



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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Chief Probation Officer

June 10, 2013

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TO: Each Supervisor

FROM: Jerry E. Powers *J. P.*
Chief Probation Officer

SUBJECT: **TRINITY YOUTH SERVICES, INC. CONTRACT COMPLIANCE
MONITORING REVIEW**

We have completed a review of the Trinity Southern California Residential Group Homes, operated by Trinity Youth Services, Inc. The Group Home contracts with the Los Angeles County Probation Department and other out of county Probation Departments.

Trinity Southern California Residential Group Homes consists of four (4) facilities: El Monte (43-bed boy's facility), Apple Valley (44-bed boy's facility), Yucaipa (48-bed boy's facility) and Norco (6-bed girl's facility) for a total population capacity of 141 beds. The facilities provide care for boys and girls ages 7-18 years old who exhibit behavioral, social, emotional, and psychological difficulties. At the time of the review, Trinity Youth Services' population was as follows: the Trinity-El Monte site had a total of 43 Los Angeles County Probation children. The Trinity-Apple Valley site had 29 Los Angeles County Probation children, six (6) Sacramento County Probation children, three (3) San Bernardino County Probation children, three (3) Orange County Probation children, and three (3) Riverside County Probation children for a total population of 44 children. The Trinity-Yucaipa site had 15 Los Angeles County Probation children, one (1) Imperial County Probation child, and one (1) Sacramento County Probation child for a total population of 17 children. The Trinity-Norco site had three (3) Los Angeles County Probation children, and two (2) Sacramento County Probation children for a total population of five (5) children. In total, the entire Trinity Youth Services agency was providing services for 90 Los Angeles County Probation children, seven (7) Sacramento County Probation children, five (5) Riverside County Probation children, three (3) San Bernardino County Probation children, three (3) Orange County Probation children, and one (1) Imperial County Probation child for a total of 109 placed children.

The following report is a compliance report that addresses our findings noted during the October 2012, monitoring review based on a "point in time" monitoring visit of all four (4) Group Home sites. The dates of review were conducted as follows: the El Monte site,

October 24, 2012, the Apple Valley site, October 17, 2012, and the Yucaipa and Norco sites, October 4, 2012. This review is based on 10 current children's case files, five (5) discharged children's case files, and five (5) current staff files spread evenly amongst all four (4) sites, and documentation from the provider, Trinity Youth Services. In addition, six (6) children from the four (4) sites were taking psychotropic medications, and their files were reviewed for timely Psychotropic Medication Authorizations (PMA) and required monitoring.

The Trinity-El Monte Site Group Home is located in the Los Angeles County, First District. The Apple Valley Site is located in the San Bernardino County, First District. The Yucaipa Site is located in the San Bernardino County, Third District. The Norco Site is located in the Riverside County, Second District.

SCOPE OF REVIEW

The purpose of our review is to determine whether the Agency is providing the services as outlined in their Program Statement. In addition, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights. To date, a current Auditor Controller Fiscal Review has not been conducted.

SUMMARY

Based on youth interviews and the contents of the Needs and Services Plans reviewed, the Agency is providing the services as outlined in their Program Statement. However, there were some deficiencies in the "Notable Findings" section that require corrective action. All compliance deficiencies can be found in detail under, "Licensure/Contract Requirements" related to transportation, "Facility and Environment", related to physical site deficiencies, "Maintenance of Required Documentation and Service Delivery", related to Needs and Service Plans, "Education and Workforce Readiness", related to timely school enrollment, "Discharge Plan", related to children discharged according to permanency plan and children meeting their NSP goals, and "Personnel Records", related to one-hour child abuse training for employees.

NOTABLE FINDINGS

The following are the notable findings of our review:

- One (1) of the transportation cars at the Trinity-Apple Valley site did not have current DMV registration, as described in the "Licensure/Contract Requirements" section of the Compliance Monitoring Review.
- There were several minor physical deficiencies cited in three (3) out of the four (4) facilities/Group Homes (El Monte, Apple Valley, Norco) that required repair or correction, as described in the "Facility and Environment" section of the Compliance Monitoring Review.

