COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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JERRY E. POWERS
Chief Probation Officer

October 20, 2015

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

FROM: Jerry E. Powers
Chief Probation Officer

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

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM), conducted a review of Crittenton Services for Children and Families Group Home, operated by Florence Crittenton Services for Children and Families, in April 2015. Crittenton Services for Children and Families has one (1) site is located in the Fourth Supervisorial District of Orange County. They provide services to Los Angeles County Probation foster children and the Department of Children and Family Services (DCFS) foster children. According to Crittenton Services for Children and Families' program statement, its purpose is designed to treat clients who are physically, sexually and emotionally abused and neglected. The program is also intended to treat pregnant clients, clients who are delinquent in their behavior and clients who may require psychotropic medication.

Crittenton Services for Children and Families is licensed to serve a capacity of 101 female client's 12- 17 years old and a capacity of 37 children from birth to four (4) years old. At the time of this review, Crittenton Services for Children and Families was serving 52 Los Angeles County Probation children and 16 DCFS children. In addition, there were nine (9) children from birth to four (4) years old residing with the female clients. Based on the sample size, the placed female client's overall average length of placement was four (4) months, and their average age was 17 years.

Seven (7) female clients were randomly selected for the interview sample, four (4) Probation children and three (3) DCFS. There were four (4) clients in the sample who

were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) children's discharged files were reviewed, three (3) Probation and two (2) DCFS, to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed clients generally reported feeling safe at Crittenton Services for Children and Families, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Crittenton Services for Children and Families was in compliance with eight (8) of the 10 areas of the Contract Compliance Review: "Facility and Environment", "Maintenance of Required Documentation and Service Delivery", "Education and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", "Personal Needs/ Survival and Economic Well-Being", "Discharged Children and Personnel Records".

Although, PPQA/GHM noted deficiencies in two (2) of the 10 areas, there were no egregious findings in any of the areas. Although Crittenton Services for Children and Families had fewer areas with deficiencies from last year's review, they had the same number of deficient elements due to increased deficiencies under "Personal Rights and Social/Emotional Well-Being". In the area of "Licensure/ Contract Requirements", Crittenton Services for Children and Families needed to ensure that their vehicles contain proof of valid registration from the California Department of Motor Vehicle (DMV), contain First-Aid kits and remain free of graffiti. In addition, Crittenton Services for Children and Families needed to be free of any substantiated Community Care Licensing (CCL) complaints on safety. On November 24, 2014, Crittenton Services for Children and Families Services for Children and Families obtained a substantiated CCL complaint for Lack of Supervision. Interviews conducted with the staff and youth confirmed that supervision rounds were not being conducted at 15 minute intervals, per the Group Home policy, and room visits among the youth were occurring at various hours.

Deficiencies were also noted in the area of "Personal Rights and Social/Emotional Well-Being", in that, Crittenton Services for Children and Families needed to ensure that all children feel safe at the Group Home, the children are provided with a variety of palatable meals and snacks, and that staff treat children with respect and dignity. In addition, Crittenton Services for Children and Families needed to maintain and enforce an appropriate "Reward and Discipline System", ensure that children are free to reject voluntary Medical, Dental and Psychiatric Care and that children are able to plan extra-curricular activities in the Group Home and community.

REVIEW OF REPORT

On April 2, 2015, Probation PPQA Monitor Kedra Frelix held an Exit Conference with Crittenton Services for Children and Families Services for Children and Families Administrator Briana Wheat and DCFS Contract Compliance Administrator Anthony Curry. Administrator Wheat agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Crittenton Services for Children and Families provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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
Amy Gant, Crittenton Services for Children and Families Program Director
Community Care Licensing

FLORENCE CRITTENTON SERVICES FOR CHILDREN AND FAMILIES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

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

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

For the purpose of this review, seven (7) placed children, four (4) Probation and three (3) Department of Children and Family Services (DCFS), were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, four (4) placed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, three (3) Probation and two (2) DCFS, were reviewed to assess Crittenton Services for Children and Families 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 two (2) areas were out of compliance.

