility Manager, as well as, CAOF Administration.

- One (1) of seven (7) children interviewed reported that, on one (1) occasion, she was unable to attend church services because staff had told her that they did not share the same religion. There was no other information provided on this issue. CAOF Administration was asked to look into this issue in order to ensure the children attend religious services of their choice.

- One (1) of seven (7) children interviewed reported that he was not able to attend an activity on a specific day, due to not having gas in the van. This issue was discussed with CAOF Administration, as well as, with the Recreation Coordinator who kept logs of activities attended. It was discovered that one (1) of the logs indicated that there was no gas in the van and, therefore, the children did not attend their activity. This issue was immediately brought to the attention of CAOF Administration to enforce that this is never acceptable and that the agency must ensure that all vehicles are prepared to ensure that children attend all planned activities.

Recommendation

CAOF Group Home management shall ensure that:

1. Children in the Group Home feel safe

2. Efforts are made to provide children with nutritious and palatable meals and snacks

3. Children are free to attend religious services and activities

4. Children are given the opportunity to participate in extra-curricular, enrichment and social activities and that vehicles are readily available to ensure transportation to planned activities

Personal Needs/Survival and Economic Well-Being

- One (1) of seven (7) children interviewed reported that she did not receive the minimum weekly monetary allowance. This child reported that on most weeks, the minimum allowance was received, but when chores were not completed, only $2.00 or $3.00 was received. Several allowance logs were reviewed, and it was found that most children were receiving their minimum weekly monetary allowances. However, some monies were taken as a form of "restitution" for property damage leaving the children without the minimum weekly monetary allowance. This issue was discussed with CAOF Administration.

Recommendation

CAOF Group Home management shall ensure that:

1. Children are provided with the minimum weekly monetary allowance; that they review the 2013-2014 allowance logs and identify each child who did not receive the appropriate allowance monies and return the allowance monies owed to them

Personnel Records

- Five (5) staff files were reviewed to see if they had the required education/experience qualifications. It appeared that three (3) of five (5) staff did not have the supporting documentation in the file, and CAOF was unable to provide the documents as confirmation.

- Five (5) staff files were reviewed to see if the Group Home policies and procedures manual were signed and placed in their files. One (1) of five (5) staff did not have a signed Group Home policies and procedures manual signed and placed in their file.

- Five (5) staff files were reviewed to see if they received all necessary trainings. One (1) of five (5) staff did not have the necessary training, in that, First Aid and CPR were expired.

Recommendation

CAOF Group Home management shall ensure that:

1. Staff have the required education/experience qualifications and that the documents are maintained in their files

2. Staff sign Group Home policies and procedures manuals and that the manuals are maintained in their files

3. Staff attend all required training, including First Aid and CPR and that proof of training is maintained in their files

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 12 recommendations.

Results

Based on the follow-up, CAOF fully implemented 5 of 12 previous recommendations for which they were to ensure that:

- Common area deficiencies noted were repaired
- Children's bedroom deficiencies were repaired
- Children were enrolled in school within three (3) days of placement
- Report cards/progress reports were maintained in the children's files
- DOJ, FBI, and CACI clearances were submitted

The Group Home did not improve in the recommended seven (7) areas of:

- Maintaining vehicles in good repair
- Maintaining comprehensive monetary allowance logs
- CCL complaints were addressed/corrected
- Repairing the exterior of Group Home sites (drains at Chatsworth site)
- Authorizing implementation of NSPs
- Completing comprehensive updated NSPs
- Ensuring that the youth are receiving the minimum monetary allowances

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Children Are Our Future from the Department of Auditor Controller is dated May 12, 2011, for the fiscal period of January 1, 2009, to December 31, 2009. The report dated May 12, 2011, indicated that Children Are Our Future had questioned/disallowed costs. Children Are Our Future submitted a timely approved fiscal Corrective Action Plan (CAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

April 15, 2014

Lori Tchakerian, DPOII
Group Home Monitoring Unit
Placement Services Bureau
Lynwood Regional Justice Center
11701 S. Alameda St, 2nd Floor
Lynwood, Ca 90262

Re: CAP –CAOF Monitoring Audit

Dear Ms. Tchakerian:

The following will address the Corrective Action Plan request for the above captioned audit and will specifically address the following items:

I. **LICENSURE/CONTRACT REQUIREMENTS**
   a. **CAOF shall ensure that vehicles are maintained in good repair**
      1. CAOF maintains a system of checking vehicles on a daily and weekly basis.
         1. All vehicles listed in the audit have been reviewed:
            a. **Chatsworth**
               i. **Missing Bumper**
               ii. **Tagging**
               iii. **Torn Ceiling Liner**
                  1. Van was scheduled for repair, but, was involved in accident (we were hit) and was totaled by our insurance company. Van was replaced with 2005 GMC Safari.
            b. **Howard**
               i. **No Proof of Insurance**
                  1. Current and valid insurance on file in main office and was issued to site upon receipt. Signed for by the Facility Manager.
               ii. **Torn Ceiling Liner**
                  1. Mechanic has glued the headliner for temporary repair. CAOF has gathered estimates on replacement liner and repair will be completed on or before July 3, 2014.

iii. **Tear in passenger seat headrest**

1. Mechanic attempted to repair. A replacement headrest will be secured and installed upon purchase – on or before July 3, 2014.
    a. If replacement is not found, a seat cover will be purchased and installed on or before July 7th, 2014.

c. **Legg**

i. Missing 2nd row Seat Belt

1. Minor will not sit in this spot until replaced. Seat to be replaced on or before July 3rd, 2014.

ii. **No Proof of Insurance**

1. Current and valid insurance on file in main office and was issued to site upon receipt. Signed for by the Facility Manager.
    a. Staff was counseled about maintaining copy of auto insurance in the van.

d. **Terry**

i. Missing 2nd row Seat Belt

1. Replaced

ii. Tagging

1. All areas have been cleaned. Those areas that are scratched in or marked with indelible ink will be detailed by a mobile detailer.

e. **Saticoy**

i. Left side break light not working

1. Repaired

ii. Left signal light not working

1. Repaired

iii. Missing bumper

1. Replaced – picture attached

2. Each Facility Manager is responsible to maintain an issued VAN BOOK in their vehicle. Part of this book is the vehicle maintenance log which is to be completed on a daily basis.

**CAOF has implemented weekly meetings/trainings with the Executive Director, Deputy Director and/or various Department Head staff members to review the protocols of procedures at CAOF, including proper vehicle maintenance procedures.*

3. Vehicles are inspected weekly by a licensed mechanic.
    a. In addition to a visual review of the vehicle, the mechanic reviews the log and checks any items listed as poor.
    b. The mechanic submits an estimate invoice to the Assistant to the Director for review. The invoices are forwarded to the Executive Director for approval.
    c. Once approved, the repairs are completed.

**CAOF will implement a more complete check and balance system of verifying the completion of outstanding vehicle work orders on or before August 1, 2014. The system will include a visual check of vehicles, personally or via emailed pictures by Administrative staff.*

b. CAOF shall ensure that comprehensive monetary logs are maintained

i. The Accounting Department has pulled and reviewed all allowance logs. Any discrepancies will be corrected on or before June 1, 2014.

ii. All Facility Managers and Site Supervisors have been retrained on the updated forms and the proper procedure for issuing allowance to CAOF minors.

1. If there is a discrepancy in the documentation [i.e. amounts not appropriate, signatures missing, etc] the Facility Manager is called into the main office to meet with and retrain with the Accounting staff.
    a. Multiple infractions of the procedure/protocol results in an Employee Warning Notice and disciplinary action.

c. CAOF shall ensure that substantiated complaints made by CCL are corrected – citations from July 2013 to present

i. Any substantiated complaints received by CCL are immediately investigated and corrected

ii. A log of CCL visits is maintained at the main office.