- There were several minor deficiencies with the Needs & Services Plans (NSP) of the child files that were reviewed that require correction, as described in the "Program Services" section of the Compliance Monitoring Review.
- There was one deficiency regarding school enrollment within three (3) days of placement, as described in the "Education and Workforce Readiness" section of the Compliance Monitoring Review.
- Several deficiencies were revealed regarding children not released according to their permanency plan and not meeting their NSP goals, as described in the "Discharge Plan" section of the Compliance Monitoring Review.
- One staff did not have the required minimum one-hour training in the area of child abuse identification and reporting, as described in the "Personnel Records" section of the Compliance Monitoring Review.

EXIT CONFERENCE

In attendance:

Jeff Bierlein, Trinity Yucaipa/Norco Program Coordinator
Bruce Blatchford, Trinity Yucaipa/Norco Designee
Ronnie Elenez, Trinity Apple Valley AOD Supervisor
Jim Adams, Trinity El Monte Campus Director

Highlights:

Due to the fact that three (3) out of the four (4) sites are large facilities, they each have a Campus Director responsible for correcting the deficiencies cited for their facility. As a result, three (3) separate Exit Conferences were conducted with the El Monte, Apple Valley, and Yucaipa/Norco sites on November 2, 2012. The Yucaipa Administrative staff is also responsible for oversight of the Norco site.

The representatives present at each of the Exit Conferences were in agreement with most of the findings of the review. An itemized review was conducted with each of the site representatives and all of the individual deficiencies were addressed. They understood that children's Needs and Service Plans (NSP's) are to be thorough and comprehensive and tailored to meet the needs of the individual child being serviced. The Group Home also agreed to have the cited physical deficiencies throughout the four (4) sites corrected in a timely manner. The representatives indicated that they will also ensure that all agency vehicles are properly registered with the Department of Motor Vehicles (DMV) and that current proof of registration is properly maintained.

However, the El Monte site Administrator did not agree with the particular finding under the element of "Treatment team developed comprehensive updated Needs and Service Plans with the child" as addressed in the area of "Maintenance of Required Documentation and Service

Delivery". The site Administrator did not agree with the finding that parental phone contact should be logged in children's NSP's. The El Monte Administrator indicated that Trinity Youth Services was previously cited by Community Care Licensing for being in violation of Title 22 Regulations, section 84072 (11), which states that children have the right to, "...make and receive confidential telephone calls..". As a result, the representative stated that children have the right to make telephone calls without being asked who the child is calling by the supervising staff members. However, the El Monte Administrator agreed to make efforts to document the frequency of a child's telephone calls to his parents/family whenever possible, in order to be in compliance without infringing on the child's personal rights. There were no other disagreements with any of the other findings. A Corrective Action plan is due by December 3, 2012, for each of the respective sites. The last day of review was completed on October 24, 2012, at the El Monte site.

If you need additional information or have questions or concerns, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:REB:LCM:ed

Attachments (5)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Philip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Jeff Bierlein, Program Coordinator, Trinity Yucaipa/Norco
Jim Adams, Campus Director, Trinity El Monte
Gilbert Quinbar, Campus Director, Trinity Apple Valley
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing
Georgia Mattera, Public Safety, Chief Executive Officer
Chief Deputies
Justice Deputies

**TRINITY YOUTH SERVICES, INC., PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW**

Trinity-El Monte Site
11057 Basye Street
El Monte, CA 91731
License Number: 191591941
Rate Classification Level: 12

Trinity-Norco Site
2104 Alhambra Street
Norco, CA 91760
License Number: 336400274
Rate Classification Level: 12

Trinity-Yucaipa Site
10776 Fremont Street
Yucaipa, CA 92399
License Number: 360900416
Rate Classification Level: 12

Trinity-Apple Valley Site
10755 Apple Valley Road
Apple Valley, CA 92308
License Number: 366401747
Rate Classification Level: 12

LICENSURE/CONTRACTUAL COMPLIANCE

Based on our review of documentation provided by Trinity Youth Services and a review of the Probation Department's records as well as 10 child interviews, Trinity was in compliance with eight (8) of the nine (9) elements in the area of "Licensure/Contract Requirements". The Group Home's one area of non-compliance was the element of "Transportation".