Licensure/Contract Requirements

- During the inspection of the 11 facility vehicles at Crittenton Services for Children and Families, the following deficiencies were noted: one (1) vehicle did not have a valid proof of registration from the California Department of Motor Vehicles (DMV); one (1) vehicle did not contain a First-Aid kit; and four (4) vehicles contained graffiti throughout the interior. On April 9, 2015, Crittenton Services for

Children and Families provided proof of valid California DMV registration for the vehicle that did not contain proper registration.

- On November 24, 2014, Crittenton Services for Children and Families had a Community Care Licensing (CCL) substantiated complaint for Lack of Supervision. Interviews conducted with the staff and youth confirmed that supervision rounds were not being conducted at 15 minute intervals per the Group Home policy and room visits among the youth were occurring at various hours. A Corrective Action Plan (CAP) was submitted to CCL for this substantiated complaint.

Recommendation

Crittenton Services for Children and Families' management shall ensure that:

1. All vehicles have proof of valid registration from the California DMV; all vehicles contain a First-Aid kit; all vehicles are free of graffiti.

2. The Group Home strives to remain free of any substantiated CCL complaints on safety.

Personal Rights and Social/ Emotional Well-Being

- During the interview process, two (2) of the seven (7) children stated that they do not feel safe at the Group Home. One (1) child reported that she does not feel safe because there are a lot of physical altercations, and she was accidently pushed during a fight while pregnant. One (1) child reported that she does not feel safe because there is a presence of drugs and alcohol at the Group Home.

- During the interview process, four (4) of the seven (7) children stated that the Group Home does not provide enough palatable meals and snacks. One (1) child reported that the "food tastes bad." One (1) child reported that more variety is needed in the menu. She stated that there is always rice and beans at dinnertime. One (1) child reported that there are not enough snacks and cereal for breakfast. She stated that there is an uneven food distribution between the cottages. One (1) child reported that the food quality is bad and that the meat is not fully cooked.

- During the interview process, two (2) of the seven (7) children stated that the Group Home staff do not treat them with respect and dignity. Two (2) children reported that a majority of staff have negative attitudes towards the placed children and are not concerned with their feelings.

- During the interview process, two (2) of the seven (7) children stated that the Group Home does not have an appropriate rewards and discipline system and that the staff are too extreme with punishment. One (1) of the two children stated that the staff does not modify activity restrictions when the children admit their mistakes and apologize for their behavior. The child indicated that it is unfair that

staff do not acknowledge when someone takes the initiative to change their behavior and they still have the same consequences as someone who did not apologize for their behavior. The other child reported that if the staff are in a bad mood, they will not allow the children to participate in activities. She stated that everyone is subject to consequences as a result of the majority of the group's negative behavior.

- During the interview process one (1) of the seven (7) children stated that consequences are given to the children if they refuse to attend medical appointments. These consequences include a reduced program level or activity restrictions.

- During the interview process, two (2) of the seven (7) children stated that the Group Home does not allow the children to plan social activities in which they have an interest, such as going to the beach or putting on a fashion show. One (1) child reported that the staff are not always open to listen to their plans for different activities. She stated that staff are sometimes too lazy and do not want to go places. One (1) child reported that the Group Home activity calendar does not always reflect what they actually do. Although the placed children plan out different activities, staff rarely follow through with the activity. For example, according to the child, she stated that last week there was an ice cream social planned on the activity calendar, but the activity did not occur.

Recommendation

Crittenton Services for Children and Families management shall ensure that:

1. All children feel safe at the Group Home.

2. All children are provided with a variety of palatable meals and snacks.

3. All children are treated with respect and dignity by the Group Home staff.

4. All staff abide and enforce the Group Home rewards and discipline system; in order that they be fair towards all children.

5. All children are informed about their right to refuse medical appointments without being subject to consequences by the Group Home staff.

6. All children are given the opportunity to plan and participate in social activities in which they have an interest.

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

PPQA/GHM's last compliance report dated July 21, 2014, identified eight (8) recommendations.

Results

Based on the follow-up, Crittenton Services for Children and Families fully implemented six (6) of the eight (8) previous recommendations for which they were to ensure that:

- The common areas of the Group Home are well maintained.
- The children's bedrooms in the Group Home are well maintained.
- All children received a timely dental exam.
- All children are allowed to have private phone calls, unless they are required to only have monitored phone calls.
- All children are allowed to participate in extra-curricular activities.
- All children have the ability to maintain a Life book or photo album.

