COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

October 26, 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: **BOYS/GIRLS REPUBLIC GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) Unit, conducted a review of Boys/Girls Republic, dba Boys Republic, Inc., in June 2015. Boys/Girls Republic Group Homes are located in the Los Angeles, Orange, and San Bernardino Counties. There are five (5) Boys/Girls Republic Group Home sites located in the following districts: the Main Campus is in the Fourth Supervisorial District of San Bernardino County; the Orange County Residence is in the First Supervisorial District of Orange County; the Silverlake and Pomona Residences are both located in the First Supervisorial District of Los Angeles County, and the Girls Residence is located in the Fifth Supervisorial District of Los Angeles County.

Boys/Girls Republic provides services only to Los Angeles County Probation foster children and other county Probation child welfare agencies. According to Boys/Girls Republic's program statement, its purpose is "To treat boys and girls who have behavioral, social, emotional, and psychological difficulties." Of the five Boys/Girls Republic sites, four (4) are residential Group Home sites, and one (1) site is the main campus. All sites provide care for boy's ages 13-17, and girl's ages 12-17. At the time of this review, Boys/Girls Republic was providing care for 94 Los Angeles County foster children and 27 foster children from other various counties. Based on the sample size, the placed children's overall average length of stay was four (4) months, and their average age at the time of inspection was 16 years old.

Seven (7) children were randomly selected for the interview sample. No children were on psychotropic medications at the time of this review. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children reported feeling safe at Boys/Girls Republic, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Boys/Girls Republic was in compliance with seven (7) 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"; "Discharged Children and Personnel Records".

Although, PPQA/GHM noted deficiencies in three (3) of the 10 areas, there were no egregious findings in any of the areas. In the area of "Licensure/Contract Requirements", Boys/Girls Republic did not have a sign-in/out log for visitors at one of the sites, and in the area of "Facility and Environment", there were some minor repairs needed at a few of the sites in the common areas and the children's bedrooms. In the area of "Maintenance of Required Documentation Service Delivery", Boys/Girls Republic needed to ensure that all Needs and Services Plans (NSPs) are developed in a comprehensive manner, ensuring that all boxes, comment sections, and questions from the NSP reports are comprehensively completed by the Case Manager when developing their NSPs.

REVIEW OF REPORT

On June 30, 2015, Probation PPQA Monitor, Raymond Ro, held an Exit Conference with Boys/Girls Republic Associate Director Lance Parks. He agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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

Boys/Girls Republic provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns, 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
Lance Parks, Boys/Girls Republic Associate Director
Community Care Licensing

BOYS/GIRLS REPUBLIC GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Boys/Girls Republic's compliance with its County contract and State regulations and included a review of the Boys/Girls Republic's 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 Probation foster children were selected for the sample. Boys/Girls Republic does not provide placement for DCFS children. PPQA/GHM interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed to assess Boys/Girls Republic compliance with permanency efforts. At the time of the review, no children were prescribed psychotropic medication.

Additionally, 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 of care and supervision.

CONTRACTUAL COMPLIANCE

The following three (3) areas were out of compliance.

Licensure/Contract Requirements:

It was noted that the Boys/Girls Republic, Silverlake site, was missing a detailed sign in//out log to document all visitors to the site. The Group Home did not have a sign in/out sheet log for any visitors coming into their facility and were not utilizing any means of documentation for visitors. The Group Home representative explained that they stopped using the sign in/out log three months prior, with no explanation as to why this protocol stopped.

Recommendation

Boys/Girls Republic's management shall ensure that:

1. A detailed sign in/out log is placed at the Group Home for documentation of all visitors.

Facility and Environment

Boys/Girls Republic was in need of repairs or replacements in the Common areas and the Children's Bedroom of all of the facilities, with exception to Girls Republic (Monrovia).

- The plastic light cover in bedroom #2 was cracked in the Fowler Cottage at the Main Campus.

- Graffiti was noted on the smoke detector in the Brewer Cottage at the Main Campus.

- In the McCormick Cottage of the Main Campus, the sofa interior was torn and ripped in the day room. Also, in the first floor community bathroom, the second urinal stall did not flush. In bedroom #2, the plastic light cover was cracked. In the second floor community bathroom, both hand dryers were not operable. In bedroom #4, the plastic light cover was cracked. In bedroom #6, the plastic light cover was cracked.