All four (4) Trinity sites ensured that whenever a child was relocated or removed from the Group Home, the Probation Department was notified accordingly and that all notification protocols were followed. If a Probation child was placed on a "7-day notice" of removal, the Group Home ensured that the Probation Officer of Record and Placement Administrative Services (PAS) were notified in a timely manner. The Group Home also ensured that in emergency removal situations, the Regional Based Services (RBS) Director was immediately notified to obtain approval for the removal.

In addition, all four (4) Group Home sites ensured that all of the children's transportation needs were met. Based on interviews conducted with children, it was apparent that the Group Home provided transportation for the children to such events as, community outings, home passes, medical and dental appointments, therapeutic meetings, and school sessions. A review of each of the facilities demonstrated that the Group Home had sufficient facility vehicles to provide transportation services. The El Monte and Apple Valley sites each had six (6) vans and two (2) cars, the Yucaipa site had seven (7) vans and two (2) cars, and the Norco site had two (2) vans and one (1) car. All four (4) sites' vehicles were in good working condition. However, the Trinity-Apple Valley site was missing proper documentation for one (1) of its vehicles. A review of the facilities' records showed that the car had expired DMV registration. As a result, Trinity was out of compliance with the element of "Transportation".

A review of the I-Track Special Incident Reporting system was also conducted as part of this review. Based on the I-track record study, all four (4) Trinity sites properly reported any such special incidents. The Group Home ensured that all incidents were reported in a timely manner and included the vital and necessary information that the Probation Department requires for assessing the incident that was reported, and that they were cross-reported to other appropriate agencies.

At the time of the review, Trinity Youth Services' licensing capacity and population was as follows: the Trinity-El Monte site (43-bed boy's facility) had a total of 43 Los Angeles County Probation children. The Trinity-Apple Valley site (44-bed boy's facility) had 29 Los Angeles County Probation children, six (6) Sacramento County Probation children, three (3) San Bernardino County Probation children, three (3) Orange County Probation children, and three (3) Riverside County Probation children for a total population of 44 children. The Trinity-Yucaipa site (48-bed boy's facility) had 15 Los Angeles County Probation children, one (1) Imperial County Probation child, and one (1) Sacramento County Probation child, for a total population of 17 children. The Trinity-Norco site (6-bed girl's facility) had three (3) Los Angeles County Probation children, and two (2) Sacramento County Probation children for a total population of five (5) children. In total, the entire Trinity Youth Services agency was providing services for 90 Los Angeles County Probation children, seven (7) Sacramento County Probation children, five (5) Riverside County Probation children, three (3) San Bernardino County Probation children, three (3) Orange County Probation children, and one (1) Imperial County Probation child for a total of 109 placed children. As a result, the Group Home was in compliance with all licensing capacity standards.

A review of each of the four (4) Group Home sites' logs indicated that the Group Home conducted disaster/fire drills on a monthly basis for each of the four (4) facilities. The most recent drills, at the time of this review, were conducted as follows: El Monte site, October 22, 2012, Apple Valley site, September 27, 2012, Yucaipa site, September 1, 2012, and the Norco site, September 28, 2012. A review of the Group Home's Program Statement indicated that all of the Group Home sites maintained a runaway procedure in accordance with the Los Angeles County Group Home Foster Care Services Master Contract and Title 22 Regulations. The Group Homes clearly defined what is considered a runaway, outlined the proper procedures and identified the notification contacts and protocols based on the referral agencies' policies, to ensure that a child is located as soon as possible.