However, the follow-up revealed that Crittenton Services for Children and Families failed to fully implement two (2) of the previous eight (8) recommendations for which they were to ensure that:

- All children feel safe at the Group Home.
- All children are provided with a variety of palatable meals and snacks.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Crittenton Services for Youth and Families by the Auditor Controller is underway for the 2014-2015, fiscal year. A report has not yet been posted by the Auditor Controller.

FLORENCE CRITTENTON SERVICES FOR CHILDREN AND FAMILIES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Florence Crittenton Services for
Children and Families
100 East Valley View
Fullerton, CA 92832
License Number: 300612972
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2015**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	Full Compliance (ALL)

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	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 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,	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Improvement Needed 13. Full Compliance

	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	Full Compliance (ALL)

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services for children and families

June 3, 2015

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

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

Dear DPO Kedra Frelix,

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

Item #3 Maintain Vehicle in Good Repair

It was noted during the audit that Van #24 had an expired proof of registration and tags and did not have a first aid kit. Those two items were addressed and rectified within 5 days of the visit and the documentation was provided. The first kit was missing from the van due to being pulled by the Officer of the Day to refill supplies. In instances, when the first aid kits are taken out to refill, the van is pulled out of rotation until it is filled and replaced. In regards to the expired registration, the payment was made however the tags were not mailed out. The vehicle inspection checklist which is completed weekly includes ensuring the tags and registrations are current.

In addition, it was noted that van(s) #1, #3, #4, #12 and #24 had graffiti. Currently at our facility we continue to have a number of practices in place to ensure that the vans are well maintained. Prior to and after any staff member using a van they are required to do a visual check of the van and note any new damage to the vehicle. If they note any damage or deficiency they then fill out a work order accordingly. The Officer of the Day also checks the vehicle after each use to ensure the staff have checked the van and that the work orders are filled out accordingly. The campus aids, which are paid jobs on campus for our girls, wash the vans weekly with the

assistance from the Officer of the Day and Lead Transporter. And finally the Officer of the Day conducts bi-weekly van checks and fills out a checklist ensuring everything is well maintained and fill out work orders accordingly.

In addition, we do self-searches on the girls regularly including but not limited to leaving for school, arriving from school, recreational outings, doctor's appointments, etc. The purpose of the self-searches are to ensure the girls to not have any contraband on them including markers that are often used to graffiti in the vans. The staff driving the van also do a walk about of the van prior to leaving and upon returning to the campus to make note of any deficiencies regarding the vans and fill out the necessary work orders to be addressed. Unfortunately graffiti on the upholstery can be extremely challenging to remove and therefore may remain once all efforts have been made to remove the graffiti.

Corrective Action:
We will continue to take the steps currently being taken to ensure the cleanliness and maintenance of each vehicle. In addition, we will continue to make every effort to prevent the girls from having access to markers in the vans to reduce the chances of graffiti appearing, as well as, addressing and attempting to remove it once noticed.

The Officer of Day Coordinator and Client Services Director will conduct a refresher training on the Vehicle Inspection Checklist to ensure it is being completed properly.

Responsible Party: Briana Wheat, Program Director, Agee Ward, Officer of the Day Coordinator, Ellen Parsons Client Services Director, Unit Supervisors for each cottage, Team Leaders, Residential Counselors and Maintenance Department

#9 Community Care Licensing Complaints
Crittenton Valley View Campus received a substantiated complaint for lack of supervision in November 2014. During the course of an investigation by Community Care Licensing it was determined that the head count procedure was not being followed per the procedure.

Corrective Action
A Correction Plan was submitted to Community Care Licensing on November 26, 2014 whereby all the staff were retrained on Procedure #4.05 Head Count Procedure and spot checks were implemented to ensure that headcount was being completed according to the procedure. The Correction Plan was accepted and approved on 12/3/14 by Community Care Licensing. Attached are the supporting documents.

Responsible Party: Briana Wheat, Program Director and Unit Supervisor for each cottage.