1. The CCL citations listed by the monitor are as follows:
    a. CHATSWORTH
        i. 10-9-13: No Lock on Pool gate; latch needs repair:
            1. Repaired and Cleared by CCL 10-14-13
    b. HOWARD
        i. NONE
    c. LEGG
        i. 11-19-13: Missing Smoke Detector and Exposed Wires in Bedroom #1
            1. Repaired 11-30-13
        ii. 1-17-14: Vehicle Issue-Sliding Door Broken
            1. Please note that the items i and ii above are listed by CCL on 11-19-13. CCL report indicates that on 11-19-13 the van doors were operating correctly. CAOF does not have any CCL visits/reports listed for 1-17-14 for the Legg site.
    d. TERRY
        i. NONE
    e. HARVEY
        i. NONE
    f. KEZIOS
        i. NONE
    g. SATICOY
        i. 9-20-13: Bathroom faucet not working/no water
            1. Cleared by CCL 9-20-13 (during visit)

h. **WEST HILLS**
   i. NONE

II. **FACILITY AND ENVIRONMENT**

a. **CAOF shall ensure that the exterior and grounds of the Group Home are well maintained**
   i. CAOF has independently contracted gardener and pool maintenance services for all sites.
   ii. The Facility Manager and Site Supervisor are responsible to provide Quality Control for the site(s) they are assigned.
      1. If a problem exists, the Facility Manager and/or Site Supervisor are to complete a work request which is then faxed and/or hand delivered to the main office. Once received by the main office, the work order is assigned to a maintenance person.
      2. A log of all maintenance/work requests are maintained at the main office.
         a. The Receptionist reviews the log on a daily basis.
         b. The Assistant to the Directors meets with the Maintenance personnel on a weekly basis to review outstanding work requests and reports to the Executive and Deputy Directors.

**Specific maintenance items listed by Monitor have been added to the maintenance log and have been scheduled for repair. Deficiencies and repair schedule, listed as follows:*

The deficiencies at <u>Chatsworth</u> site are as follows:

1. *Backyard drains needs to be covered*
   a. *To be completed on or before 5-5-14*
2. *Backyard remove tagging under window (right side)*
   a. *To be completed on or before 5-5-14*
3. *Backyard sliding door needs handle (work order on 1/21/14)*
   a. *To be completed on or before 5-5-14*
4. *Backyard clean trash (trash cans overflowing and trash on ground)*
   a. *Cleaned immediately*
   b. *Minors counseled by Facility Manager on proper follow-through on chores (making sure that trash is emptied INTO the trash containers and pick up any trash that falls on the ground)*
   c. *Staff counseled by Site Supervisor on their follow-up with minors to ensure that they complete their chores correctly and how to teach minors the proper way to complete their chores.*
5. *Front yard loose window screen (right side)*
   a. *To be completed on or before 5-5-14*

The deficiencies at <u>Howard</u> site are as follows:

None

The deficiencies at <u>Legg</u> site are as follows:

1. *Backyard sliding door missing handle (work order for 1/17/14)*
   a. *Current handle replaced and tightened. New handle to be installed on or before 6-2-14.*

The deficiencies at <u>Terry</u> site are as follows:

1. *Front yard remove penis drawing*
   a. *To be removed and/or covered on or before 4-29-14*

The deficiencies at Harvey site are as follows:

1. *Backyard bar (at kitchen window)protruding screws*
    a. *Screws secured immediately. To be repaired on or before 4-26-14*

The deficiencies at Kezlos site are as follows:

1. *Backyard garage door remove tagging*
    a. *To be removed or painted out on or before 4-29-14*
2. *Backyard garage clean up trash*
    a. *Cleaned immediately*
    b. *Minors counseled by Facility Manager on proper follow-through on chores (making sure that trash is emptied INTO the trash containers and pick up any trash that falls on the ground)*
    c. *Staff counseled by Site Supervisor on their follow-up with minors to ensure that they complete their chores correctly and how to teach minors the proper way to complete their chores.*

The deficiencies at Saticoy site are as follows:

None

The deficiencies at West Hills site are as follows:

None

b. CAOF shall ensure that the common quarters of the Group Home are well maintained

i. The Facility Manager and Site Supervisor are responsible to provide Quality Control for the site(s) they are assigned.

1. If a problem exists, the Facility Manager and/or Site Supervisor are to complete a work request which is then faxed and/or hand delivered to the main office. Once received by the main office, the work order is assigned to a maintenance person.

