COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

October 20, 2015

TO: Supervisor Michael D. Antonovich
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **EGGLESTON YOUTH CENTER CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Eggleston Youth Center, operated by Eggleston Youth Center, Inc., in May 2015. Eggleston Youth Center has six (6) contracted homes within Los Angeles County: Eggleston Youth Center sites I, II, V, and Transitional Group Home are all located in the First Supervisorial District of Los Angeles; Eggleston West Covina and Emancipation Group Homes are located in the Fifth Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children. According to the Eggleston Youth Center program statement, its purpose is to provide residential care and treatment to boys who have behavioral, social and emotional difficulties and who exhibit delinquent behavior requiring extensive social work and mental health treatment, behavioral interventions and intense supervision.

Eggleston Youth Center consists of six (6) Group Home sites within Los Angeles County, each are 6 (beds) sites, which provide care for boy's ages 13-17 years old. At the time of review, Eggleston Youth Center was serving 17 Los Angeles County Probation children and 22 Los Angeles County DCFS children. Based on the sample size, the placed children's overall average length of placement was seven (7) months, and their average age was seventeen (17) years old.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Eggleston Youth Center and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Eggleston Youth Center was in compliance with six (6) of the 10 areas of the Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Although, PPQA/GHM noted deficiencies in four (4) of the 10 areas, there were no egregious findings in any of the areas. In the area of "Licensure/Contract Requirements", Eggleston Youth Center needed to ensure that all vehicles used to transport residents are in good repair and that all allowance and clothing logs show a standing balance in order for the residents to know how much money is available to them. It was noted in the area of "Facility and Environment" that Eggleston Youth Center needed to make minor repairs, in that there were loose bricks, loose wires in the backyard at one their sites, beds that were not secure, graffiti observed in the gym and bedrooms and recreational equipment that was operable and needed repair. In the area of "Maintenance of Required Documentation and Service Delivery", Eggleston Youth Center had one NSP indicating the same goal for Case Plan Goal and Concurrent Plan goal. Furthermore, one NSP reviewed had a sampled child's Special Incidents missing. In the area of "Personnel Records", Eggleston Youth Center needed to ensure that all education or experience documentation was in all personnel files

REVIEW OF REPORT

On June 12, 2015, Probation PPQA Monitor Joseph Ninofranco held an Exit Conference with Eggleston Youth Center Administrator Clarence Brown. Administrator Brown 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).

Eggleston Youth Center Group Home 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.

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

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:ed

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Clarence Brown, Eggleston Youth Center Administrator
Community Care Licensing

EGGLESTON YOUTH CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Eggleston Youth Center's compliance with the County contract and State regulations and include a review of the Eggleston Youth Center 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) children were randomly selected for the interview sample, four (4) DCFS children and three (3) Probation children. There were three (3) children in the sample who were prescribed psychotropic medication, none of which were DCFS, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, two (2) of which were DCFS children, were reviewed to assess compliance with permanency efforts.

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following four (4) areas were out of compliance.

Licensure/Contract Requirements

- During an inspection of the Group Home vehicles, one vehicle used to transport children to and from school, to drug therapy, to religious services, to home passes, and to outings was not kept in good repair. The vehicle had graffiti on the roof and on the seats. All other vehicles were in good running and working condition and certified by the California Highway Patrol.

- During a review of the children's clothing and allowance logs, it was revealed that Eggleston Youth Center had incomplete and incomprehensive monetary logs. The log only showed how much was being spent, but did not indicate a standing balance, in order to show the resident the available balance in their account.

Recommendation

Eggleston Youth Center management shall ensure that:

1. All vehicles shall be in good repair for the safety of the Eggleston Youth Center Group Home residents.

2. All resident's files have accurate accounting of clothing and allowance logs. Also, the logs show a standing balance in order for the resident to know the available balance in their account.

Facility and Environment

An inspection of the interiors and exteriors of Eggleston Youth Center's six (6) facilities revealed some cosmetic deficiencies that required correction to the exterior of one home, common area and children's bedrooms.

- At the Emancipation House, there were loose bricks in the front yard, and there were loose wires near the outlet in the backyard. Also, there was a punching bag holder lying on the grass in the backyard that was not in good repair or operable. In the bedrooms, bedroom #1 has loose bolts on the bed that need tightening.

- At Eggleston Youth Center I, there was graffiti in the corner of the gym. Also, there was a hole in the wall of the upstairs game room. Also, there was graffiti in bedroom #1 on the dresser drawer.

- At Eggleston Youth Center V, Bedroom #2 had graffiti on the door.

- At the West Covina House, there was a ripped sliding door screen, leading into the backyard.

Recommendation

Eggleston Youth Center management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the exterior area are corrected and repaired in a timely fashion.

2. All of the aforementioned physical deficiencies cited in the common areas are corrected and repaired in a timely fashion.

3. All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion.

4. All Recreational Equipment/Educational Resources are sufficient and in good repair.

Maintenance of Required Documentation and Service Delivery

- Of the seven (7) NSPs reviewed, one (1) Initial NSP had the same Case Plan Goal and Concurrent Case Plan goal. The Concurrent Case Plan goal must be a different plan in the event that the first case plan is unsuccessful.

- Of the seven (7) NSPs reviewed, one (1) listed the child's number of Special Incidents in the Initial NSP; however, Eggleston failed to include this information in subsequent Updated NSPs for the child.

Recommendation

Eggleston Youth Center management shall ensure that:

1. The treatment team shall develop comprehensive, initial NSPs detailing a different Concurrent Plan Goal in the event that the first Case Plan Goal is not achieved.

2. The treatment team shall develop comprehensive Updated NSPs that fully list all special incidents for that particular child.

Personnel Records

- A review of the Personnel Records revealed that one (1) of the five (5) personnel files did not have the appropriate education or experience requirements documented for that employee.

Recommendation

Eggleston Youth Center management shall ensure that:

1. Group Home employees have all appropriate educational and experience requirement documentation in their Personnel Files.

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

PPQA/GHM's last compliance report dated November 26, 2014, identified eight (8) recommendations.

Results

Based on the follow-up, Eggleston Youth Center fully implemented five (5) of the eight (8) previous recommendations for which they were to ensure that:

- All torn upholstery in the Group Home vehicles was repaired.