 # 37 Children feel safe in the Group Home
Of the 7 children interviewed 2 reported that at times they "do not always feel safe at the group home" giving reasons such as "lots of fights" and "lots of drugs and alcohol". Due

to the nature and the reasons for clients being placed at Crittenton, it is expected that clients will have gang affiliations, exhibit aggression towards others, resolve their conflicts with physical aggression, etc. As a result, Crittenton makes every effort to assure that they clients in placement are provided a safe and friendly environment. For instance, all staff are trained in Therapeutic Crisis Interventions (TCI). This intensive training has allowed for our staff to manage tensions, conflicts, and fights calmly, tactfully, and efficiently. In doing so, all bystanders are cleared from the event and the crisis is often times quickly defused. Crittenton staff utilize daily community meetings in each cottage to encourage the clients to discuss their personal feelings/issues and participate in conflict resolutions in order to prevent future conflicts from occurring. Furthermore, clients are encouraged to speak to their assigned Unit Supervisors and Team Leaders should they feel uncomfortable bringing up issues or concerns in a group setting.

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

As an agency that serves clients who struggle with substance abuse we are aware of the challenge of drugs/alcohol making their way onto our campus. We are doing everything we can to try and eliminate these behaviors. The staff members conduct head checks every 30 minutes during the day from 6:00am to 5:00pm and every 15 minutes from 5:00pm to 6:00am. Although the headcount is conducted every 30 minutes between 6:00am to 5:00pm, the supervision is extremely high during this time due to the clients being in school and mental health groups. In addition, as a result of all the additional staff on campus between all the support departments the staff to client ratio is much higher during these time periods.

We also conduct self-body searches on our clients when they return from off-site activities, school, home pass, community pass, and/or awol. However, one of the limitations with the self-body searches are, that the kids know areas on their bodies that they can hide contraband and drug paraphernalia so that they are able to bring it onto campus. Currently we conduct campus wide drug dog searches bi-annually through the Fullerton Police Department.

Corrective Action:

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

Continue to follow our search procedure, which include self-body searches, room checks, room searches, drug dog searches, van searches and perimeter searches to limit the instances when drugs and alcohol make their way to the campus.

Responsible Party: Briana Wheat, Program Director, Unit Supervisors for each cottage, Team Leaders for each cottage, Steve Savran, Chemical Dependency Coordinator, Chemical Dependency Counselors for each cottage, Officer of the Day for the campus and Ellen Parsons, Client Services Director.

 # 39 Group Homes effort to provide nutritious palatable meals and snacks

In the audit four clients reported that they would like more of a variety on the menu offered. The menu offered at Crittenton Services meets the standards under the Department of Education, which includes a 5 week menu cycle. In addition, it requires that the clients receive 4 ounces of meat, 3 ounces of vegetables, 4 ounces of fruit, milk and either one or two starches. As typical of teenage behavior many of our girls are not interested in a experimenting and/or exploring different options in their food preference and as result have strong opinions of what is served.

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

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

One youth indicated that if "you miss breakfast there are limited options" and that the "meat is not fully cooked". The meals times are scheduled in order for the kitchen to properly prepare each meal offered on the campus. So if the girls do not wake up in time and "miss" the assigned meal times then they are offered an alternative option, much like would happen in a typical family setting. The purpose of doing this is to motivate our

youth to wake up on time and get ready to start their day and make it to all of their multiple scheduled activities. All the food is prepared according to USDA and Licensing standards including the meat. If a client has a certain preference on how their meat is cooked they can make a request to the kitchen and/or cook their meat additionally in their cottage.

Corrective Action:
The Food Services Manager will attend Community meetings on a quarterly basis to gather input and feedback from the girls, this information will be used to continue to make the meal menus and the snack suggestions.

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

#40 Children treated with respect and dignity

In the audit two youth reported that staff have a "negative/bad" attitudes. The role of the Residential Counselor is that of a parent and much like any good parent staff do become overwhelmed and may do or say something that is not therapeutic. The clients are all educated on the grievance process at Crittenton Services and if they feel they have been treated without respect and dignity they are encouraged to follow that process. The process includes, attempting to work out the conflict with the person, if that doesn't work fill out a Client Concern form that is given to the Supervisor to address, and if they are still not happy they can fill out a Client Grievance Form which is given to the Program Director to follow up on.

