



TERRI L. McDONALD
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September 13, 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: YOU ARE THE DIFFERENCE FOUNDATION INC. (LOVING LIFE HOME)
GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Loving Life Home, operated by You Are the Difference Foundation Inc., in April 2017. Loving Life Home has one (1) site and is located in the Second Supervisorial District of Los Angeles County. They solely provide services to Los Angeles County Probation children. According to Loving Life Home's program statement its purpose is to provide residential care and treatment to children who are delinquent, severely emotionally disturbed, with severe behavioral problems that require extensive social work and mental health treatment, behavioral interventions and require intense supervision.

Loving Life Home is an eight (8) bed site and is licensed to serve a capacity of eight (8) boys, 13-18 years of age, as well as Non-Minor Dependents (NMDs). At the time of review, Loving Life Home served eight (8) Los Angeles County Probation children, and their average length of placement stay was two (2) months, and average age was 16 years old.

All eight (8) children were selected for the sample. There was one (1) child in the sample who was prescribed psychotropic medication, and that case was reviewed for timeliness of Psychotropic Medication Authorization (PMA) 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, all eight (8) children were interviewed. The children generally reported feeling safe at Loving Life Home. They indicated that they were provided with good care, appropriate and effective services of quality, were comfortable in their environment, and treated with respect and dignity. Loving Life Home was in compliance with six (6) of the 10 areas of the Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

PPQA/GHM noted deficiencies in four (4) of the 10 areas, with six (6) deficient elements out of 76 specific elements within the 10 areas. 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 two (2) of the 10 areas: Facility and Environment and Maintenance of Required Documentation and Service Delivery. In the area of Facility and Environment, Loving Life Home needed to make sure that all children's bedrooms are adequately maintained on a daily basis. There were also minor repairs needed to the facility's exterior and common areas. Deficiencies were again noted in the area of Maintenance of Required Documentation and Service Delivery, in that Loving Life Home needed to ensure that all Updated Needs and Service Plans (NSPs) are accurately completed.

In the area of Licensure/Contract Requirements, Loving Life Home needed to make sure that the Group Home is able to provide a detailed maintenance log for all vehicles used to transport children. Additionally, in the area of Personal Needs/Survival and Economic Well-Being, Loving Life Home needed to ensure that all children are provided with a life-book and are encouraged and supported by staff to maintain the life-book.

REVIEW OF REPORT

On May 1, 2017, Probation PPQA Monitor Kedra Bracken held an Exit Conference with Loving Life Home Administrator Leroy Wise. Administrator Wise agreed with the review findings and recommendations. He 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).

Loving Life 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.

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

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:LD
ME:LCM:tj

Attachments (3)

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
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
Billie Woods, Loving Life Home, Executive Director
Leroy Wise, Loving Life Home, Administrator

**YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE HOME) GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY**

**Rate Classification Level 10
License Number: 191600185**

	Contract Compliance Review	Findings: April 2017
I	<p><u>Licensure/Contract Requirements</u> (8 Elements)</p> <ol style="list-style-type: none"> 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. 2. Vehicles used to transport children are maintained in good repair. 3. Disaster drills are conducted at least every six months and documented. 4. The runaway policy is documented and properly maintained. 5. Detailed sign-in/out logs are maintained. 6. Weekly allowance logs are accurately maintained. 7. Monthly clothing allowance logs are accurately maintained. 8. Special Incident Reports (SIRs) documented in the Needs and Services Plans (NSPs) and case files and are properly reported via the ITrack system. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. The Exterior and the grounds of the Group Home are well maintained. 2. Common Quarters are well maintained. 3. Children's Bedrooms are well maintained. 4. The Group Home maintains appropriate recreational equipment and educational resources (e.g. computer) in good repair and makes them readily available to children. 5. The Group Home maintains adequate nutritious perishable and non-perishable food. 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance

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

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

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	<ol style="list-style-type: none"> 7. Children are provided with their own personal hygiene items. 8. Children get enough food to eat. 9. Children with special diet needs are provided with accommodations by the staff. 10. Children receive at least the basic weekly allowance. 11. Children are free to spend their allowance, as long as they are appropriate purchases. 12. Children receive at least the basic clothing allowance. 13. Children are able to choose the clothes they buy, as long as they are appropriate. 14. Children have enough clothes to wear. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items. 	<ol style="list-style-type: none"> 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance 16. Full Compliance
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home placed the child in accordance with their Program Statement and population criteria. 2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care. 3. The Group Home attempted to stabilize the child's placement prior to requesting a removal. 	Full Compliance (ALL)
X	<p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 1. Staff signed a criminal record statement (LIC 508) prior to or on hire date. 2. Staff received criminal clearance from Community Care Licensing Division (CCLD) prior to hire date. 3. Staff received medical clearance within one year prior to hire date or within seven days after hire date. 4. Staff received tuberculosis (TB) clearance within one year prior to hire date or within seven days after hire date. 	Full Compliance (ALL)