The deficiencies at Chatsworth site are as follows:

1. *Bathroom #1 remove tagging on wall frame*
    a. *To be completed on or before 4-29-14*
2. *Bathroom #1 replace light bulbs (work order on 1/21/14)*
    a. *To be completed on or before 4-29-14*
3. *Bathroom #2 shower leaks and replace light bulb*
    a. *To be completed on or before 4-29-14*
4. *Bathroom #2 replace light bulb*
    a. *To be completed on or before 4-29-14*
5. *Group Home entrance floor to be fixed (at step to the living room)*
    a. *To be completed on or before 4-29-14*
6. *Kitchen smoke detector not working*
    a. *To be completed on or before 4-29-14*
7. *Hallway smoke detector not working*
    a. *To be completed on or before 4-29-14*

The deficiencies at Howard site are as follows:

1. *Bathroom #1 cabinet knob missing*
    a. *To be completed on or before 5-15-14*
2. *Staff office smoke detector not working(fixed on site)*
    a. *Completed during audit visit*
3. *Kitchen ceiling replace light bulbs and fixture*
    a. *To be completed on or before 5-7-14*

**** NOTE: carpet replaced throughout the house*

The deficiencies at Legg site are as follows:

1. *Bathroom #1 (in bedroom) dirty, hidden dishes*
    a. *Minor counseled*
    b. *Groups held weekly regarding House Rules, Hygiene and chores*
2. *Bathroom #1 (in bedroom) cabinets chipped*
    a. *To be completed on or before 5-21-14*
3. *Bathroom #2 no running water (serviced during inspection)*
    a. *Completed during audit visit*
4. *Bedroom #1 remove tagging on nightstand*
    a. *To be completed on or before 5-21-14*
5. *Group Home entrance smoke detector not working*
    a. *To be completed on or before 5-21-14*
6. *Backyard sliding door missing handle (work order for 1/17/14)*
    a. *To be completed on or before 6-2-14*

The deficiencies at Terry site are as follows:

1. *Bathroom #1 remove tagging on cabinets*
    a. *To be completed on or before 4-29-14*
2. *Bathroom #1-bleach and Ajax found in the bathroom*
    a. *Facility Manager counseled on Title 22, CAOF and County Standards of Safety regarding cleaning materials.*
3. *Hallway mirror remove tagging*
    a. *Tagging on mirror has been buffed out.*

The deficiencies at Harvey site are as follows:

1. *Bathroom #1 replace light bulbs*
    a. *To be completed on or before 4-28-14*
2. *Bathroom #2 clean/paint wall and clean ceiling vent*
    a. *To be completed on or before 4-28-14*
3. *Bathroom #2 fix faucet handle*
    a. *To be completed on or before 4-29-14*
4. *Laundry room paint walls*
    a. *To be completed on or before 4-28-14*
5. *Dining room three chair cushions are loose/broken (white chairs)*
    a. *Chairs/cushions were repaired, but, will be replaced on or before 7-3-14*
6. *Hallway smoke detector not working*
    a. *To be completed on or before 4-28-14*
7. *Paint hallway walls (near bathroom)*
    a. *To be completed on or before 4-28-14*
8. *Living room love seat is worn out/dirty*
    a. *Love seat was cleaned, but, will be replaced on or before 7-3-14*
9. *Group Home entrance paint ceiling*
    a. *To be completed on or before 4-28-14*

**** NOTE: carpet replaced in living room*

The deficiencies at Kezios site are as follows:

1. *Living room remove tagging on wall*
    a. *To be completed on or before 4-29-14*
2. *Linen closet paint shelves*
    a. *To be completed on or before 4-29-14*

The deficiencies at Saticoy site are as follows:

1. *Bathroom #1 replace light bulb*
    a. *To be completed on or before 4-29-14*

2. *Bathroom #2 replace light bulb*
    a. *To be completed on or before 4-29-14*
3. *Bathroom #3 replace light bulb*
    a. *To be completed on or before 4-29-14*
4. *Kitchen oven (buttons) not working???*
    a. *Oven is still in working condition, although switches (buttons) are difficult to operate. Owner is unwilling to replace at this time. CAOF has obtained the serial number of the oven and has begun pricing a new oven for the site. Until pricing is received a completion date is not available.*

The deficiencies at <u>West Hills</u> site are as follows:

1. *Bathroom #1 paint door*
    a. *To be completed on or before 6-7-14*
2. *Garage closet (emergency and AWOL personals) needs to be organized*
    a. *Site Supervisor will ensure that closet is organized.*
3. *Kitchen drawers one missing knob*
    a. *To be completed on or before 6-4-14*
4. *Kitchen cabinet under sink needs to be cleaned (dirty towels)*
    a. *Cleaned immediately*

c. CAOF shall ensure that the children's bedrooms are well maintained

1. The Facility Manager and Site Supervisor are responsible to provide Quality Control for the site(s) they are assigned.