Due to the intense nature of the treatment facility staff burnout and staff feeling depleted is something that is managed as a regular part of the job. Staff are encouraged regularly to take time off when they feel the need to recharge so they can maintain a therapeutic approach while at work. In addition, staff are offered a number of resources so they can maintain their therapeutic approach including but not limited to an hour of weekly supervision to address difficult situations and obtain ideas/coaching, weekly staff meetings, post crisis interviews after any major crisis, etc.

Corrective Action:
In efforts to improve in this area, Unit Supervisors and Team Leaders will use the daily community meetings to open up the discussion for the clients to bring these types of concerns to the table and offer suggestions/feedback to the staff to improve and resolve the conflicts/difference.

The Program Director and Unit Supervisor will continue to remind staff of the resources available to them should they feel burnt out.

Responsible party: Briana Wheat, Program Director, Unit Supervisors and Team Leaders

#41 Fair rewards and discipline system in place

In the audit two clients reported that they feel as though staff are too extreme in their punishment. In order to manage the day to day structure of the program at Crittenton we utilize a behavior modification program. The program is strength based and allows the clients to earn points, which then earns them a level which determines their privileges. The clients can also make choices that prevent them from earning points and/or earn a restriction which they receive consequences that will provide them a learning opportunity. However, due to the fact that many of the clients placed at the facility come from environments where they are expected to grow up very quickly and might even be parentified they often resist and/or misinterpret consequences given to them and share that they feel as though staff is "overreacting".

Consequences for clients differ depending on the situation and each client is treated based on their individual treatment plan. This plan is related to their specific needs/goals and privileges and consequences are subject to change based on the client's current level of functioning, the incident, and the individual client's treatment plan/needs. Any significant change of privileges and consequences for a specific client is developed as needed based on staff's discretion with consultation with the Treatment Team and collaboration with the Program Director as needed. Again the goal is to provide each client with the opportunity to learn and due to the many different learning styles that our girls have we do our best to help them learn valuable lessons that will improve their future.

Corrective Action:
In efforts to improve in this area, Unit Supervisors and Team Leaders will use the daily community meetings to open up the discussion for the clients to bring these types of concerns to the table and offer suggestions to the staff. In addition, all the clients are encouraged to run for and hold a position on the Girls Council to address ways to improve the program, campus, staffing, groups, recreational activities, etc.

Responsible party: Briana Wheat, Program Director, Unit Supervisors and Team Leaders

#46 Children are free to receive or reject medical services
One of the clients interviewed indicated that she received consequences for refusing her medical appointments. The clients do not receive consequences for not attending medical appointments. However, if a client does choose not to attend their medical appointment the staff will document the refusal on an sir per the procedure. Clients often take that as a consequences even though it is explained to them that it is for our documentation records.

Corrective Action:
In efforts to improve in this area, Unit Supervisors and Team Leaders will use the daily community meetings to open up the discussion for the clients to discuss their rights so there is not confusion.

Responsible party: Briana Wheat, Program Director, Unit Supervisors and Team Leaders

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

In the audit, one client reported that staff are not open to listen to their input regarding plans for activities. As an agency we value and ask for input from the clients using a variety of methods. Each cottage is assigned a Primary Recreational Counselor who spends time with the girls in that cottage and gathers feedback from them to include on the monthly activity calendar. In addition, our Recreational and Activities Coordinator facilitates meetings with the Girls Council members bi-monthly and during those meetings the girls are asked for their input regarding recreational activities. They are also asked to go back to their cottages and gather input from their peers and bring it back to their meetings. In addition, we review the Girls Council minutes in our Director's Meeting.

Another client reported that the "activity calendar does not always reflect what they actually do". Unfortunately there are times when activities need to be adjusted based on the safety and security of the campus. However, if the activity is cancelled another one is planned and carried out in its place.

Corrective Action:
In an effort to improve in this area we will continue to have conversations with the girls and gather their input on activities to include on the recreational calendar. In addition, should an activity be cancelled the staff will communicate the change and plan to make adjustments.

Responsible party: Briana Wheat, Program Director, Unit Supervisors, Team Leaders, Primary Residential Counselors, and Alex Genah, Recreational and Activities Coordinator.

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

Sincerely,

LCSW

Briana Wheat, LCSW
Program Director

LMFT

Tristyn Ingallinera, LMFT
VP of Residential Services

Attachments:

1) Licensing Complaint and Corrective Action Plan
2) Procedure 19.03 Search Procedure