A review of children's files indicated that all four (4) Group Home sites maintained accurate allowance logs documenting all allowances paid to each child, that they were paid accordingly and no less than the required minimum, as per the Los Angeles County Group Home Foster Care Services Master Contract and Title 22 Regulations. Child interviews also verified that the file logs were accurate and in accordance. A Community Care Licensing and Probation Group Home Monitoring Unit records check was conducted on October 30, 2012. As of this date, there were no citations issued within the last year for any significant safety or physical plant deficiencies. All four (4) Group Home sites maintained accurate log books of children's visits, community day passes, and home passes indicating their whereabouts, time of leave, and the responsible party visiting and/or taking the child on leave, as required by the Los Angeles County Group Home Foster Care Services Master Contract and Title 22 Regulations.

Recommendations:

1. Trinity Youth Services Group Homes, and specifically the Apple Valley site, shall ensure that all vehicles used for transportation of Group Home children have current vehicle registration in compliance with all California vehicle laws and the Los Angeles County Group Home Foster Care Services Master Contract and Title 22 Regulations.

FACILITY AND ENVIRONMENT

Based on our walk through inspection of all four (4) of the Trinity Group Home sites and interviews with 10 Probation placed children, Trinity Youth Services was in compliance with three (3) of the six (6) elements in the area of "Facility and Environment". The three elements where the Group Home was out of compliance were, "Exterior Well Maintained", "Common Quarters Maintained", and "Children's Bedrooms/Interior Maintained".

A walk-through inspection was conducted at each of the four (4) sites at the time of review for each individual site as follows: El Monte site, October 24, 2012, Apple Valley site, October 17, 2012, and the Yucaipa and Norco sites on October 4, 2012. All four (4) Trinity Youth Services Sites are located in residential communities.

The El Monte site consists of three (3) large buildings that sit on a two (2) acre lot. The El Monte site has one (1) Administrative building that was converted from a housing unit (formerly the "Rockies" dormitory) in March 2012. As a result, the Group Home changed its licensed capacity from 53 beds to 43 beds, which was approved by Community Care Licensing in March 2012, and proof was provided. The second building consists of two (2) housing units which are the "Expos" dorm (15-bed unit), and the "Cubs" dorm (18-bed unit), a kitchen and a dinning hall that separate the two (2) dorms, a recreation room, and an Administrator Officer of the Day (AOD) office. The rear building has been labeled the "Padres" dormitory which is a 10-bed unit that also houses a clothing supply room. At the time of the walk-through inspection, the El Monte site was in the process of renovating the "Expos" unit and modifying its supply shed into a new recreation/supply room and two (2) therapy offices.

The Apple Valley site consists of four (4) buildings that sit on a 40 acre lot. The front building is the Administrative building. The second building consists of "Unit 1" and "Unit 2", both of which are 11-bed units divided by a control center operated by facility staff. The third building consists of a similar layout that contains "Unit 3" and "Unit 4", which are also 11-bed units that are also divided by a staff control center. The fourth building contains a dinning hall, AOD/Medication office, a recreation supply room/canteen, a multipurpose/training room and two (2) therapy session offices.

The Yucaipa site consists of seven (7) buildings that sit on an 8.7 acre lot. The front building is a two (2) story building that houses Administrative offices on the second floor and a large dinning hall on the first floor. The next building over consists of the AOD office, a recreation room, and the "Gemini's" Dormitory, which was closed in January 2012, as a result of a low population and is currently not in use. Next to the unit is the Live Oak Community Day School independently owned and operated by Advanced Education Services. Next to the school are a large industrial laundry room and a weight room. The fourth building is an empty dormitory that was formerly labeled as the "Leo's Dorm" which was a 12-bed unit that was also closed in January 2012, as a result of a low population and is also currently vacant. The fifth building over is the "Raiders Dorm", which is a 12-bed unit that was closed on January 6, 2011, for remodeling and was in the process of being remodeled at the time of the previous monitoring review conducted on April 4, 2011. At the time of the current review, the "Raiders Dorm" was a functioning unit that had been re-opened on March 1, 2012 and is currently in use. The sixth building is the newly named "Aquarians Dorm", which is a 12-bed unit that was formerly labeled the "Brother's Dorm", which was also remodeled. The seventh building is the