    1. If a problem exists, the Facility Manager and/or Site Supervisor are to complete a work request which is then faxed and/or hand delivered to the main office. Once received by the main office, the work order is assigned to a maintenance person.
    2. Beginning July 14th, 2014, Site Supervisors will be required to take and send pictures of their site to the main office for review.

**Specific maintenance items listed by Monitor have been added to the maintenance log and have been scheduled for repair.*

The deficiencies at <u>Chatsworth</u> site are as follows:

1. *Bedroom #1 broken blinds and window screen out of place*
    a. *To be completed on or before 4-29-14*
2. *Bedroom #1 tagging in dresser drawers*
    a. *To be completed on or before 4-29-14*
3. *Bedroom #1 seal closet attic door*
    a. *To be completed on or before 4-29-14*
4. *Bedroom #2 remove tagging in dresser drawers*
    a. *To be completed on or before 4-29-14*
5. *Bedroom #2 window screen out of place*
    a. *To be completed on or before 4-29-14*
6. *Bedroom #3 remove tagging in dresser drawer*
    a. *To be completed on or before 4-29-14*
7. *Bedroom #3 protruding screws in dresser*
    a. *To be completed on or before 4-29-14*
8. *Bedroom #3 smoke detector not working*
    a. *To be completed on or before 4-29-14*

The deficiencies at <u>Howard</u> site are as follows:

1. *Bedroom #2 replace light bulb socket(fixed on-site)*
    a. *Completed during audit visit*

2. *Bedroom #3 dresser drawer has protruding screws*
    a. *Screw removed immediately and repair to be completed on or before 5-15-14*

The deficiencies at <u>Legg</u> site are as follows:

1. *Bedroom #1 remove tagging on nightstand*
    a. *To be completed on or before 5-21-14*
2. *Bedroom #2 remove tagging in dresser drawers*
    a. *To be completed on or before 5-21-14*
3. *Bedroom #2 dresser drawer off track*
    a. *To be repaired or replaced on or before 5-21-14*
4. *Bedroom #3 closet replace light bulb and remove tagging*
    a. *To be completed on or before 5-21-14*

The deficiencies at <u>Terry</u> site are as follows:

1. *Bedroom #1 window screen out of place*
    a. *To be completed on or before 4-29-14*
2. *Bedroom #2 broken blinds*
    a. *To be completed on or before 4-29-14*
3. *Bedroom #3 remove tagging on closet shelf*
    a. *To be completed on or before 4-29-14*
4. *Bedroom #3 broken blinds*
    a. *To be completed on or before 4-29-14*
5. *Bedroom #3 remove tagging on dresser drawers*
    a. *To be completed on or before 4-29-14*
6. *Bedroom #3 smoke detector not working*
    a. *To be completed on or before 4-29-14*

The deficiencies at <u>Harvey</u> site are as follows:

1. *Bedroom #1 remove tagging inside closet, mirror edge, and ceiling*
    a. *To be completed on or before 4-29-14*
2. *Bedroom #2 clean/paint ceiling and wall*
    a. *To be completed on or before 4-29-14*

The deficiencies at <u>Kezios</u> site are as follows:

1. *Bedroom #1 lock down safe cover in closet*
    a. *To be completed on or before 4-29-14*

The deficiencies at <u>Satkoy</u> site are as follows:

1. *Bedroom #2 broken blinds at side small window*
    a. *To be completed on or before 4-29-14*
2. *Bedroom #2 fix and paint wall above window*
    a. *To be completed on or before 4-29-14*

The deficiencies at <u>West Hills</u> site are as follows:

1. *Bedroom #1 dresser drawer protruding screw*
    a. *Screw removed immediately. To be repaired on or before 6-4-14*
2. *Bedroom #2 smoke detector not working*
    a. *To be repaired on or before 6-4-14*
3. *Bedroom #2 paint wall near door*
    a. *To be repaired on or before 6-7-14*
4. *Bedroom #2 bed near door stained blanket*
    a. *Replaced immediately*
5. *Bedroom #3 bed near window torn blanket*
    a. *Replaced immediately*

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

a. CAOF shall ensure that they obtain county worker's signatures authorizing implementation of NSPs

i. CAOF makes every attempt to engage the county worker in the NSP process including the signing of the document.