- All signatures needed for NSPs were obtained

- All NSPs were developed to be tailored to each child's specific needs so that child's progresses towards the named goal.

- All NSPs contained information and goals that are updated and/or modified if child makes no progress to prior goal, with a complete explanation.

- All children who are age-appropriate were given the opportunity to take vocational classes or training. Also, all children were informed of vocational training or classes that are available.

However, the follow-up discovered that Eggleston Youth Center failed to fully implement three (3) of the previous eight (8) recommendations for which they were to ensure that:

- The exterior of the Group Home still had loose bricks and miscellaneous items around the backyard.

- The common areas of the Group Home still had graffiti and ripped door screens.

- The interior and bedrooms of the Group Home still had graffiti or loose bolts on beds.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Eggleston Group Home by the Auditor Controller was not scheduled for the 2014-2015, fiscal year.

EGGLESTON YOUTH CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Eggleston Youth Center I
13135 Waco St.
Baldwin Park, CA 91706
License # 197806346
Rate Classification Level: 12

Eggleston Emancipation Group Home
340 N. Westridge Ave.
Covina, CA 91724
License# 197806369
Rate Classification Level: 12

Eggleston Youth Center II
13133 Waco St.
Baldwin Park, CA 91706
License# 197806348
Rate Classification Level: 12

Eggleston Youth Center V
215 W. La Verne Ave.
Pomona, CA 91767
License# 197806347
Rate Classification Level: 12

Eggleston West Covina
1526 S. Saint Malo St.
West Covina, CA 91790
License# 197806374
Rate Classification Level: 12

Eggleston Transitional Group Home
889 Diana Ave.
Pomona, CA 91766
License# 197806370
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: May 2015**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. 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. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance

	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	3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards 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	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide 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	Full Compliance (ALL)

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

Eggleston Youth Centers, Inc.
Administrative Office
13001 Ramona Blvd. Suite E
Irwindale, CA 91706
Phone (626) 480-8107 Fax (626) 480-7688

Date: 7/10/15

To: PPQA Group Home Monitor- Mr. Ninofranco

From: Clarence Brown, Executive Director

Re: Group Home Corrective Action Plan

Attached is Eggleston Youth Centers, Inc., Corrective Action Plan for June 2015

For the following facilities:

- EYC I (13135): 197806346
- EYC II (13133): 197806348
- EYC V: 197806347
- EMANCIPATION: 197806369
- EYC TRANSITIONAL: 197806370
- WEST COVINA: 197806374

If you have any questions, please feel free to contact Clarence Brown,

Executive Director at (626) 625-5020.

EGGLESTON YOUTH CENTERS INC.
A NON-PROFIT CORPORATION
13001 RAMONA BLVD., SUITE E.
IRWINDALE, CA 91706
PHONE# (626) 480-8107
FAX # (626) 480-7688

1. LICENSURE/CONTRACT REQUIREMENTS

3. Does the group home maintain vehicle in which the children are transported in good repair? (SAFETY)

Deficiency Sited: There is graffiti on the roof of GMC E-350 vehicle. Also, there is graffiti on the seats and seatbelts.
Status: (Implemented) On 6/15/15 the graffiti on the roof of the van has been removed with graffiti cleanser and the graffiti on the seats and seatbelts was cleaned and painted over.
Plan to prevent reoccurrence: Driver will ensure that the group home vehicles in which children are transported in are in good repair by conducting daily inspections of the vans and will report all findings to the administrator. Administrators will then ensure that within 24 hours that the graffiti is removed.
Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.
Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:
Administrators will be responsible for ensuring that this procedure takes place on a weekly basis and that we remain in compliance. (see attachments)

7. Age appropriate and comprehensive monetary and clothing allowance logs maintained. (WELL-BEING)

Deficiency Sited: The allowance and clothing logs do not have a "running" total for the residents to see or note how much money is available to them.
Status: (implemented) There was documentation of a running total in the accounting log kept at the main office (EYC Headquarters), but were not kept in youth's files. An allowance and clothing log was created to show the "running total" to allow the residents to see how much money is available to them and minor will be able to sign the logs verifying that they are aware of their balance.

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Plan to prevent reoccurrence: Administrators will ensure that the monetary and clothing allowance logs are age appropriate and comprehensive. Administrator will review file monthly to ensure that we remain in compliance.

Person responsible for implementing corrective action plan: Administrators will be responsible for implementing the plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Administrators will be responsible for ensuring that this procedure takes place on a monthly basis and that we remain in compliance. (see attachments)

II. FACILITY AND ENVIRONMENT

10. Are the exterior and the grounds of the group home well maintained? (Front and backyards clean, and adequately landscaped; condition of home exterior, driveway, walkways and fences; window screens) (SAFETY)

Deficiency Sited:

a. EYC Emancipation: Loose bricks in front yard, near the steps to the house; cover for pipe in backyard has loose wires near outlet.
b. West Covina: Ripped sliding door screen for backyard.

Status: (implemented)

a. EYC Emancipation: On 6/16/15 the loose bricks were removed and replaced from the front yard, near the steps to the house and the loose wires near outlet were covered by maintenance personnel. During the daily inspection, administrator failed to notice these deficiencies.
b. West Covina: On 6/16/15 the ripped sliding door screen for the backyard was repaired by maintenance personnel.

Plan to prevent reoccurrence: Administrator and Facility Manager will conduct thorough daily morning inspections to ensure that the exterior and the grounds are well maintained. A room and grounds search inspection sheet will be completed daily and kept on file. All needed repairs will be forwarded to maintenance personnel. All repairs will be completed immediately or within 24 hours.

Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:
Administrators will be responsible for ensuring that this procedure takes place on

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a daily basis and that we remain in compliance. (see attachment)

11. Are common quarters well maintained? (Clean/Sanitary; neat; adequate furniture and lighting; home-like environment, no safety hazards) (SAFETY)

Deficiency Sited:

a. EYC I (13135): There is graffiti in the corner of the gym.

Status: (implemented) On 6/15/15 graffiti in the corner of the gym was cleaned and removed with graffiti cleanser.