- In the Laws Cottage of the Main Campus, it was noted that left side hand dryer in the first floor community bathroom was not operable. Additionally, the partition wall for the urinal was loose. The first shower stall was missing a shower head. There were damaged tiles on the lower right corner wall inside of toilet stall #2. In the second floor hallway, two plastic light covers were cracked. In Bedroom #7, the smoke detector cover was broken. In bedroom #9, the plastic light cover was cracked.

- It was noted in the Graves Cottage of the Main Campus that toilet #23 was shifting and not secured in the community bathroom.

- It was noted in the Combs Independent House of the Main Campus that the plastic light cover was cracked in the front double room.

- It was noted in the Orange County Residence that the third shower was missing a shower head in the main bathroom. Sink #4 was missing a knob for the hot water. In bedroom #2, a rod for the window curtain was missing.

- It was noted in the Pomona Residence that the bathroom wall needs to be painted in bedroom #3. In bedroom #4, the bathroom and bedroom wall needs to be painted. It appeared that there was additional graffiti on the wall. The Group Home attempted to sand off the graffiti; however, during that process, small chips of paint on the wall were scratched off. Due to the sanding off of the paint, the wall needed to be re-painted.

- It was noted in the Silverlake Residence that the closet has markings on the door in bedroom #1. In bedroom #2, the third closet has graffiti on the closet door.

Recommendation

Boys/Girls Republic's management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the Common Areas are corrected and repaired in a timely fashion
2. All of the aforementioned physical deficiencies cited in the Children's Bedrooms are corrected and repaired in a timely fashion

Maintenance of Required Documentation and Service Delivery

There were seven (7) children's files reviewed for assessment of services delivered. From those seven (7) files, there were seven (7) Initial Needs and Services Plans (NSPs) and seven (7) Updated NSPs reviewed.

- Of the seven (7) Initial NSPs reviewed, one (1) NSP was not completed in a comprehensive manner. The Case Plan goal box of PPLA/Transition was incorrectly checked. The Case Plan goal within the first 12 months is always Family Reunification with the biological parents, adoptive parents or legal guardians, unless exceptional circumstances are present. There were no exceptional circumstances detailed in the narrative. The narrative stated that the youth will attempt to build a "functional relationship" with her mother, which is indicative of Family Reunification not PPLA.

  Under the Concurrent Case Plan Goal section, there were no boxes checked and the narrative section stated that reunification with mother and sister would be considered. This is out of order as Family Reunification is always primary during the first year of the child's Case Plan.

- Of the seven (7) Updated NSPs reviewed, one (1) NSP on the same youth mentioned above was not completed in a comprehensive manner for the same issues stated above related to the Case Plan Goal and Concurrent Case-Plan Goal sections. Again, the wrong box is checked under Case

Plan Goal, and nothing was checked off under Concurrent Case Plan Goal. Additionally, there is inconsistent information related to the involvement of the grandfather in the treatment plan. In one section, it states that they are "currently" not on speaking terms, in another section, it states that they were not able to contact him by phone, and in two additional sections, it is stated that a family session with him was conducted and home passes with him and the youth's little sister were discussed, as well as him being a permanency option. Therefore, assessment should have been done as to whether the grandfather can now be the Concurrent Plan and the appropriate box checked and narrative completed related to this assessment.

Recommendation

Boys/Girls Republic's management shall ensure that:

1. The aforementioned NSP deficiencies are corrected so that each child has comprehensive Initial NSP.

2. The aforementioned NSP deficiencies are corrected so that each child has comprehensive Updated NSP.

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

PPQA GHM's last compliance report dated July 21, 2014, identified three (3) areas of recommendations.

Results

Based on the follow-up, Boys/Girls Republic fully implemented two (2) previous recommendations for which they were to ensure that:

- The transportation vans inspected did have the current vehicle registration and proof of insurance card or certificate readily assessable in the van in accordance with the vehicle code. There is no trash in the van.

- Most deficiencies noted to the Exterior, Common Areas and Children's Bedrooms were repaired or replaced with in accordance with CCL, Title 22 Standards. At the Main Campus (Hunt Cottage), the damaged electrical reciprocal outlet and outlet cover was replaced. At the Main Campus (Laws Cottage), the damaged electrical reciprocal outlet and the worn out mattress was replaced. At the Main Campus (Boone House), the exterior master bedroom door was replaced and the stucco was repainted. At the

Orange County Residence, the mold and disinfected shower area was completed. The three (3) loose toilet faucet flanges and automatic toilet flush sensor plate cover was repaired. The termite damaged wood was corrected. Excessive paint chip was removed and the window sill was repainted. At the Pomona Residence, the cracked light switch plate cover was replaced. At the Girls Republic (Monrovia), the cracked electrical reciprocal plate cover was replaced. The bedroom door and door knob was repaired. Additional caulking over the mold was completed. The show tub was disinfected. The torn window screen on the exterior door and the broken molding repair was completed.

