



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY  
DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**TERRI L. McDONALD**  
Chief Probation Officer

May 5, 2017

**TO:** Supervisor Mark Ridley-Thomas, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

**FROM:** Terri L. McDonald  
Chief Probation Officer

**SUBJECT: RANCHO SAN ANTONIO BOYS' HOME CONTRACT COMPLIANCE  
MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Rancho San Antonio Boys' Home, operated by Rancho San Antonio Boys' Inc., in January 2017. Rancho San Antonio Boys' Home has one (1) site, located in the Fifth Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children. According to the Rancho San Antonio Boys' Home program statement, its purpose is to provide a structured treatment environment, strength based assessments, cognitive behavioral techniques, social learning, modeling, a level system that reinforces social skills training and Aggression Replacement Training (ART) to promote change.

Rancho San Antonio Boys' Home is a 106-bed capacity home which is licensed to serve boys, 13-17.5 years old. At the time of review, Rancho San Antonio Boys' Home was serving 92 Los Angeles County Probation children. For the sample size, the placed children's overall average length of placement was six (6) months, and their average age was 17 years old.

Seven (7) children were randomly selected for the interview sample. There were three (3) children in the sample who were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorization (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to access compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulation and County Contract Requirements.

### SUMMARY

During the PPQA/GHM review, the interviewed children reported feeling safe at Rancho San Antonio Boys' Home, and that they were provided with good care, appropriate and effective services of quality, were comfortable in their environment and treated with respect and dignity. Rancho San Antonio Boys' Home was in compliance with eight (8) of the 10 areas of our Contract Compliance Review: "Licensure/Contract Requirements", "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", and "Personnel Records".

PPQA/GHM noted deficiencies in two (2) of the 10 areas; with four (4) deficient elements out of 76 specific elements within each area. Although, there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period were in one (1) of the 10 areas. In the area of "Facility and Environment", Rancho San Antonio Boys' Home needs to ensure that the common quarters and children's bedrooms are well maintained and in good repair. In the area of "Maintenance of Required Documentation and Service Delivery", Rancho San Antonio Boys' Home needs to ensure that Initial and Updated Needs and Services Plans (NSPs) are accurate and timely.

### REVIEW OF REPORT

On February 16, 2017, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Rancho San Antonio Boys' Home Administrators Randy McTague, Sharon Covington, Aubree Sweeney, Judy Brevaire, Troy McNair and Brian Yabu. Rancho San Antonio Boys' Home Administrators agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Rancho San Antonio Boys' Home provided the attached approved CAP addressing the recommendations noted in this compliance report and explained how they will ensure that the repeated deficiencies of the same nature will be avoided. 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; however, an additional check will be required to ensure that permanent changes were made. 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.

Each Supervisor  
May 5, 2017  
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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.

TLM:FC  
LCM:tj

**Attachments**

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Terri L. McDonald, Chief, Department of Probation  
Brandon T. Nichols, Interim Director, Department of Children and Family Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Community Care Licensing  
Latasha Howard, Probation Contracts  
Sharon Covington, Rancho San Antonio Boys' Clinical Director

**RANCHO SAN ANTONIO BOYS' HOME  
CONTRACT COMPLIANCE REVIEW SUMMARY**

**Rate Classification Level 12  
License Number: 191202023**

	<b>Contract Compliance Review</b>	<b>Findings: January 2017</b>
<b>I</b>	<p><b><u>Licensure/Contract Requirements (8 Elements)</u></b></p> <ol style="list-style-type: none"> <li>1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) citations on child abuse/safety and/or physical deficiencies since the last review.</li> <li>2. Vehicles used to transport children are maintained in good repair.</li> <li>3. Disaster drills are conducted at least every six months and documented.</li> <li>4. The runaway policy is documented and properly maintained.</li> <li>5. Detailed sign-in/out logs are maintained.</li> <li>6. Weekly allowance logs are accurately maintained.</li> <li>7. Monthly clothing allowance logs are accurately maintained.</li> <li>8. Special Incident Reports (SIRs) documented in the Needs and Services Plans (NSPs) and case files and are properly reported via the ITrack system.</li> </ol>	Full Compliance (ALL)
<b>II</b>	<p><b><u>Facility and Environment (5 Elements)</u></b></p> <ol style="list-style-type: none"> <li>1. The exterior and the grounds of the Group Home are well maintained.</li> <li>2. Common quarters are well maintained.</li> <li>3. Children's bedrooms are well maintained.</li> <li>4. The Group Home maintains appropriate recreational equipment and educational resources (e.g. computer) in good repair and makes them readily available to children.</li> <li>5. The Group Home maintains adequate nutritious perishable and non-perishable food.</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>