Plan to prevent reoccurrence: Administrator and Facility Manager will conduct daily morning inspections to ensure that common quarters are well maintained. A room and grounds search inspection sheet will be completed daily and kept on file. All needed repairs will be forwarded to maintenance personnel. All repairs will be completed
immediately or within 24 hours.

Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Administrators will be responsible for ensuring that this procedure takes place on a daily basis and that we remain in compliance. (see attachment)

12. Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable: adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age appropriate decorations; and appropriate sleeping arrangements) (SAFETY)

Deficiency Sited:

a. EYC I (13135): There is a hole in the wall of the game room upstairs, there is graffiti on bedroom #2 on the dresser drawer.
b. EYC Emancipation: Bedroom #1 has loose bolts on bed.
c. EYC V: Bedroom #2 has graffiti on the door.

Status: (implemented)

a. EYC I (13135): On 6/15/15 the hole in the wall of the game room upstairs was repaired.
b. EYC Emancipation: On 6/15/15 the bolts on the bed in bedroom #1 were tightened.

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c. EYC V: On 6/15/15 the graffiti in bedroom #2 on the door was cleaned and removed with graffiti cleanser.

Plan to prevent reoccurrence: Administrator and Facility Manager will conduct thorough daily inspections to ensure that the children's bedrooms are well maintained. A room and grounds search inspection sheet will be completed daily and kept on file. All needed repairs will be forwarded to maintenance personnel. All repairs will be completed immediately or within 24 hours.

Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Administrators will be responsible for ensuring that this procedure takes place on a daily basis and that we remain in compliance. (see attachment)

13. Does the group home maintain sufficient recreational equipment and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age appropriate, readily available to children, and in good repair? (SELF SUFFICIENCY)

Deficiency Sited:

a. EYC Emancipation: Punching bag holder laying on grass.

Status: (implemented) On 6/12/15 the punching bag was placed upright in the patio area.

Plan to prevent reoccurrence: Administrator and Facility Manager will conduct daily grounds inspection to ensure that we remain in compliance. A room and grounds search inspection sheet will be completed daily and kept on file. All needed repairs will be forwarded to maintenance personnel. All repairs will be completed immediately or within 24 hours.

Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Administrators will be responsible for ensuring that this procedure takes place on a daily basis and that we remain in compliance. (see attachment)

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

23. Did the treatment team develop timely, comprehensive, initial Needs and Service Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL BEING)

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Deficiency Sited: Youth Carranco's initial and quarterly NSPs have the same Case Plan Goal and Con-current Case Plan Goal. Youth Carranco's first quarterly NSP is missing # of special incidents, but lists them fully.
Status: (implemented) Modification of goals was made to the NSP reports and # of special incidents was marked on Carranco's first quarterly NSP.
Plan to prevent reoccurrenee: Family reunification was not an option at the time of report, which was not noted in the NSP. Group Home Supervising Social Worker will be responsible for reviewing the NSP reports prior to 9submission and will conduct monthly audits on NSP reports to ensure that the NSP reports are developed timely and comprehensive with the participation of the developmentally age-appropriate child.
Person responsible for implementing corrective action plan: Group Home Social Worker is responsible for implementing the plan.
Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Group Home Administrator and Group Home Social Worker will be responsible for ensuring that this procedure takes place monthly and that we remain in compliance. (see attachment)

IV. EDUCATION AND WORKFORCE READINESS
No deficiencies noted

V. HEALTH AND MEDICAL NEEDS
No deficiencies noted

VI. PSYCHOTROPIC MEDICATION
No deficiencies noted.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING
No deficiencies noted

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING
No deficiencies noted.

IX. DISCHARGED CHILDREN
No deficiencies noted.

X. PERSONNEL RECORDS

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61. Do GH staff who have direct contact with children meet the educational /experience requirements (SAFETY)

Deficiency Sited: No transcripts or internship agreement for Ms. Mendoza.
Status: (implemented) Transcripts and an internship agreement were obtained for Ms. Mendoza.
Plan to prevent reoccurrence: Human Resources will ensure that all interns provide transcripts and an internship agreement to HR prior to employment. Staff in question was an intern from a local University which is why documentation was not in the personnel file. Documentation has since been placed in personnel file.
Person responsible for implementing corrective action plan: Human Resources Nelia Arzate is responsible for implementing the plan.
Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: : Human Resources Nelia Arzate will be responsible for ensuring that this procedure takes place and that we remain in compliance. (see attachments)