newly named "Brother's Dorm" which is also a 12-bed unit that was formerly known as the "Aquarian's Dorm", which was also remodeled. Both of these units were also fully functional at the time of the current review and were modeled after the "Raiders Dorm" with the same identical renovations. The renovations consisted of new vanity mirrors, sinks, toilets, and tile flooring throughout all of the bedrooms and common areas of all three (3) dormitories, which replaced all of the old carpeting. The popcorn ceiling was also removed from all of the dorms, and the bedrooms were refurnished with donated beds and closet cases.

The Norco site is a 6-bed site for girls. The home is a single-story ranch style house, located in a residential area. The Norco site consists of three (3) bedrooms with two (2) beds in each room and three (3) bathrooms, including the one (1) staff bathroom. In addition to these rooms, the Norco site includes the staff office where files and records are kept, a therapy room to conduct therapy sessions, a living room with a fire place, a dining room where the children eat their meals and a kitchen with a well stocked refrigerator. There is a separate room for visits that includes a television and various books. The front yard has a grass lawn and cement driveway. The backyard is large and includes a cement area to play basketball, as well as a grass lawn enclosed by a chain link fence.

In general, the exteriors of all four (4) sites were well maintained. The field and surrounding areas are clean and adequately landscaped with trimmed bushes and mowed lawns, which are independently maintained and tended on a weekly basis by fulltime landscaping crews. Additionally, the three (3) large facilities, El Monte, Yucaipa and Apple Valley are set on large lots that allow a vast space for sporting activities and other cardiovascular activities. Both the El Monte and Yucaipa sites have an area in the yard set up specifically for weight lifting. The El Monte Site also has a sand filled volleyball court and a basketball court with three (3) backboards. The Yucaipa Site also has a sand filled volleyball court, as well as a swimming pool that is properly fenced in and had a lifeguard station with buoys, CPR kit, and a life saver, that is used from Memorial Day every year until the end of October. The Yucaipa Site also had a full-length track field and football field, a baseball diamond, and eight (8) full-length basketball courts. The Apple Valley Site also has a full-length basketball court and baseball diamond, as well as a tetherball court. The Apple Valley Site also has a court yard with eight (8) picnic tables used for visiting and special occasions. The Norco Site also has two (2) picnic tables and a working barbeque grill in the backyard area available for use on weekends, as well as a basketball court. The exterior walls of three (3) out of the four (4) sites were properly painted with a clean gutter systems and well maintained roofs.

However, the Trinity-Norco site had a few deficiencies to the exterior of the home. The home had a rusted/broken pipe near the rosebushes at the front of the home. The backyard roof overhang/eave sheet was damaged, and the side wooden fence had some damage/rot. As a result, the agency was out of compliance with the element of "Exterior Well Maintained".

The interior of each facility was, in general, well maintained. All four (4) of the facilities had clean and sanitary common areas, such as; the living room, dinning areas, and common restrooms. All living room areas were clean and had functional furniture and adequate lighting. The El Monte site recently had new couches placed in the "Padres" dorm, and the Apple Valley site had the carpets in each of its units cleaned on

October 1st and 2nd, 2012. As aforementioned, the Yucaipa site recently had all three (3) of its open dormitories completely remodeled at the beginning of the year; which included, complete restoration of the common areas with new tile and furniture, as well as, mold resistant showers and tile. The kitchen, dining areas, recreation areas, hallways, common restrooms, and staff/Administrative offices were well maintained and provided a home-like environment. The El Monte site "Padres" dorm restrooms were also newly remodeled, approximately one (1) year prior, and the "Cubs" showers were also in the process of being remodeled at the time of this review. At the time of this review, the El Monte site had plans to conduct further renovations by also remodeling the restrooms in the other two (2) dormitories by the end of October 2012, as well as, other scheduled renovations throughout the facility scheduled for the upcoming 2013 year.