However, the follow-up discovered that Boys/Girls Republic failed to fully implement one (1) of the previous recommendation for which they were to ensure that:

- It was noted that one (1) child's Initial and Quarterly NSP reports from the Girls Republic were not comprehensively completed. The Initial NSP report was missing a detailed plan for family reunification. The second Quarterly NSP report was not completed on the section under the "Concurrent Goal", as both goals are identical and there was no modified date.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

As of the date of this review, there has not been a Fiscal Review completed by the Auditor Controller's Office for Boys/Girls Republic.

BOYS/GIRLS REPUBLIC GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Main Campus
1907 Boys Republic Drive
Chino Hills, CA 91709
License # 360900096
Rate Classification Level: 10

Independent Living Program (ILP)
1907 Boys Republic Drive
Chino Hills, CA 91709
License # 366400037
Rate Classification Level: 4

Pomona Residence
733 N. Garey Avenue
Pomona, CA 91767
License # 191500098
Rate Classification Level: 5

Silverlake Residence
1815 Redcliff Street
Los Angeles, CA 90026
License # 191800953
Rate Classification Level: 4

Girls Republic
184 N. Ivy Avenue
Monrovia, CA 91016
License # 191592695
Rate Classification Level: 10

Orange County Residence
206 W. 15th Street
Santa Ana, CA 92701
License #300600097
Rate Classification Level: 4

	Contract Compliance Monitoring Review	Findings: June 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. Full Compliance
	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. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
	Facility and Environment (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	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 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	1. Full Compliance 2. Full Compliance 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	Full Compliance (ALL)

	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)	
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)

Boys
Republic
1907 Boys Republic Dr., Chino Hills, CA 91709
(909) 628-1217

Date: July 7, 2015

Raymond Ro, DPO
Los Angeles County Probation Department
Group Home Monitoring & Investigations Unit

Dear DPO Ro,

We appreciate the time invested in the monitoring process which offers guidance and direction towards improving our services for the youth placed in our care. Please find included the Corrective Action Plan responding to the deficiencies cited. If there are needed corrections to this report please let me know.

Regards,

Lance Parks
Associate Director

- *Benjamin Disraeli*

Boys/Girls Republic Corrective Action Plan for 2014-15 Monitoring Review

I. Licensure/Contract Requirements:

Silverlake Residence

1. **Deficiency:** Missing sign in and out log.

   Reason: While staff had completed sign in sheets previously, for some unknown reason they had stopped doing so. The Unit Supervisor had not reviewed these sheets to make sure they were being done.

   Correction Plan: This log will be kept and maintained, and reviewed weekly by the unit supervisor, to ensure it is being kept up to standards.

II. Facility and Environment:

Fowler Cottage

1. **Deficiency:** Bedroom #2 has a plastic light cover that is cracked.

   Reason: Exactly how the light cover was broken/cracked is unknown. The reason it had not been repaired is because staff did not regularly inspect and turn in work orders for small cracks in the light covers. In addition, while these light covers were identified recently, replacement covers were not on hand and had to be special ordered, creating a delay in the repair.

   Correction Plan: The ordered light covers are expected in this week and when they arrive all the cracked light covers will be repaired. Regular daily inspections will be conducted by cottage staff to identify any broken light covers, report them to maintenance and maintenance will replace them in a timely manner. In addition, supplies will be kept on hand to replace light covers when damaged.

Brewer Cottage

1. **Deficiency:** Graffiti on the smoke detector in Quad #2

   Reason: A student wrote graffiti on a smoke detector. Staff did not identify this graffiti in their regular inspections.

   Correction Plan: The graffiti has been cleaned off. Staff will inspect and check these and other areas for potential graffiti while checking daily clean up.

McCormick Cottage

1. **Deficiency:** Day Room—Sofa is torn and ripped—

   Reason: The sofa was torn through regular wear and tear. Cottage staff did not identify the problem and/or did not have the furniture repaired or replaced.