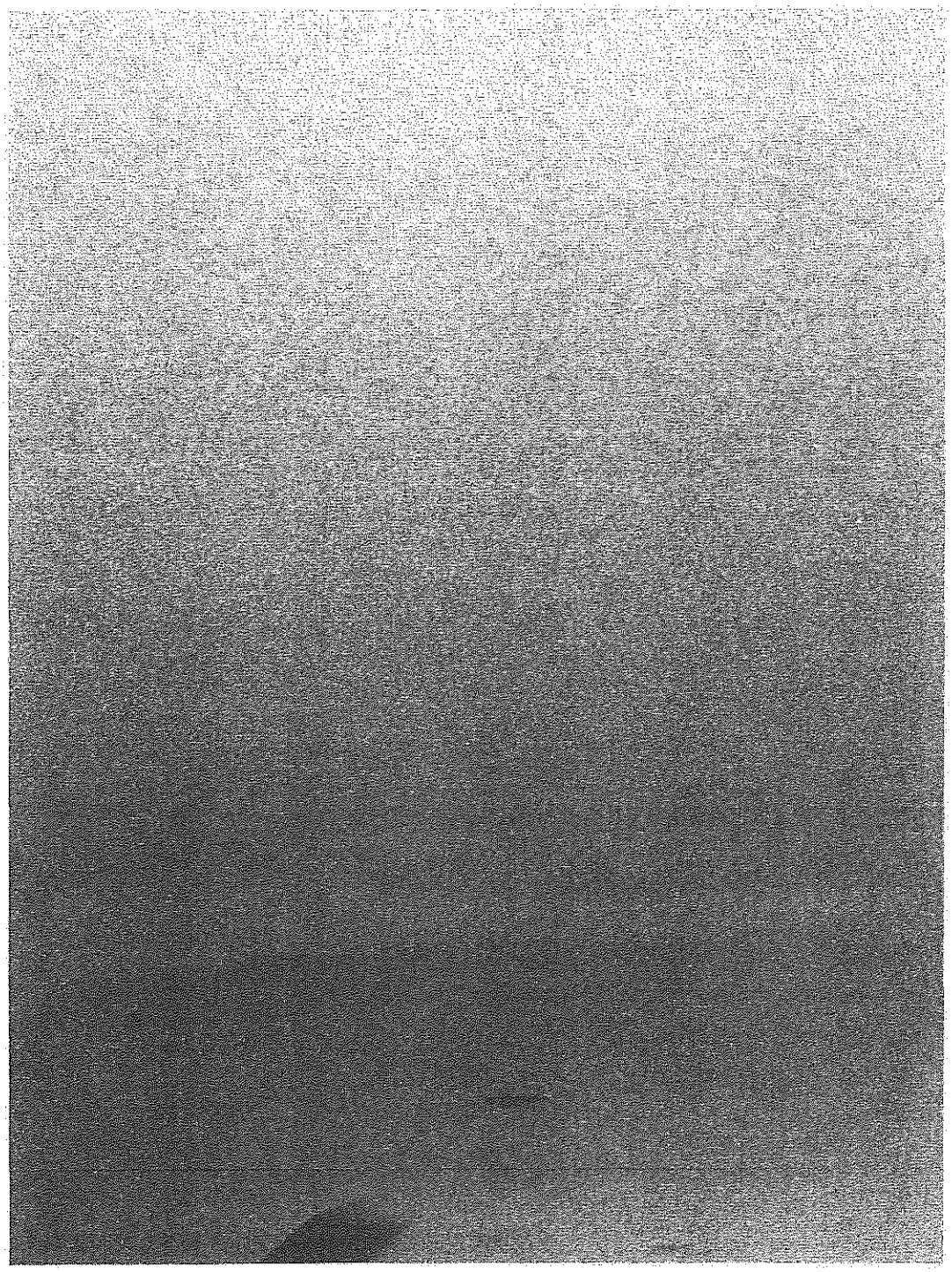
Executive Director. Mr. Clarence Brown Clarence Brown Date 7/10/15

GMC E-350 vehicle (084)

Licensure/Contract Requirements, item #3

Deficiency: There is graffiti on the roof of GMC E-350 vehicle. Also, there is graffiti on the belts and seat belts.

Roof

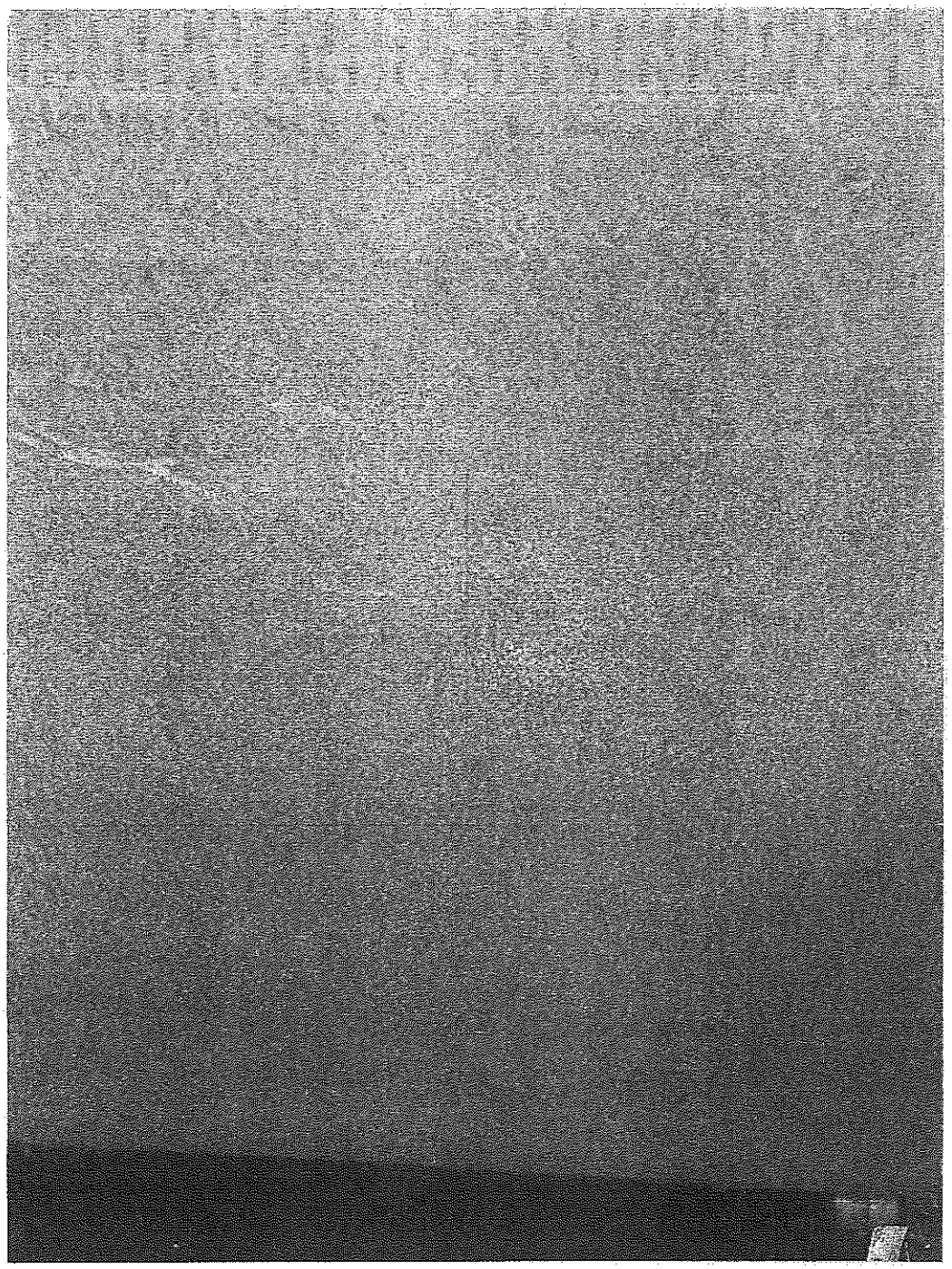


GMC E-350 vehicle (084)

Licensure/Contract Requirements, item #3

Deficiency: There is graffiti on the roof of GMC E-350 vehicle. Also, there is graffiti on the belts and seat belts.