III	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. The Initial NSP was completed accurately and on time.</li> <li>2. The Updated NSPs were completed accurately and on time.</li> <li>3. The Group Home provided children with counseling and other services (based on current NSPs).</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> </ol>
IV	<p><b><u>Education and Workforce Readiness</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children are enrolled in school within three school days.</li> <li>2. The Group Home ensured the children attend school as required.</li> <li>3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of Individualized Education Programs (IEPs) are maintained in their files.</li> </ol>	Full Compliance (ALL)
V	<p><b><u>Health and Medical Needs</u></b> (4 Elements)</p> <ol style="list-style-type: none"> <li>1. Initial medical exams are conducted timely.</li> <li>2. Initial dental exams are conducted timely.</li> <li>3. Required follow-up medical examinations are conducted timely.</li> <li>4. Required follow-up dental examinations are conducted timely.</li> </ol>	Full Compliance (ALL)
VI	<p><b><u>Psychotropic Medication</u></b> (2 Elements)</p> <ol style="list-style-type: none"> <li>1. Current Court-Approved Authorizations are on file. (Including accurate dosage)</li> <li>2. Psychiatric Evaluation/Review (561c) is current.</li> </ol>	Full Compliance (ALL)
VII	<p><b><u>Personal Rights and Social/Emotional Well-Being</u></b> (18 Elements)</p> <ol style="list-style-type: none"> <li>1. Children are informed of the Group Home's rules and consequences.</li> <li>2. Children report the consequences for not following the rules are fair.</li> <li>3. Children are informed of the Foster Youth Bill of</li> </ol>	Full Compliance (ALL)

	<p><b>Rights.</b></p> <ol style="list-style-type: none"> <li>4. Children participate in the development of their NSPs.</li> <li>5. Children are supervised by staff.</li> <li>6. Children are treated with respect.</li> <li>7. Children feel safe in the Group Home.</li> <li>8. Children have an adult they can talk with privately.</li> <li>9. Children are allowed to have private telephone calls and to send and receive unopened mail.</li> <li>10. Children have privacy during the visits with family or close friends.</li> <li>11. Children are offered the opportunity to participate in a mentorship program.</li> <li>12. Children are allowed to attend or not attend religious services of their choice.</li> <li>13. Children are given the opportunity to participate in planning recreational activities with the staff.</li> <li>14. Children are given the opportunity to participate in recreational activities at the Group Home.</li> <li>15. Children are given the opportunity to participate in extracurricular or community activities.</li> <li>16. Children's chores are reasonable.</li> <li>17. Children are informed about their rights to medical and dental treatment (right to refuse).</li> <li>18. Children are informed about their right to refuse psychotropic medication.</li> </ol>	
<p><b>VIII</b></p>	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b> (16 Elements)</p> <ol style="list-style-type: none"> <li>1. Children are provided with medical care when needed.</li> <li>2. Children are provided with dental care when needed.</li> <li>3. Children are provided with transportation.</li> <li>4. Children are encouraged and supported by staff in keeping a Life Book.</li> <li>5. Children are assisted by adults in completing schoolwork when help is needed.</li> <li>6. Children are provided with youth development or daily living skills services.</li> <li>7. Children are provided with their own personal hygiene items.</li> <li>8. Children get enough food to eat.</li> </ol>	<p>Full Compliance (ALL)</p>

	<ol style="list-style-type: none"> <li>9. Children with special diet needs are provided with accommodations by the staff.</li> <li>10. Children receive at least the basic weekly allowance.</li> <li>11. Children are free to spend their allowance, as long as they are appropriate purchases.</li> <li>12. Children receive at least the basic clothing allowance.</li> <li>13. Children are able to choose the clothes they buy, as long as they are appropriate.</li> <li>14. Children have enough clothes to wear.</li> <li>15. Children are supervised while in the pool area.</li> <li>16. Children report the home is free of unsecured dangerous items.</li> </ol>	
<b>IX</b>	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. The Group Home placed the child in accordance with their Program Statement and population criteria.</li> <li>2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care.</li> <li>3. The Group Home attempted to stabilize the child's placement prior to requesting a removal.</li> </ol>	Full Compliance (ALL)
<b>X</b>	<p><b><u>Personnel Records</u></b> (14 Elements)</p> <ol style="list-style-type: none"> <li>1. Staff signed a criminal record statement (LIC 508) prior to or on hire date.</li> <li>2. Staff received criminal clearance from CCLD prior to hire date.</li> <li>3. Staff received medical clearance within one year prior to hire date or within seven days after hire date.</li> <li>4. Staff received tuberculosis (TB) clearance within one year prior to hire date or within seven days after hire date.</li> <li>5. Staff met educational and/or experience requirements in accordance with the agency's Program Statement and Title 22 Regulations.</li> <li>6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgment.</li> <li>7. Staff had current California driver's license on</li> </ol>	Full Compliance (ALL)