	<ol style="list-style-type: none">5. Staff met educational and/or experience requirements in accordance with the agency's Program Statement and Title 22 Regulations.6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgment.7. Staff had current California driver's license on file.8. Staff had current Cardiopulmonary Resuscitation (CPR) certification on file.9. Staff had current First Aid certification on file.10. Staff received initial emergency intervention training [e.g. Professional Assault Crisis Training (Pro--ACT)].11. Staff received initial 24-hour training (eight hours prior to supervision and 16 hours within 90 days of hire).12. Staff has current emergency intervention training on file (e.g. Pro-ACT).13. Staff received 20 hours of on-going training.14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.	
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**YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE HOME)
GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The purpose of this review was to assess Loving Life Home's compliance with the County contract and State regulations and include a review of the Loving Life Home'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, all eight (8) placed children were selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed all eight (8) children and reviewed their case files to assess the care and services they received. At the time of the review, one (1) child was prescribed psychotropic medication. The case file was 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 Loving Life Home's compliance with permanency efforts.

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

CONTRACTUAL COMPLIANCE

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

Licensure/ Contract Requirements

During the inspection of the two (2) facility vehicles at Loving Life Home, the Administrator was unable to provide a vehicle maintenance log for the facility vehicles. Although the vehicles appeared to be in good shape and had no visible

deficiencies, it could not be verified that Loving Life kept the vehicle properly serviced without the maintenance log.

Recommendation

Loving Life Home's management shall ensure that:

1. All vehicles used to transport children are maintained in good repair and the Group Home is able to provide a detailed vehicle maintenance log for all vehicles.

Facility and Environment

An inspection of the interior and exterior areas of Loving Life Home revealed some cosmetic deficiencies that require correction to the Exterior, the Common Quarters and the Children's Bedrooms.

The following deficiency was noted on the Exterior area of the facility: one (1) bedroom window screen was missing.

The following deficiencies were noted in the Common Quarters: the den area had a broken electrical outlet cover. The kitchen area was missing an overhead light cover.

The following deficiencies were noted in the Children's Bedrooms: one (1) bedroom had patched walls that needed to be painted; one (1) bedroom had a dirty windowsill; and one (1) bedroom had cracked paint on the windowsill.

Recommendation

Loving Life Home's management shall ensure that:

1. The aforementioned physical deficiency cited for the Exterior area is repaired in a timely manner. In addition, the exterior areas are to be maintained daily.
2. All of the aforementioned physical deficiencies cited in the Common Quarters are repaired in a timely manner. In addition, the Common Quarters are to be maintained daily.
3. All of the aforementioned physical deficiencies cited in the Children's Bedrooms are repaired in a timely manner. In addition, the Children's Bedrooms are to be maintained daily.

Maintenance of Required Documentation and Service Delivery

Only six (6) of the eight (8) placed children's NSP files were reviewed because two (2) children were not placed long enough to develop a Needs and Service Plan (NSP). Of those, only two (2) children were placed long enough to have Updated NSPs in their file; therefore, two (2) children had Updated NSPs reviewed, and six (6) children only had an Initial NSP reviewed.

All Initial NSPs reviewed were in full compliance; however, one of the two (2) Updated NSPs reviewed lacked full accuracy. This NSP was considered inaccurate due to the following: The second goal should have been removed from the Outcome Goal section and listed in the Achieved Outcome Goal Section; and the Outcome Goal section did not address the child's substance abuse use.

Recommendation

Loving Life Home's management shall ensure that:

1. The treatment team will develop accurate, Updated NSPs with the participation of the developmentally age-appropriate child.

Personal Needs/Survival And Economic Well-Being

During the interview process, one (1) child stated that the Group Home did not provide him with a life book or photo album.

Recommendation

Loving Life Home's management shall ensure that:

1. All children shall be encouraged or assisted in creating and maintaining life books or photo albums upon arrival in the Group Home.

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

PPQA/GHM's last compliance report dated December 1, 2016, identified eight (8) recommendations.

Results

Based on the follow-up, Loving Life Home fully implemented six (6) of the eight (8) previous recommendations for which they were to ensure that:

- All vehicles contain First-Aid kits.
- All children's clothing allowance logs document a monthly disbursement.
- The Group Home treatment team will make certain that all County Worker's signatures authorizing implementation of the NSP are documented on the NSP.
- The Group Home treatment team will develop comprehensive Initial NSPs, with the participation of the developmentally age-appropriate child.
- Children are allowed to attend religious services of their choice and that staff are available to transport them.
- All employees, that transport children, have a valid California Driver's License in their file.