Seats

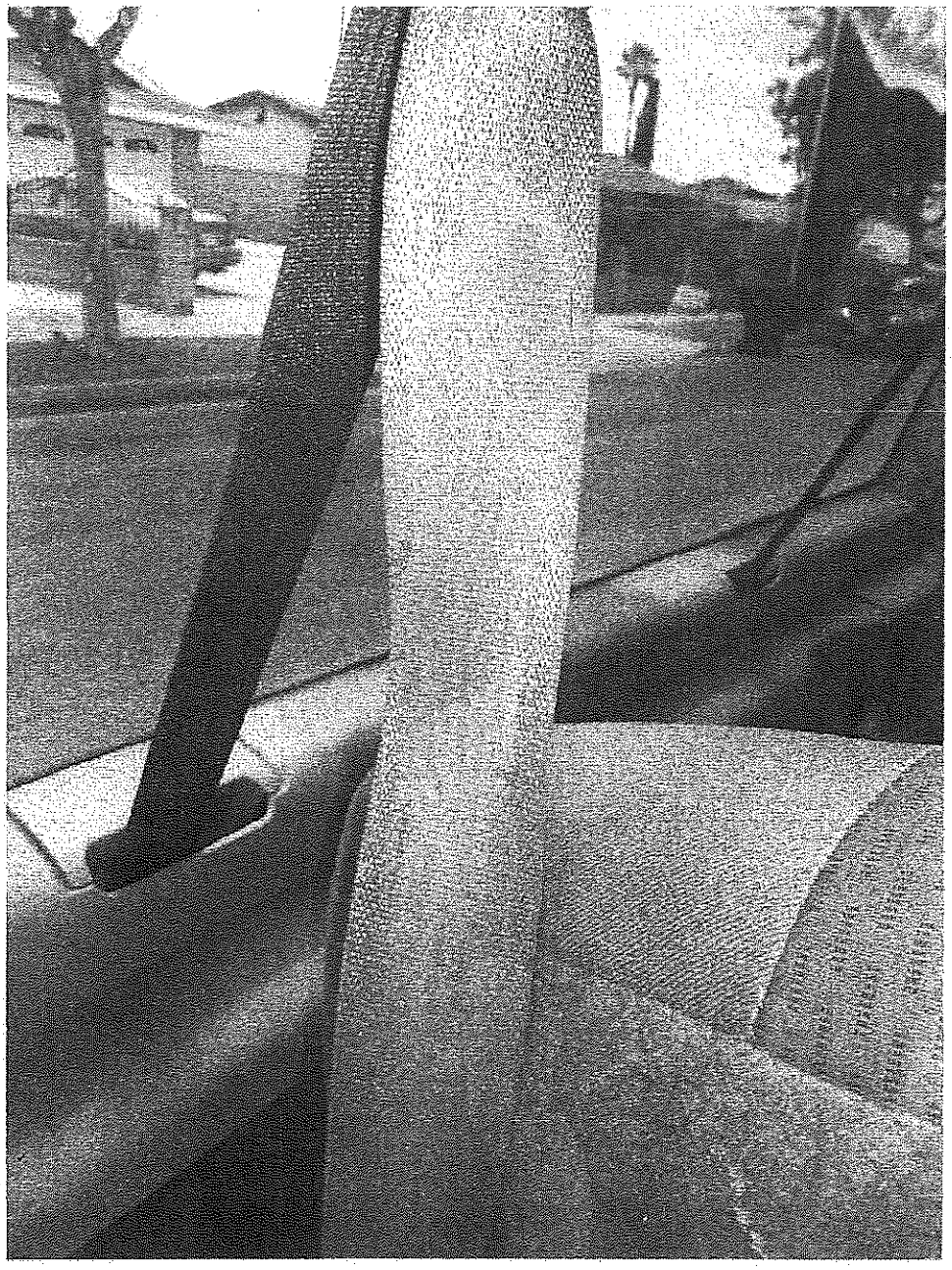


GMC E-350 vehicle (084)

Licensure/Contract Requirements, item #3

Deficiency: There is graffiti on the roof of GMC E-350 vehicle. Also, there is graffiti on the belts and seat belts.

Seats belts



Emancipation House

Facility & Environment, item #10

Deficiency: Loose bricks in front yard, near steps of the house.