	<p>file.</p> <ol style="list-style-type: none"><li>8. Staff had current Cardiopulmonary Resuscitation (CPR) certification on file.</li><li>9. Staff had current First Aid certification on file.</li><li>10. Staff received initial emergency intervention training [e.g. Professional Assault Crisis Training (Pro--ACT)].</li><li>11. Staff received initial 24 hour training (eight hours prior to supervision and 16 hours within 90 days of hire).</li><li>12. Staff has current emergency intervention training on file (e.g. Pro-ACT).</li><li>13. Staff received 20 hours of on-going training.</li><li>14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.</li></ol>	
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**RANCHO SAN ANTONIO BOYS' HOME  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2016-2017**

**SCOPE OF REVIEW**

The purpose of this review was to assess Rancho San Antonio Boys' Home compliance with the County contract and State regulations and include a review of the Rancho San Antonio Boys' Home program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, seven (7) placed children were 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, three (3) 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, three (3) discharged children's files were reviewed to assess Rancho San Antonio Boys' Home 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.

**Facility and Environment**

An inspection of the interiors and exteriors of Rancho San Antonio Boys' Home revealed some cosmetic deficiencies that required correction. Rancho San

Antonio Boys' Home needed to ensure that the common quarters of the home were well maintained and in good repair. However, the baseboards in the bathroom of Santa Cruz Cottage were coming undone and separating from the wall. In Pedro Gabriel dorm, a child's personal towel rack was on top of the locker instead of on the wall. The bathroom wall in Filippo Fernando dorm had a hole and the television and computer cables were unorganized on the ground of the living room/den floor. In the Main Dorm, the living room wall "strip" had chipped paint, as well as graffiti on the wall and on the electrical box.

Rancho San Antonio Boys' Home needed to ensure that the children's bedrooms of the home were well maintained and in good repair. In the Main Dorm, the second to the last bedroom had a bent metal bed frame, and in the third to the last bedroom, there was a missing outlet cover. There was a hole on the bottom of the bedroom wall in Santa Cruz Cottage. In Frisco Rafael dorm, there was graffiti on a child's pillow, which was replaced immediately, and in Pedro Gabriel dorm, there were protruding screws, which were removed immediately as well.

#### **Recommendation**

Rancho San Antonio Boys' Home management shall ensure that:

1. The common quarters of the home are well maintained and in good repair.
2. The children's bedrooms of the home are well maintained and in good repair.

#### **Maintenance of Required Documentation and Service Delivery**

Seven (7) children's files were reviewed, and of those, six (6) children were placed long enough to have Initial NSPs in their file and only four (4) children were placed long enough to have Updated NSPs in their file. Therefore, six (6) children had Initial NSPs reviewed, and four (4) children had Updated NSPs reviewed.

Of the six (6) children's Initial NSPs reviewed, four (4) were not comprehensive in that Concurrent Case-Plan goals were not accurately noted and did not align with the Case-Plan goal. It was discovered that three (3) of the four (4) Initial NSPs only noted Family Finding Efforts if the Case Plan goal failed. The other Initial NSP noted in the Concurrent Case-Plan goal, Legal Guardianship; however, the comment noted if Family Reunification was not an option then Family Finding Efforts would be initiated, which is not accurate. In addition, one (1) of six (6) Initial NSPs was untimely in that it was completed two (2) days after the Initial NSP due date. Lastly, two (2) of six (6) Initial NSPs had all necessary

signatures; however, dates were missing making it difficult to determine if the signatures were received in a timely manner. It should be noted that on February 15, 2017, the PPQA/GHM met with Rancho San Antonio Boys' Home Social Workers to discuss the abovementioned deficiencies, as well as provide an overall review of NSPs.