1. CAOF documents all attempts to contact the county work in the minor's datafile.

a. CAOF Case Manager will fax the document to the CSW/DPO and document attempts in the minor's RESTRAK datafile and the NSP. Case Manager will also email CSW/DPO, with read receipt, notifying of the fax.

b. If no response is received within 1.5 days the CAOF Case Manager will call and email the CSW/DPO and refer to the faxed document. The attempts will be documented in the minor's RESTRAK datafile and NSP. If no response is received within 1.5 days, the CAOF Case Manager will call and email the Supervising CSW/SDPO and refer to the fax and phone attempts. All attempts will be documented in the minor's RESTRAK datafile and NSP.

c. If unsuccessful in the above attempts, the Case Manager will contact the DCFS OHM or Probation Director(s) of all attempts.

i. If CSW/DPOs are present at scheduled Team meetings, they will be presented with the NSP for signature.

1. Once the above contacts have been made and if there is no response from the County Worker(s) the document will be processed without the signature and documented in RESTRAK and the NSP.

**Please note: every attempt to include the County Worker in the NSP process and the Treatment Team meetings is made by the CAOF Case Manager*

b. CAOF shall ensure that NSPs are implemented and discussed with staff

i. The Case Manager discusses each case during weekly Treatment Team meetings. The Case Manager assigns goals during the Treatment Team. The assignments are given to the Direct Care Staff by the Facility Manager and/or Site Supervisor. Goals and assignments are reviewed weekly and updated as needed.

1. Treatment Team invitations are sent the county worker(s) in a timely fashion to ensure that the county worker(s) has every opportunity to attend the Treatment Team.
2. Treatment Team attendance consists of the Case Manager, Case Manager Supervisor, the County Worker (when available), Facility Manager, Site Supervisor, and Direct Care Staff (when available).
3. The following staff members attend, upon request: Clinical Supervisor, Deputy Director, Recreational Coordinator, and Youth Enrichment Director.

a. Each NSP is reviewed and signed as follows:

i. Case Manager and minor
ii. Case Manager Supervisor
iii. Clinical Supervisor
iv. CSW/DPO (faxed)
v. Deputy Director
    1. On site routing is completed via internal bins in the main office.
        a. If any of the above stated people review the NSP and indicate a missing component and/or signature, the document is routed back to the Case Manager Supervisor for review and needed corrections.

**Please note: Every attempt is made to include the county Worker in the NSP process as well as the Treatment Teams meetings. If the County Worker does not attend the Treatment Team - the CAOF Case Manager will send an email and/or fax to update the County Worker of any immediate changes in their minor's goals and/or interventions. The changes will also be indicated in the minor's NSP.*

***The Case Manager Supervisor will attend ongoing trainings with the County to improve the quality of the NSPs in general and more specifically the Goals.*

c. **CAOF shall ensure the development of timely and comprehensive initial NSPs**
    i. Case Managers work together with the county worker (when available) to create a comprehensive Initial NSP.
        1. CAOF Case Managers make every attempt to obtain accuracy and child specific information from the County Worker. When the County Worker is unavailable/unresponsive, the Case Manager completes the initial NSP utilizing any of the information that was received at intake in addition to any information gathered directly from the minor. CAOF Case Manager will contact the CSW/DPO Supervisor if worker is unresponsive to our attempts to gather more information.