Emancipation House

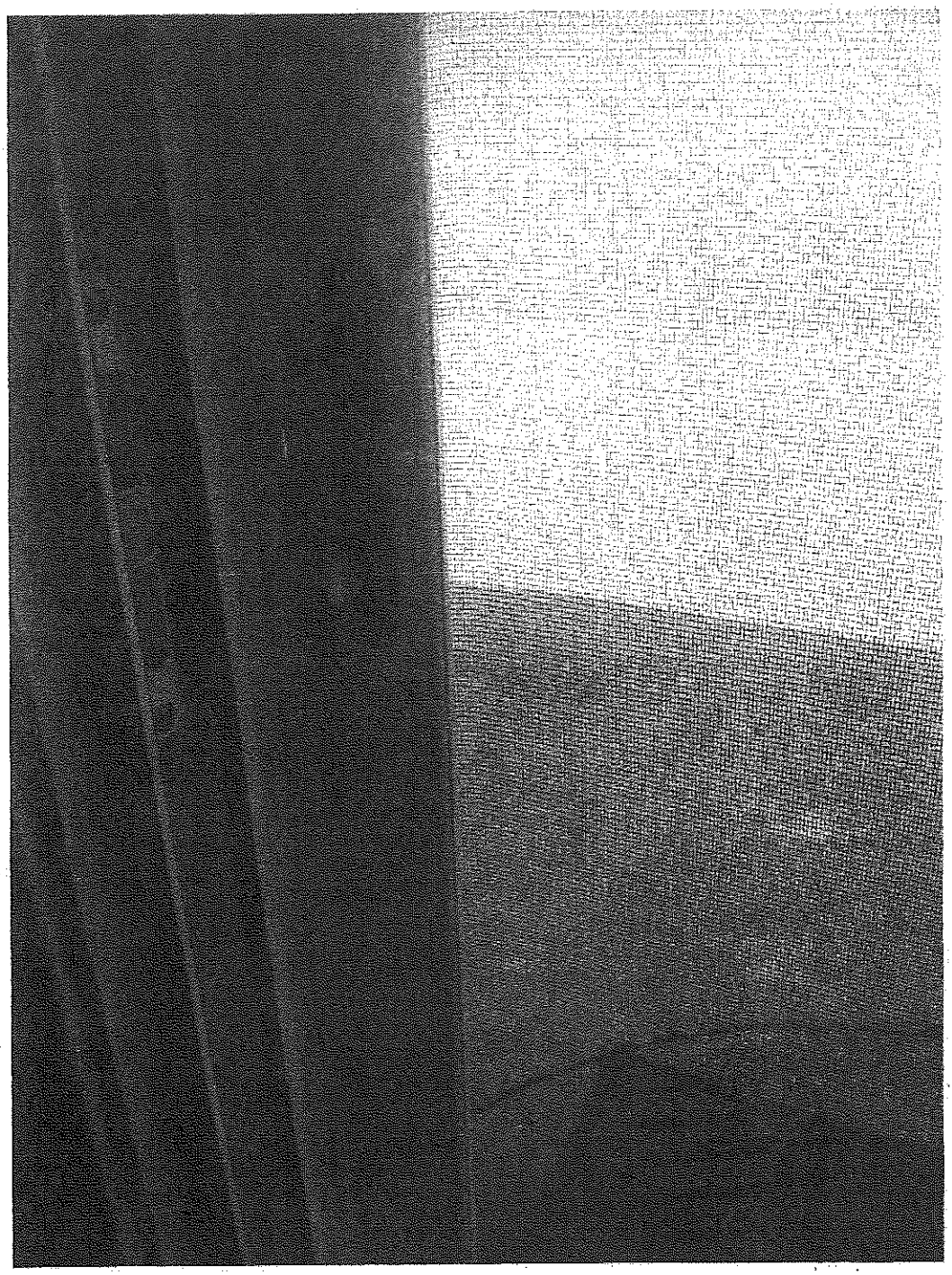
Facility & Environment, item #10

Deficiency: Cover for pipe in backyard has loose wires near outlet.

West Covina House

Facility & Environment, item #10

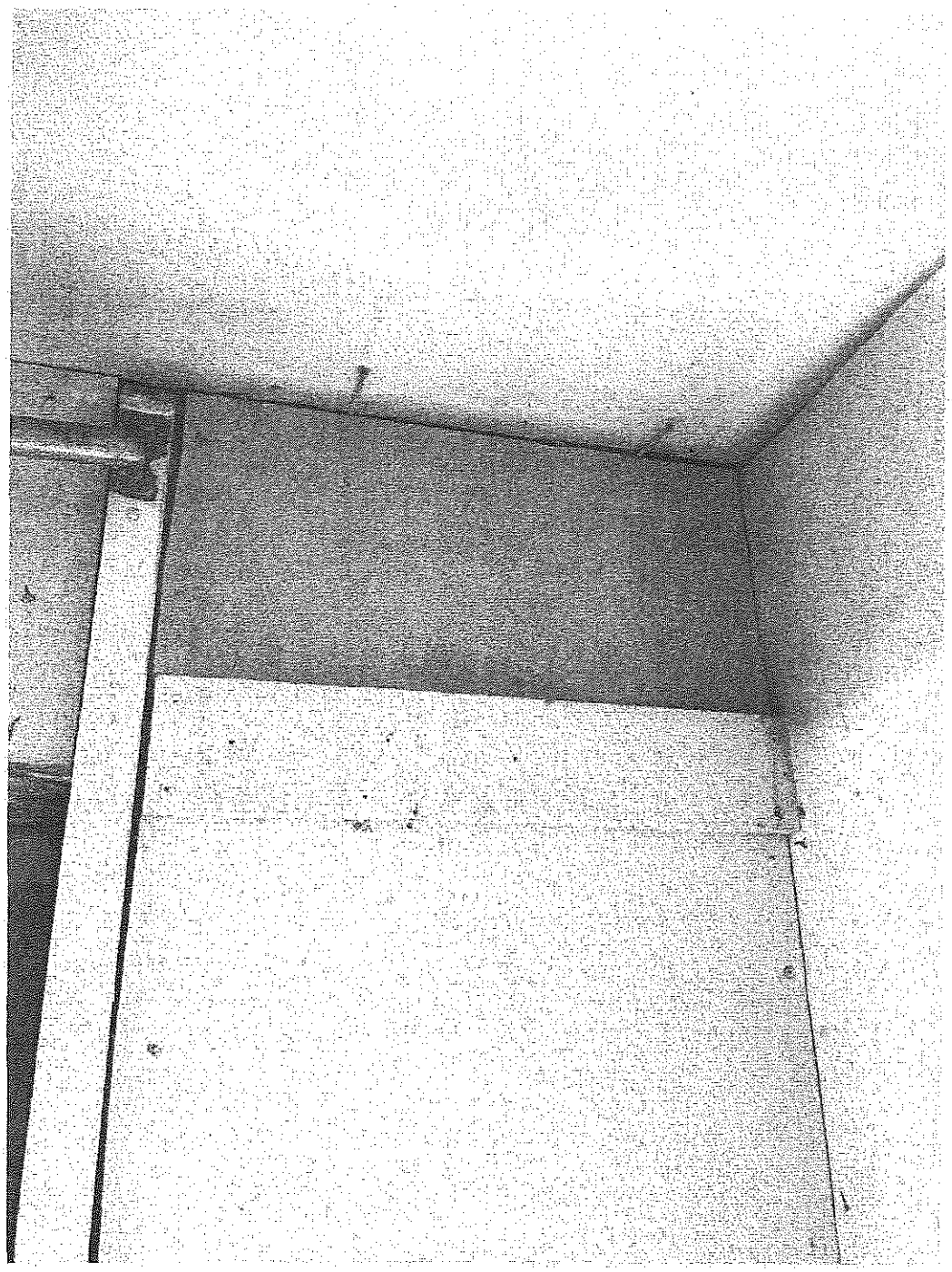
Deficiency: Ripped sliding door screen for back yard