The El Monte site also had the hallway of its "Expos" dorm decorated with cartoon characters; such as, Bart Simpson, Mickey Mouse, and Yoda, as well as, inspirational posters; such as, an Andrew Jackson quote saying, "Difficult things take a long time, impossible things a lot longer". The El Monte site also had seasonal decorations along the hallways such as fall leaves and scarecrows and corn. The Apple Valley site also had Halloween decorations in each of its units; such as, gravesites, spider webs, and pumpkins. The Yucaipa site also had a Gandhi quoted poster as well, which said, "The future depends on what we do in the present" and pictures of Jesse Jackson and Martin Luther King Jr. The Norco house also had decorations throughout the house and the restroom had butterfly accents on the walls, as well as, throw pillows on the living room couches, accent rugs and a "Live, Laugh, Love" art piece along the living room wall. Three (3) out of the four (4) sites had the Ombudsman hotline telephone number and personal rights clearly posted in visible areas; such as, the dining room and hallway. Fire extinguishers, smoke detectors, and sprinkler systems were current with fire department standards, and escape routes and emergency exits were clearly marked and identified in two (2) out of the four (4) sites (Yucaipa and Norco). The sites that were out of compliance with required postings and fire department standards are detailed below.

There were some deficiencies cited at the time of the walk-through at each of the sites that were out of compliance with the element of "Common Quarters Maintained". Following are the deficiencies cited for each facility under this element:

El Monte-

- Expos Dorm/Hallway - the Ombudsman contact telephone number was not posted.
- Expos Dorm/Bedroom #17 - closet had a sprinkler that appeared to be damaged and was incorrectly placed in the closet.
- Padres Dorm/Kitchen, refrigerator missing door handle, and sink hot water not working.
- In general, minor damages throughout the facility (scuff marks and wear and tear to doors, walls, and floors) as a result of general use.

Apple Valley-

- Unit #1- Bedroom #3 - smoke detector not working.
- Unit #2-Restroom A - sink faucet cap leaks.
- Unit #3- Bedroom #6 - smoke detector not working.

- Unit #3-Restroom A - Shower curtain had mold & shower head not working properly.
- Unit #4-Living Room - TV satellite receiver missing face cover.

Norco-

- Bathroom #2 - medicine cabinet had ants, holes in wall, overall bathroom was dirty.
- Hallway - wall near AC unit was damaged/needs re-painting.
- Dinning Room - damage to baseboard/needs re-painting & broken tile behind water cooler.
- Kitchen - baseboard under sink damaged.

Overall, children's bedrooms were clean, orderly and had age-appropriate personalized decorations throughout each of the four (4) sites. The mattresses were comfortable, the beds all had a full complement of linens, and the children's sleeping arrangements were appropriate. All children interviewed reported that they had sufficient storage space for all of their personal items. Every room of each facility was inspected and appeared to be in good working condition with some minor exceptions. Rooms were adequately personalized and decorated to each child's liking. Several of the male children in the boy's facilities had sports posters and magazine cut-outs posted on the cork boards and walls of their rooms. Several of the children's beds were covered with college comforters; such as, Texas A & M, UCLA, USC, and Oklahoma, as well as professional football team comforters; such as, the New York Giants, Philadelphia Eagles, and the New England Patriots. Other bedrooms had personal drawings on their walls, as well as personal posters of cars and other activities. Some of the bedrooms had skateboards, snowboards, personal guitars, "Lego" structures assembled by the children, and one of the bedrooms even had a soccer jersey on his wall, while another room also had a small personal fish tank. Some of the bedrooms had personal televisions and/or radios that were allowed based on a rewards system. Several of the bedrooms also had personal pictures of family and friends on their desks or taped on their wall. One of the bedrooms in the "Padres Dorm" even had a school award posted on his wall. A couple of other rooms also had art drawings they had done while other rooms had "Honor Roll" school certificates on their wall that they had earned. Window coverings and window screens were in good condition.