Of the four (4) children's Updated NSPs reviewed, three (3) children's Updated NSPs noted Family Finding Efforts if the Case Plan goal failed which, again, is not accurate. In addition, two (2) of four (4) children's Updated NSPs included the Deputy Probation Officer's signatures; however, there were no dates documented to show that the signatures were received in a timely manner. Again, it should be noted that on February 15, 2017, the PPQA/GHM met with Rancho San Antonio Boys' Home Social Workers to discuss the abovementioned deficiencies, as well as provide an overall review of NSPs.

### **Recommendation**

Rancho San Antonio Boys' Home management shall ensure that:

1. Initial NSPs are comprehensive in that they are completed accurately.
2. Updated NSPs are comprehensive in that they are completed accurately.

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

PPQA/GHM's last compliance report dated March 13, 2016, identified four (4) recommendations.

### **Results**

Based on the follow-up, Rancho San Antonio Boys' Home fully implemented two (2) of the four (4) previous recommendations for which they were to ensure that:

1. All staff receives timely health screenings and that the documentation is maintained in their files.
2. All staff receives timely required trainings and that the trainings are documented and maintained appropriately.

However, the follow-up discovered that Rancho San Antonio Boys' Home failed to fully implement two (2) of the previous four (4) recommendations for which they were to ensure that:

1. Each child has a comprehensive Initial NSP.
2. Each child has a comprehensive Updated NSP.

**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-  
CONTROLLER**

A current fiscal review of Rancho San Antonio Boys' Home was not scheduled for the 2016-2017, Fiscal Year.



# RANCHO SAN ANTONIO BOYS HOME, Inc.

21000 Plummer Street  
Chatsworth  
California  
91311  
Telephone 818-882-6400  
Fax 818-882-6404

Since 1933

## Rancho San Antonio Corrective Action Plan: Probation Audit February 16, 2017

21000 Plummer Street  
Chatsworth, CA 91311  
818-882.6400 ext. 184

Re: Corrective Action Plan

Date: March 6, 2015

Thank you for your time and feedback to help us with continuous quality improvement.

### I. Licensure Contract Requirements Full Compliance

### II. Facility and Environment:

Area of non-compliance: Baseboards coming undone in bathroom of Santa Cruz Cottage.

*The cause of the non-compliance:* Wear and tear of a highly used area.

*Plan to correct the non-compliance:* A work order was filled out on 1/17/17 to re-glue baseboard to outside of shower pan.

*CAP implementation:* Maintenance staff re-glued baseboard to outside of shower pan on 2/9/17 (see attached work order).

Second Area of non-compliance: Hole on bottom of bedroom wall next to bathroom of Santa Cruz Cottage.

*The cause of the non-compliance:* Rambunctious youth using area and overlooked maintenance need.

*Plan to correct the non-compliance:* A work order was filled out to repair, patch and paint wall next to bathroom. Work order written 1/17/17 (see attached work order).

Area of non-compliance: Missing towel bar on locker in Pedro Gabriel.

The cause of the non-compliance: Youth frequently use and repair is necessary.

Plan to correct the non-compliance: Work order filled out and towel bar to be replaced.

CAP implementation: Work order filled out and towel bar was replaced 1/30/17.

Area of non-compliance: PG had a protruding screw at last bed

The cause of the non-compliance: Need for repair undetected until walk through. Staff oversight resulted in the finding.

Plan to correct the non-compliance: A work order was submitted on 1/17/17

CAP implementation: Work was completed and screw was removed on 1/17/17 (see work order attached).

Area of non-compliance: FF dorm TV and computer cables need organizing.

The cause of the non-compliance: Need for repair undetected until walk through. Staff oversight resulted in the finding.

Plan to correct the non-compliance: A work order was submitted on 1/17/17

CAP implementation: Cables were organized and work was completed on 2/22/17 (see work order attached).

Area of non-compliance: FF dorm wall behind bathroom door needs patched and painted.

The cause of the non-compliance: Need for repair undetected until walk through. Staff oversight resulted in the finding.

Plan to correct the non-compliance: A work order was submitted on 1/17/17

CAP implementation: Patched, primed, and painted wall behind bathroom door and work order was completed on 2/22/17 (see work order attached).

Area of non-compliance: FF dorm had graffiti on wall and electric junction.

The cause of the non-compliance: Need for repair undetected until walk through. Staff oversight resulted in the finding.