EYC 1

Facility & Environment, item #11

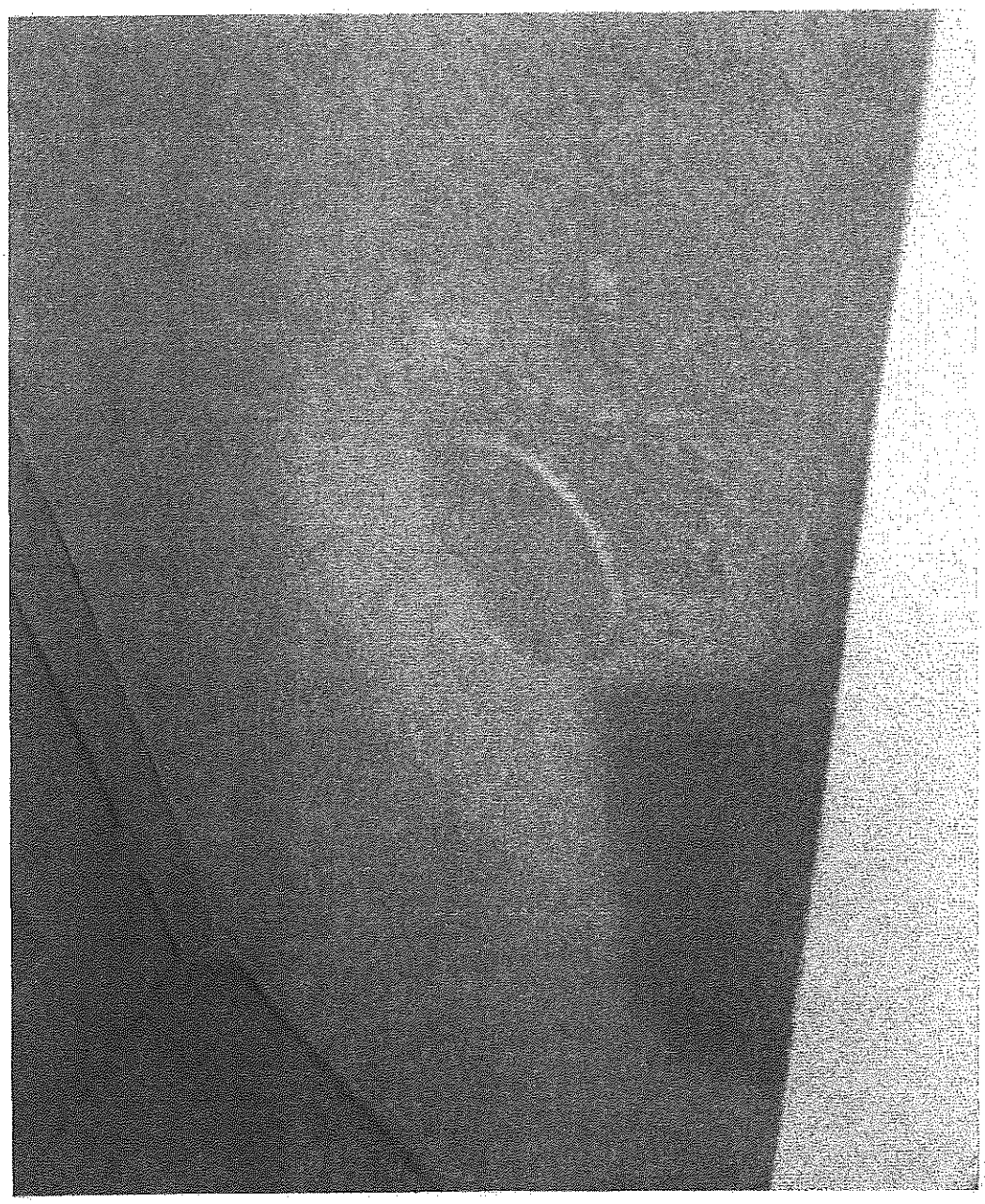
Deficiency: there is graffiti in the corner of the gym.



EYC 1

Facility & Environment, item #12

Deficiency: There is a hole in the wall of the game room upstairs.