However, there were some deficiencies cited at the time of the walk-through at each of the sites that were out of compliance with the element of "Children's Bedrooms/Interior Maintained":

El Monte-

- Expos Unit- Bedroom #11 - Carpet tear near entrance door.
- Expos Unit- Bedroom #13 - Carpet tear near entrance door.
- Cubs Unit- Bedroom #6 - Bed drawer not working properly.
- Cubs Unit- Bedroom #9 - Entrance door handle loose and iron mark on carpet near entrance.
- Padres Unit- Bedroom #3 - curtain ripped.
- Padres Unit- Bedroom #4 - Armoire drawers not working properly.

Apple Valley-

- Unit #2- Bedroom #5 - Bottom desk drawer off tracks.
- Unit #3- Bedroom #2 - Top left desk drawer broken.

- Unit #4- Bedroom #5 - Bottom left desk drawer off tracks.

Norco-

- Bedroom #1 - Missing window screen, drawer sticks, chipped paint on wall & door.
- Bedroom #2 - Dirty window sill, drawer sticks, chipped paint on door.
- Bedroom #3 - Drawer sticks.

All four (4) Trinity sites maintained age-appropriate and accessible recreational equipment; such as, pool tables, tennis tables, basketballs, volleyballs, footballs, "Frisbees", soccer balls, and hand balls. The Yucaipa and El Monte sites also each had a weightlifting area with free weights, such as, dumb bells and jump ropes, as well as, bench presses accessible to the children with staff supervision. In addition, the Apple Valley Site also had a treadmill, punching bag and table tennis in all of its dormitories. However, each of the sites also had non-physical recreational equipment as well. Each dorm of the larger El Monte, Yucaipa and Apple Valley sites had various board games; such as, "Tic Tac Toe", "Connect Four", "Bingo", as well as, dominoes, puzzles, and model cars that can be assembled for recreational use by the children while in the dorms, as well as, arts and crafts materials; such as, construction paper, glue, stencils, and glitter. The Norco Site also had a recreation room with a television, board games and a video game console. Each dorm of the larger sites also had televisions with video game consoles and DVD players, and the El Monte Site also had an additional game room with a pool table and table tennis, as well as, two (2) "PlayStation 3" consoles and two (2) "X Box" consoles accessible to children during recreation periods. The Apple Valley site also had a free movie rental system in which children were able to check-out DVD movies for personal use at no cost.

The Group Homes also had sufficient educational resources for the children as well. Each of the Dorms of the larger sites had bookshelves with educational material; such as, encyclopedia sets, "National Geographic" magazines, and various fiction and non-fiction books and novels for free reading; such as, "The Hardy Boys", "Arctic Patrol Mystery", "Captain Courage", and "Red Badge of Courage". They each also had computers accessible to the children with internet connection that could be used by the children upon request. The three (3) large facilities also had a recreation office with an additional supply of sporting equipment, school supplies, and arts & crafts supplies.