   Correction Plan: The torn sofa has been disposed of and will be replaced. Cottage staff will assign a specific staff member to inspect furniture at least weekly. If damage is noticed, staff will turn in a work order to maintenance to have the furniture repaired. Maintenance will determine if the furniture can be repaired, or if it needs to be replaced.

2. **Deficiency:** First Floor community Bathroom—2nd urinal stall does not flush.

   Reason: The flusher is not working and was not repaired in a timely manner.

   Correction Plan: The urinal flush system has been repaired. Cottage staff will inspect urinals regularly for proper functioning and submit work orders in a timely manner for repair.

3. **Deficiency:** Bedroom #2, 4 and 6--Plastic light covers cracked

   Reason: It is unknown how the light covers received small cracks in them. They were not repaired at the time of the monitoring visit because, while they had been identified as cracked, the light covers have to be special ordered and there is a delay in their arrival.

   Correction Plan: The light covers will be replaced when new covers arrive. This is estimated to be done this week. Regular daily inspections will be conducted by cottage staff to identify any broken light covers. In addition, supplies will be kept on hand to replace light covers when damaged.

4. **Deficiency:** Second Floor Community Bathroom – Both hand dryers were not operable

   Reason: The breaker had been "tripped" and needed to be switched back on.

   Correction Plan: The breaker was switched back on and the hand dryers are functioning properly now. Staff will inspect and make sure when hand dryers are not functioning properly to check the electrical breaker to make sure it is switched on. If this does not resolve the issue the cottage staff will turn in a work order to maintenance

Laws Cottage

1. **Deficiency:** First floor community bathroom—a) left hand dryer is not operable, b) partition wall for the urinal is loose, c) first shower stall is missing a shower head, and d) damaged tiles on the lower right corner back wall inside of toilet #2.

   Reason: a) breaker was tripped on the hand dryer, b) screw came out on the partition wall and was not identified and reported by staff, c) showerhead had been removed and not replaced and 4) tiles on the lower wall were most likely broken by somebody mopping, and was not identified by staff.

   Correction Plan: All of the items in the first floor bathroom have been corrected: a) breaker has been switched back on, b) screw/bolt has been replaced and fastened on the urinal partition wall, c) new showerhead has been placed where one was missing and d) tiles on the lower wall were repaired. Cottage staff and maintenance will inspect and identify on a more regular basis general maintenance issues in restrooms and make the necessary repairs in a timely manner.

2. **Deficiency**: Second Floor Hallway and room #9—Two plastic light covers cracked

   Reason: It is unknown how the light covers received small cracks in them. They were not repaired at the time of the monitoring visit because, while they had been identified as cracked, the light covers have to be special ordered and there is a delay in their arrival.

   Correction Plan: As mentioned for corrections in other units, the light covers will be replaced when new covers arrive. This is estimated to be done this week. Regular daily inspections will be conducted by cottage staff to identify any broken light covers. In addition, supplies will be kept on hand to replace light covers when damaged.

3. **Deficiency:** Bedroom #7 – Smoke Detector cover is broken

   Reason: The smoke detector has a very small piece broken off. It is undetermined what caused the piece to be broken off. The staff had not identified this as an issue and it was not repaired in a timely manner. The smoke detector was fully operational.

   Correction Plan: A small piece of the plastic smoke detector had been broken off. The smoke detector was still fully operational. The smoke detector system is wired to a central system in the cottage office and provides an alert if the system is not functioning properly. There was no alert; however, the detector will be replaced and staff will be instructed to look at the detector more closely.

Graves Cottage

1. **Deficiency:** Community Bathroom #23 – Toilet is shifting and not secured.

   Reason: It is undetermined what may have caused the toilet to be loose. It may have been the girth of a particular student or the momentum of a student when they sat to use the toilet.

   Correction Plan: The toilet has been secured. Staff will push on toilets regularly to see if they move. If they do, staff will place a work order to have it more securely fastened to the floor.

Combs House

1. **Deficiency:** Front Double Room – Plastic Light Cover Cracked

   Reason: It is unknown how the light covers received small cracks in them. They were not repaired at the time of the monitoring visit because, while they had been identified as cracked, the light covers have to be special ordered and there is a delay in their arrival.

   Correction Plan: The light cover was broken and not replaced in a timely manner. Regular daily inspections will be conducted by cottage staff to identify any broken light covers. In addition, supplies will be kept on hand to replace light covers when damaged.

Orange County Residence

1. **Deficiency**: Main Bathroom – 3rd shower missing shower head and 4th sink missing knob for hot water.