EYC 1

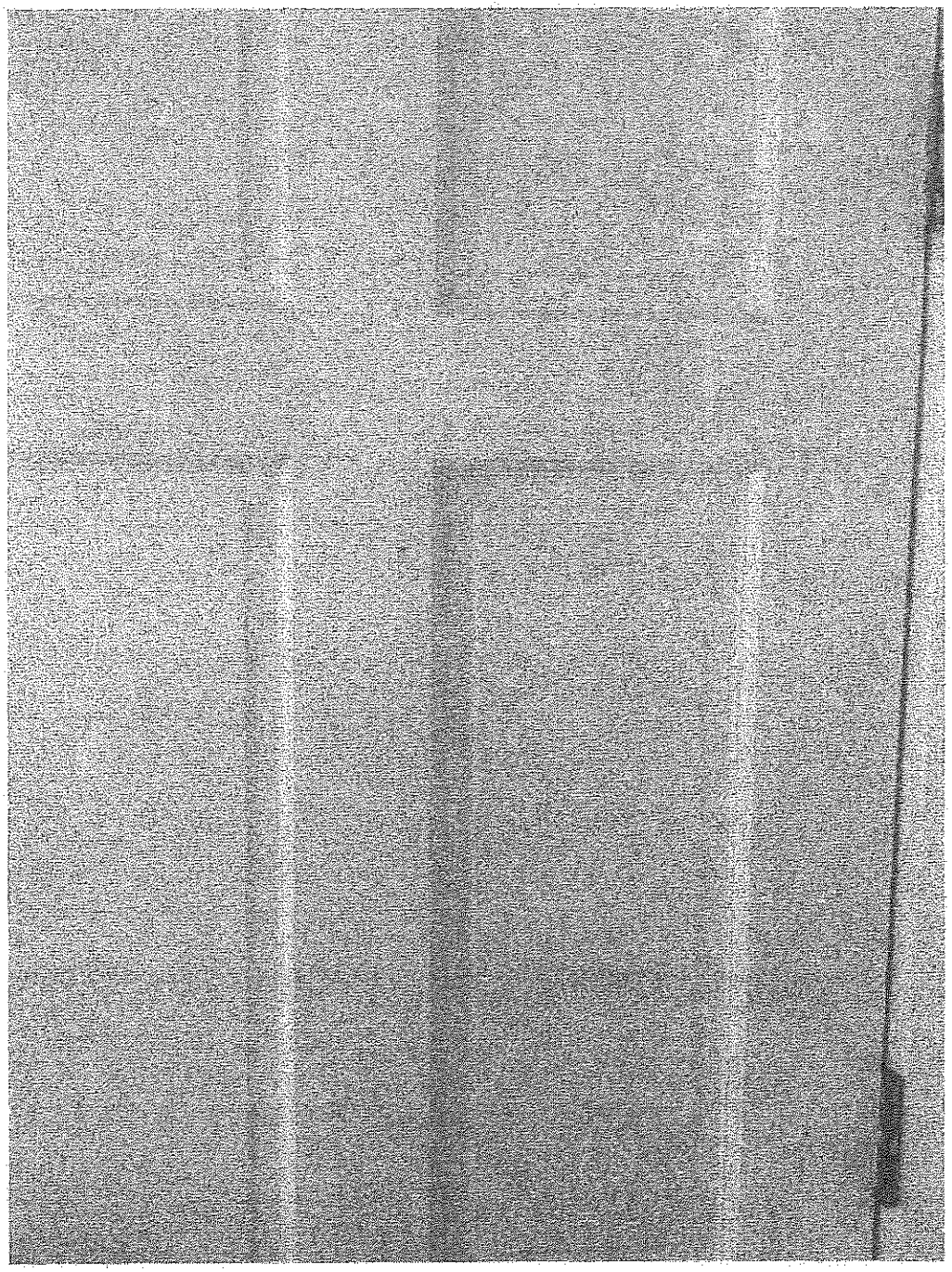
Facility & Environment, item #12

Deficiency: There is graffiti in bedroom #2 on the dresser.

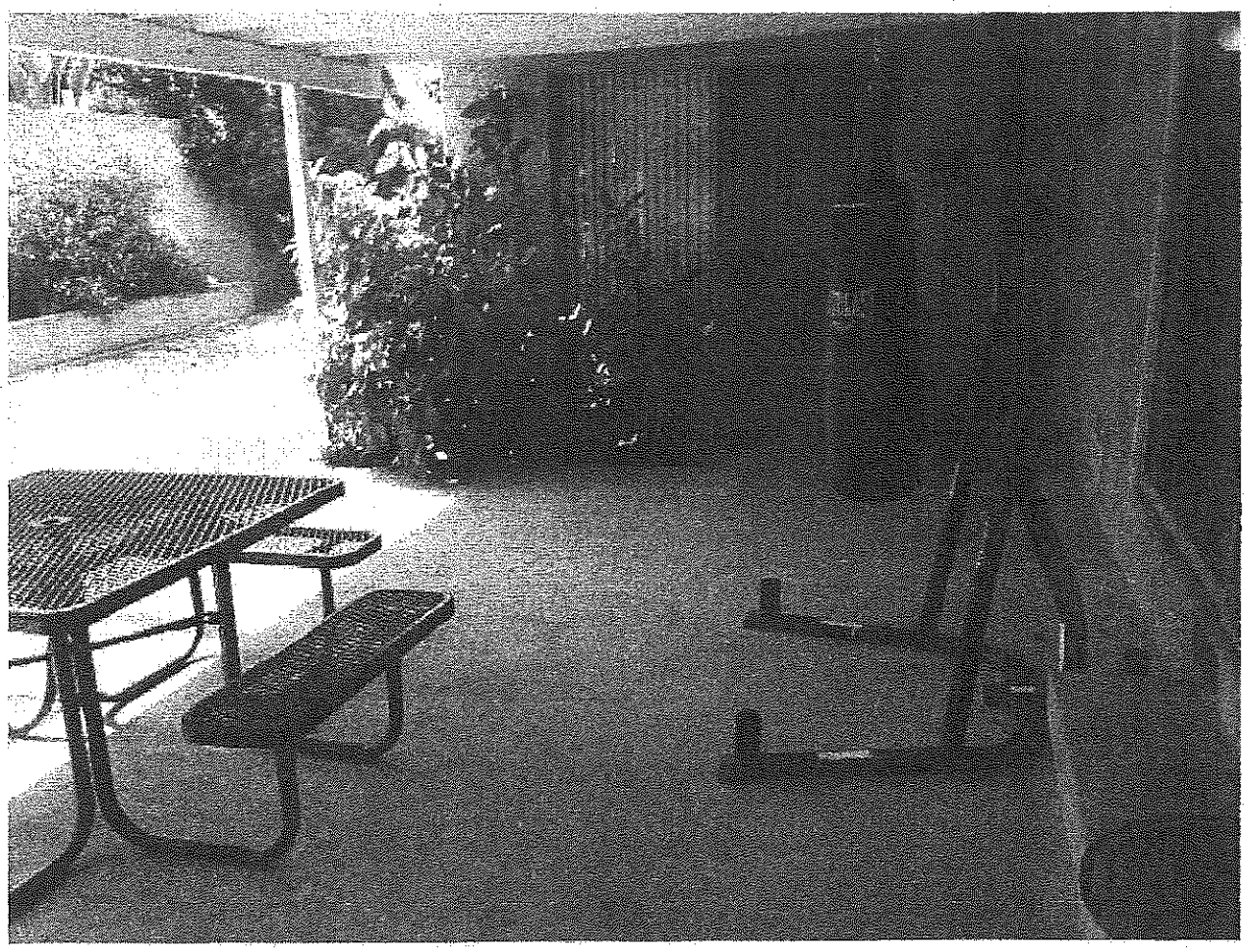
EYC V

Facility & Environment, item #12

Deficiency: Bedroom #2 has graffiti on door.



Emancipation House

Facility & Environment, item #13

Deficiency: Punching bag holder laying on grass.