However, the follow-up discovered that Loving Life Home failed to fully implement two (2) of the previous eight (8) recommendations for which they were to ensure that:

- The Children's Bedrooms are maintained on a daily basis.
- The treatment team will develop accurate Updated NSPs with the participation of the developmentally age-appropriate child.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of You Are The Difference (Loving Life Home) Group Home by the Auditor Controller was not completed for the 2016-2017, fiscal period.



Loving Life Home

700 S. Burris Ave Compton, CA 90221 (310) 608-0150 office (310) 608-6920 fax

May 31, 2017,

Dear DPO Frelix-Bracken,

This Corrective Action Plan is a response to the exit conference for Loving Life Home on May 1, 2017.

I. Licensure/Contract Requirements

- I. Group home failed to provide a maintenance log.
 - The Director had selected the automotive centers that were used over the past year. Due to the closing of the Los Angeles site in 2016, the Director decided to combine the maintenance logs for both vans into one book (since both vans would now be located at the Compton facility). The Director was in the process of combining the two logs books and brought them to the Diamond Bar office. After conferring with the Administrator, it was determined that two separate maintenance log books would be the best practice (one located at the Compton facility and a duplicate located at the Diamond Bar Administration office). The Director had every intention of returning the maintenance log to the Compton site in a timely manner; however, she failed to do so prior to the audit.
 - Going forward the original maintenance logs will be kept at the facility here in Compton, and a copy will be maintained at the Director's office. Reporting procedures for reporting vehicle maintenance needs and maintaining the maintenance logs was reviewed during staff training on May 20, 2017.
 - The facility Manager will conduct a monthly review of the maintenance logs to ensure that all maintenance work and services are current.

II. Facility and Environment

- I. Bedroom #2 - Missing a window screen.

- Staff had identified a hole in one of the window screens in bedroom #2, which was caused by one of the youth residing in that room, and this makes the third screen this year to be replaced in this particular bedroom. Once our maintenance man was contacted, he removed the screen to be repaired just prior to the monitoring review.
- The window screen was repaired and placed back in the window in bedroom #2 on April 20, 2017.
- The policy we have in place calls for our Child Care Staff to conduct a walkthrough of the facility during their shift change, and to document all cosmetic damages found in the shift change and communication logs. The Facility Manager will conduct a (weekly) facility inspection and review the shift change and communication logs to make certain that all damages have been reported. The Director will review the communication logs and the facility on a (bi-weekly) basis to make certain that the on-duty staff and Facility Manager has reported all damages, and to insure they are repaired in a timely manner. The policy was reviewed during staff training on May 20, 2017.
- The communication log will be forwarded to the director daily to ensure that all damages found around the facility are repaired in a timely manner.

II. Electric outlet cover in the den broken.

- One of the youth broke off half of the electric outlet cover in the den. Because the electric outlet cover was located behind the couch, staff missed it during their walk through.
- The electric outlet cover was too damaged to be repaired, so it had to be removed and replaced on April 20, 2017.
- During all shift changes and walk through, on-duty staff will look behind all furniture to visually check all electric outlets, and to look for any cosmetic damages that may be out of view due to the furniture.
- During the Facility Manager's weekly inspection of the facility, he will ensure that all electrical outlets are inspected, and a visual scan behind all furniture will be part of his walk through. The policy for reporting cosmetic and property damages was reviewed during staff training on May 20, 2017.

III. Bedroom #2- Windowsills need to be cleaned.

- The windowsills that needed to be cleaned are located high up on the wall and are visually obstructed by the window blinds. However, during on-duty staff's daily walk through and shift change, the window blinds should have been raised to check for cleanliness of the windowsills and for damages to the windows and screens.
- The window blinds had to be raised by staff in order for the youth in bedroom #2 to properly clean the windowsills.

- During on-duty staff's daily walk through and shift changes, every windowsill in the facility will be inspected for cleanliness and cosmetic damages. The policy for reporting cosmetic and property damages was reviewed during staff training on May 20, 2017.
- During the Facility Manager's weekly inspection of the facility, he will visually inspect all windowsills in the facility for cleanliness as well as cosmetic damages.

IV. Bedroom #3- Walls need to be patched and painted.

- We have an ongoing issue with youth either tagging or knocking holes in the walls. The cosmetic damages found by the group home monitor had already been identified and documented by on-duty staff.
- Once our maintenance man was available all holes were patched and the walls were painted.
- From the time cosmetic damages are identified the turnaround time for repairs has to be quicker than our present timetable. The policy for reporting cosmetic and property damages was reviewed during staff training on May 20, 2017.
- The communication log will be forwarded to the director daily to ensure that all damages found around the facility are repaired in a timely manner.