   Reason: The shower head and knob had fallen off and not been replaced.

   Correction Plan: The shower head and knob have been replaced. In addition, weekly staff inspections will identify such issues and be reported to maintenance for timely repair.

2. **Deficiency:** Bedroom #2 – Missing latch for window blinds

   Reason: The latch most likely became detached from the blind and the staff had not identified the issue or repaired it.

   Correction Plan: The window blinds latch used to open and close the blinds has been replaced. In addition, weekly staff inspections will identify such issues and be reported to maintenance for timely repair.

Pomona Residence

1. **Deficiency:** Bedrooms #3 and #4 (including bathroom) need to be painted.

   Reason: Students had recently sandpapered some marking on the wall and left scratches on them.

   Correction Plan: Specific areas on the walls had been scratched and needed repainting. This will be completed by maintenance.

Silverlake Residence

1. **Deficiency:** Bedrooms #1—Closet has markings on the door

   Reason: Students had marked on the closet door and it had not been identified by staff inspection.

   Correction Plan: The markings on the door have been removed. Staff will inspect areas more carefully and identify markings that need to be removed.

2. **Deficiency**: Bedroom #2 -- Third closet has graffiti on the closet door

   Reason: A student had written graffiti on the closet door and staff had not identified it in their inspections.

   Correction Plan: The graffiti was removed. Staff will inspect the residence daily for graffiti and, when detected, will have it removed immediately.

III. Maintenance of Required Documentation and Service Delivery:

Girls Republic

Deficiency: On a specific youth's Initial and Updated NSPs, under the Concurrent case plan goal section, nothing was checked off. Additionally, there is inconsistent information related to the involvement of the grandfather in the treatment plan and no narrative as to why the grandfather is not the Concurrent Plan.

Reason: Residence staff had not been trained sufficiently by our Quality Assurance person of the need to have Family Reunification as the plan for the first 12 months of placement. The primary plan, as determined by the MDT was to have the student live independently through AB 12 services. The relationship with the mom was not initially an option, but this was not documented as to the circumstances as to why not, and this was a failure on the QA process to recognize and correct this omission. After some family work, transitioning to mom was a backup plan, as agreed by the MDT, but still not a great option. This was also not well-documented in the narrative.

In addition, the staff initially thought the grandfather was thought to be the primary plan for reunification; however, the county social worker directed that she was not to live with him. The staff failed to include this in the narrative, in addition to not including the reasons why the social worker had determined this. The check boxes were also overlooked by the staff writing the report. In all of these cases there was a breakdown in training and in the Quality assurance process.

Correction Plan: All newer staff (those who have been employed within the last 24 months), are to be trained by Quality Assurance staff on September 30, 2015 on report writing. Greater attention to detail and training will be given through the writing and review process for the NSP's. The following QA process will be implemented to ensure the correct boxes are checked with the detailed narrative: After completion of writing the NSP the staff will submit the NSP for a thorough review by with the Unit Supervisor, or the appropriate designee within the unit. After this review, the NSP will be sent to Quality Assurance Staff for another thorough review.

Rose Loback

From: Elena M. De Lira
Sent: Monday, October 19, 2015 8:14 AM
To: Rose Loback
Subject: FW: Group Home Contract Compliance Review Packet-Boys/Girls Republic 2014-15
Attachments: Boys Girls Republic Contract Compliance Review LETTER 2014-15 (FINAL).doc; Boys Girls Republic Contract Compliance Review SUMMARY 2014-15 (FINAL).doc; Boys-Girls Republic Contract Compliance Review REPORT 2014-15 (FINAL).doc; Boys Girls Republic CAP 2014-15 (FINAL).pdf

1S, color, not stapled.

Thank you.

Elena De Lira, Secretary

From: Lisa Campbell-Motton
Sent: Saturday, October 17, 2015 6:16 AM
To: Elena M. De Lira <Mariaelena.Delira@probation.lacounty.gov>
Cc: Pamela Pease <Pamela.Pease@probation.lacounty.gov>
Subject: Group Home Contract Compliance Review Packet-Boys/Girls Republic 2014-15

Good Morning, Ms. Elena,
Please find attached the 4-part BOYS/GIRLS REPUBLIC Contract Compliance Review packet for Mr. Bingham's review and approval and CPO signature. Please let me know if there are any changes that need to be made. Once you submit the approved packet back to me, I will send out to all necessary parties and have posted on the website. Thank you so much and hope you have a wonderful day!
Lisa