***The Case Manager Supervisor will attend ongoing trainings with the County to improve the quality of the NSPs in general and more specifically the Goals. The Case Manager Supervisor will more closely monitor the NSPs to ensure that the Case Managers are implementing the ongoing training information.*

d. **CAOF shall ensure the development of timely and comprehensive updated NSPs with child's participation**
    i. Case Managers work together with the Treatment Team, the minor and County Worker (when available) to update goals and interventions for each NSP that meet the timeline for each minor. Any updates or suggestions by minor are added to the NSP.
    ii. The process for gathering information is more specifically given through the Treatment Team and ongoing communication with CAOF staff member, the school and/or work than it is with the initial report.

1. The Case Manager Supervisor will ensure that the Case Managers are accessing the goals completely during Treatment Teams and updating accordingly.

IV. EDUCATION AND WORKFORCE READINESS

a. CAOF shall ensure that children are encouraged to participate in YDS/Vocational Programs

i. The Case Manager Supervisor/ILP Coordinator works together with the Case Manager and Site Staff to work with all minors to participate in appropriate vocational programs to meet the goals listed in the minor's case plan.

ii. The CAOF Case Manager Supervisor will maintain better documentation of the job resources, community activities and other resource contacts that have been made on behalf or with the minor.

1. Documentation of attempts, encouragement and/or minor specific assignments will be kept in RESTRAK as well as the minor's datafile.
2. The Case Manager Supervisor assists minors with online work applications, applications to college and college resources for funding.
    a. The Case Manager and/or Case Manager Supervisor will better document the interactions with the minor(s) and ensure that it is documented in the NSP
3. CAOF Case Manager(s) work together with the Case Manager Supervisor/ILP Coordinator to ensure that each minor has an age appropriate vocational goals offered and written into their NSP.
4. The following resources are currently used at CAOF for minors' Educational, Workforce Readiness and/or general Independent Living Skills needs:
    a. North Valley/West Valley Occupational Centers
    b. Worksource Center
    c. Specific events, job fairs, etc. that is sent from County ILP Coordinators.
    d. Community Based Resources developed by Case Manager Supervisor

V. CHILDREN'S HEALTH AND MEDICAL NEEDS

a. NONE

VI. PSYCHOTROPIC MEDICATION

a. NONE

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING

a. CAOF shall ensure that the children in the Group Home feel safe

i. Every effort is made to welcome each minor and provide that minor with all the available tools to help him/her feel safe while staying at CAOF.

1. Specific to the 2 minors in question, the following actions were taken:
    a. Deputy Director met with the staff and minors from each site.
    b. The Deputy Director spoke with the minors' CSW and apprised them of the information.

c. Room changes were made to separate those minors that had specific issues with their current roommate.
d. Case Managers also met with minors. Both stated that they felt safe at the agency.

ii. Both the Executive and Deputy Director maintain an "open door policy" for all of the residents at CAOF.
1. The two minors in question were encouraged to meet with the Executive and/or Deputy Directors to explain why they did not feel safe.
a. Each minor stated to multiple office staff and Case Managers that they felt safe at the site.
b. Each minor declined speaking with either of the Executive Director. But one minor did speak with the Deputy Director

b. CAOF shall ensure that efforts are made to provide children with nutritious and palatable meals and snacks

i. CAOF follows the National Food Program and provides each site with a menu that uses the national and federal guidelines for nutrition.
ii. All menus, available food, and food storage are reviewed by a Food Supervisor on a weekly and monthly basis.
1. CAOF will ensure that minors are aware that their requests for meal substitutions can be made directly with the Facility Manager. All changes in the menu are noted directly on the menu production record per the National Food Program requirements.
iii. All food and food storage are reviewed daily by the Facility Manager and the Site Supervisor.
iv. No dietary restrictions are imposed by the facility by way of religious or philosophical mandates. All reasonable efforts are made to meet the resident's special dietary needs. For residents with eating disorder issues and or special dietary needs, a Registered Nutritionist is available, as needed, for consultations. Stored foods are rotated. As food supplies are purchased they are placed behind the current stock. Expired foods are disposed of or destroyed.

c. CAOF shall ensure that children are free to attend religious services and activities

i. Minor and staff were met with regarding minor's complaint and minor felt satisfied with CAOF's policy on religious services, as listed below.
1. All minors have the availability to attend religious services as approved by their County Worker.
2. All staff will be retrained by August 1st, 2014 on this policy and the procedure that is used to ensure that minors have every opportunity to attend religious services and/or activities.