V. Bedroom #4- Windowsills have peeling paint.

- The youth in bedroom #4 whose bed sits next to the window, often reaches up and peels the paint in the windowsill while lying in bed.
- The windowsill was sanded and repainted on April 20, 2017; however, going forward,

once staff has identified and documented cosmetic damages, the turnaround time for repairs has to be done within 48 hours.

- The communication log will be forwarded to the director daily to ensure that all damages found around the facility are reported immediately. The policy for reporting cosmetic and property damages was reviewed during staff training on May 20, 2017.
- The director will ensure that all cosmetic damages are addressed and completed within 48 hours.

VI. Kitchen- Light Cover is missing.

- When a burnt out ceiling light was being changed, staff accidentally cracked the light cover.
- The maintenance man had to search for the correct type of plastic and have it cut to fit the ceiling light assembly.
- From the time cosmetic damages are identified the turnaround time for repairs has to be quicker than our present timetable. If the maintenance man is not available to replace simpler items such as the light cover, the Administrator will see out the item, purchase it and install it.
- Simple replacement repairs will be handled by the Administrator if the maintenance man is not available to make the repair within the suggested 48 hour window.

III. Maintenance of Required documentation and Service Delivery

I. Child #1- Goal #2 should be removed from the Outcome Goals Section and only listed in the Achieved Outcome Goals Section.

- There was an oversight by the Case Worker, Goal #2 was moved over to the Achieved Outcome Goals Section; however, it should have been removed from the Outcome Goals Section.
- The Case Worker must take a closer look at the therapist notes before preparing the NSPs; especially the Goals Sections. There has to be a better check and balances between the Case Worker and the Therapist.

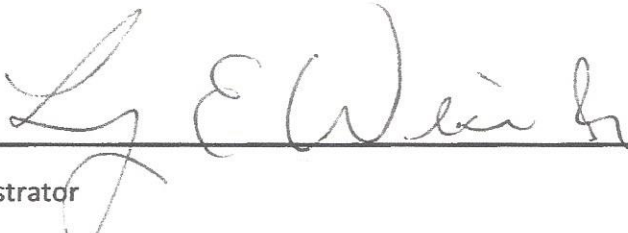
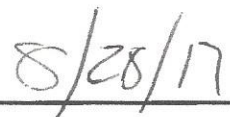
- Once the Caseworker has completed an NSP it will be forwarded to the Facility Manager, Administrator and Director to be reviewed.
 - After an NSP has been reviewed by the Facility Manager, Administrator and Director, the final review will be done by the Therapist who will ensure that all necessary alteration, additions and changes have been met. Once the entire Treatment Team is in agreement that the NSP is sufficient, the Therapist will give the ok for the NSP to be forwarded to the Probation Officer, and to go over it with the youth and his parent or guardian.
- II. Child #1- The Outcome Goals Section should have an additional goal.
- After reading the daily observation log for the first three weeks on Child #1, and seeing the difficulties staff was having with him, and receiving input from the Facility Manager and Administrator, the Therapist determined that two goals would be a sufficient start for Child #1.
 - Since Child #1 has done everything asked of him in his achievement of Goal #2, a new goal will be added in its place. However, since there is a glaring issue with Child # 1 achievement of Goal #1, the Therapist believes adding a third goal would be too many for Child #1 to handle at this time.
 - Once Child #1 shows some growth and progress in achieving Goal #1, then the treatment team will look at adding a third goal.

VIII. Personal Needs/Survival And Economic Well-Being

- I. One child - Reported that he does not have a Life-Book.
- This child did receive a Life-Book; however, at the time of the Monitoring Review the child had only been at the facility four days, so he had not started to work in his Life-Book at that time.
 - Staff sat down with the child on May 2, 2017 and gave him directions on the workings of a Life-Book, and then the child began entering his information in the Life-Book.
 - By the second day of a new placement's arrival, staff will ensure that the new resident is briefed on what a Life-Book is, and his basic information is entered into the Life-Book. A memo detailing the protocol for Life-Books was drafted by the Administrator and given to all child care staff during staff training on May 20, 2017.

- On the third day of a new placement's arrival, the Facility Manager will review the new resident's Life-Book to ensure that he has begun to enter his basic information.

This is to certify that the enclosed Corrective Action Plan has been approved by the Executive Director of Loving Life Home as well as distributed to all affected staff and Administration. On May 31, 2017 this Corrective Action Plan was submitted to DPO Kedra Frelax-Bracken of the Los Angeles County Probation Department Group Home Monitoring Unit.

	
_____ Administrator	_____ Date