Plan to correct the non-compliance: A work order was submitted on 1/17/17

*CAP implementation:* Graffiti cleanup was completed on 2/14/17 (see work order attached).

*Area of non-compliance:* Broken outlet and bed frame in Group Home bedroom requires fixing.

*The cause of the non-compliance:* Need for repair undetected. Staff oversight resulted in the finding.

*Plan to correct the non-compliance:* Outlet cover and metal frame were replaced and a work order was filled out on 1/17/17

*CAP implementation:* Repair completed same day work order was submitted (see attached work order).

*Area of non-compliance:* Chair rail in living room of Group Home requires repair.

*The cause of the non-compliance:* Need for repair undetected. Staff oversight resulted in the finding.

*Plan to correct the non-compliance:* A work order was filled out on 1/17/17.

*CAP implementation:* Repair completed on 1/31/17 (see attached work order).

*Area of non-compliance:* Graffiti on pillow in F/R unit

*The cause of the non-compliance:* Staff oversight resulted in the finding.

*Plan to correct the non-compliance:* *CAP implementation:* The pillow was immediately replaced with a new pillow on 1/17/17.

*Quality Assurance plan to maintain compliance:* Bi-weekly inspections are completed by the supervisory staff in each unit, with results turned into the Residential Director (RD). A Physical Plant team member follows up with a monthly dorm inspection, results of which are forwarded to the teams and maintenance is then responsible for correcting items of non-compliance. Upon completion of the work, the monthly report is submitted to the RD. Also, staff members have a daily responsibility to check their unit and fill out work orders as necessary.

### **III. Maintenance of Required Documentation and Service Delivery**

*Area of non-compliance:* Initial Needs and Service Plans (NSP) require more comprehensive and timely information. Case Plan Goals and Concurrent Case Plan goals on several reports need to reflect specific updates, not just family finding efforts.

DPO, child and staff signatures were on reports, but some reports had no date noted after signature lines which caused deficiency.

*The cause of the non-compliance:* Staff oversight and lack of full understanding of expectations related to concurrent case planning. Human error related to oversight on dates.

*Plan to correct the non-compliance:* Clinical Director and auditor met with social workers on 2/15/17 related to the deficiencies outlined in the exit summary. Auditor supported need for dates on all reports and specified expectations related to concurrent planning.

*CAP implementation:* Clinical Director reviewed concurrent case planning expectations for NSP's in Full Social Work meeting on 2/16/17.

*Area of non-compliance:* Quarterly Reports (QR) require more comprehensive and timely information.

Case Plan Goals and Concurrent Case Plan goals on several reports need to reflect specific updates, not just family finding efforts.

DPO, child and staff signatures were on reports, but some reports had no date noted after signature lines which caused deficiency.

*The cause of the non-compliance:* Staff oversight and lack of full understanding of expectations related to concurrent case planning. Human error related to oversight on dates.

*Plan to correct the non-compliance:* Clinical Director and auditor met with social workers on 2/15/17 related to the deficiencies outlined in the exit summary. Auditor supported need for dates on all reports and specified expectations related to concurrent planning.

*CAP implementation:* Clinical Director reviewed concurrent case planning expectations for QR's in Full Social Work meeting on 2/16/17.

*Quality Assurance plan to maintain compliance:* The Assistant Executive Director for Clinical Services, Assistant Clinical Director, and Supervisory Clinical Staff review all reports for compliance and seek correction when indicated. Additionally, quarterly case reviews are completed to highlight areas of non-compliance. Social Worker Supervision focuses on trends observed and areas needing correction or improvement. E-mails are routinely sent to Social Work staff without client name highlighting examples of good report writing skills as well. A sample of well written goals is saved on network to be used for training purposes.



**IV. Education and Workforce Readiness**  
Full Compliance

**V. Health and Medical Needs**  
Full Compliance

**VI. Psychotropic Medication**  
Full Compliance

**VII. Personal Rights/Social Emotional Well Being**  
Full Compliance

**VIII. Personal Needs/Survival and Economic Well Being**  
Full Compliance

**IX. Discharged Children**  
Full Compliance

**X. Personnel Records**  
Full Compliance

**Person responsible for implementing corrections on Client Files: Clinical Director**

**Person responsible for staff files: HR Director**

**Person Responsible for monitoring to ensure corrective action plan: Executive Director**



**Randy McTague, Executive Director, Rancho San Antonio**