3. Minors are encouraged to attend church services during their homepasses in order to attend a particular church of their choice.
4. When minor is not on homepass, and wish to attend a non-denominational service while at CAOF are given the opportunity to do so.
5. Transportation arrangements are made to transport minors to local non-denominational services. If the needs of the resident are such that supervision is required, the agency provides staff to supervise residents during religious services or activities.

d. CAOF shall ensure that children are given the opportunity to participate in extra-curricular, enrichment and social activities

i. The Recreational Coordinator develops, directs, and supervises social events and recreational activities. Activities are developed in consideration of the residents' ages and likes. All residents are encouraged to participate in the activities, as well as contribute opinions and suggestions for future activities. As part of the planning process, The Executive Director, or his designee, reviews and approves the activity schedule before all scheduled events. The activity calendar includes Holiday celebrations like Christmas celebrations, off-site outings for events like Martin Luther King Day, and other activities that center on various religious and national events.

ii. Regular activity planning includes two weekend activities and the coordination of ongoing weekday activities. All Residents are enrolled in the YMCA upon intake and attend available activities throughout the week. Residents are encouraged to take an active role in planning their daily leisure time, socialization, and after school activities. Residents have the opportunity to evaluate activities and suggest ideas for activities. Residents are asked to complete Random Resident Surveys of Activities, participate in Facility meetings, and can give feedback directly to their treatment team or Recreational Coordinator.

iii. Facility Managers are given two gas vouchers each Thursday to ensure that adequate fuel is available for weekend activities. If a Facility Manager believes that their vehicle will require additional fuel, a request for an additional voucher can be made.

1. Deputy Director met with Site Supervisors regarding statement about lack of gas for activities. Site Supervisors met with their assigned staff and counseled on the proper procedure for obtaining extra gas vouchers if needed.

VIII. PERSONAL NEEDS/SOCIAL AND ECONOMIC WELL BEING

a. CAOF shall ensure that children are provided with minimum monetary allowance

1. CAOF has revised the Allowance form and it now reflects the minimum amount a minor can receive.

2. Minors at CAOF will receive no less than $7.00 as stated in the County Contract.
3. All staff were trained on the new form and instructed that the minimum amount is not to vary.
4. Accounting staff has audited the allowance sheets and a detailed accounting of any discrepancies is attached.
    i. Monetary discrepancies will be forwarded to the appropriate minor and/or workers (as capable).
    ii. If any documents lack signature, the accounting staff will contact the site in question to obtain the needed signature(s).
5. If future discrepancies are found, the Accounting staff will immediately correct and bring staff member into office for retraining.

IX. DISCHARGED CHILDREN

a. NONE

X. PERSONNEL RECORDS

a. CAOF shall ensure that employees have the required education/experience

i. CAOF makes every effort to obtain prior employment verifications on all applicants/new hire.
    1. There are times that previous employers do not, and are not required to, reply to our requests for verification.
        a. CAOF will restrict new-hire to "Training Status" until proper documentation is received.
        b. CAOF Administrative staff maintains a routing sheet for verifications. All attempts will be documented in the StaffTrak database.

ii. CAOF obtains original diplomas (copied on site) and/or official transcripts for educationally information listed on application.

b. CAOF shall ensure that employees sign Group Home Policies and Procedures and that documentation is kept in their files

i. Employee's signed handbook sign sheet was found and placed in the employee's file.
ii. Staff will remain on Training Status until all items required are received and recorded on CAOF Employee Checklist.

c. CAOF shall ensure that employees attend required training and that documentation is kept in their files

i. CAOF requires all employees to attend required training per County and State.
    1. CAOF will tally quarterly training hours and address staff members that have not attended the required amount of training.
        a. Staff will be required to attend "make-up training" sessions to ensure that staff has met all training requirements.

b. Staff that have not completed the make-up training sessions within the following quarter will be removed from the floor until completed.

ii. Training hours are kept on file for each employee
   1. Training hours are also tracked within a staff database for accurate calculation of each employee's hours and type of training attended.
      a. Staff member with expired CPR/FirstAid was recertified on 1-28-14.

Respectfully Submitted

p.p. Anthony Linquata
Deputy Director