All four (4) facilities maintained a sufficient supply of perishable and non-perishable foods, as well as a fresh supply of fruit stored in the home/dormitory, that adequately met the needs of the children. At each site, there was a bowl of oranges and apples on the kitchen counter. The El Monte, Yucaipa and Apple Valley sites had dinning halls and industrial style kitchens with a full time cooking crew and staff, which prepare all meals for the children. The El Monte site kitchen was recently remodeled with new stainless steel appliances and cookware. Each of these three (3) sites maintained large industrial size refrigerators and freezers with a full supply of food. All four (4) sites had fresh vegetables and fruits; such as apples, bananas, oranges, watermelons, cantaloupe, apricots, coleslaw, bell peppers, tomatoes, lettuce, cucumbers, carrots, potatoes, red rose potatoes, jalapeños, onions, green beans, corn, broccoli, cauliflower, and a variety of canned fruits. They also had fresh various proteins; such as, eggs, ground beef, roast beef, whole chickens, chicken quarters, turkey legs, chorizo, as well as, cold cuts; such

as, sliced ham and turkey. Each of the sites had fresh dairy products and breads that were dated and labeled; such as, sliced American cheese, white American cheese, jack cheese, provolone cheese, individual milk and chocolate milk cartons, whole wheat bread loafs, white bread loafs, bagels, biscuits, and Texas toast slices.

The sites also had various canned goods and side dishes; such as, large sacks of rice and beans, sugar, flour, dried pastas, canned tomatoes, canned spaghetti sauces, canned beans, canned chili, canned vegetables, canned ravioli, canned enchilada sauce, as well as, frozen foods; such as, tatter tots, hash browns, chicken nuggets, McRibs sandwiches, pot pies, and French fries. The Group Homes also had breakfast meal supplies; such as, bacon, sausages, pancake mix, syrups, peanut butter, jelly, cereals; such as, "Lucky Charms", "Cap'n Crunch", "Cheerios", "Cinnamon Toast Crunch", "Cocoa Puffs", and "Cream of Wheat". However, each of the sites also had snacks; such as, trail mixes, granola bars, potato chips, ice cream, cookies, pudding, Jell-O, "Cheez-Its", and fruit gummies. The three (3) larger facilities also had a special diet system for children with special dietary needs and/or food allergies. The Norco Site had a working kitchen with plenty of food in the refrigerator, which also had various meats, and vegetables as aforementioned, dairy products and a sufficient supply of cookware and utensils, similar to those of the other three (3) facilities. The home also maintained an additional deep freezer in the garage that was fully stocked with a sufficient amount of additional food as aforementioned above.

Recommendations:

1. Trinity Youth Services, and specifically the Norco site, shall ensure that the aforementioned physical deficiencies cited under the element of "Exterior Well Maintained" will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children placed at the Group Home.
2. Trinity Youth Services, and specifically the El Monte, Apple Valley, and Norco sites, shall ensure that the aforementioned physical deficiencies cited under the elements of "Common Quarters Maintained" will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children placed at the Group Home.
3. Trinity Youth Services, and specifically the El Monte, Apple Valley, and Norco sites, shall ensure that the aforementioned physical deficiencies cited under the elements of "Children's Bedrooms/Interior Maintained" will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children placed at the Group Home

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of documentation provided by Trinity Youth Services and a review of the Probation Department's records, as well as 10 child interviews, Trinity Youth Services was in compliance with 10 out of the 13 elements in the area of "Maintenance of Required Documentation and Service Delivery". The three elements where the facility was out of compliance were, "Treatment team develop comprehensive initial NSP with the child", "Probation Caseworkers Monthly Contact Verified", and "Treatment team develop comprehensive updated NSP with the child".

A review of the Group Home's Program Statement indicates that Trinity Youth Services provides services for boys and girls ages 7-18 years old that exhibit behavioral, social, emotional, and psychological difficulties and may have been abused and/or have had a drug and alcohol addiction and may have mental health needs. More specifically, the Trinity-Apple Valley site only services boys who have committed and been charged with sexually related crimes. The Trinity-Norco site services only female children. The files reviewed indicated that the children in the sample size had substance abuse issues, anger management issues, poor academic performance, sexual acting out issues, and exhibited delinquent behavior, which is consistent with the population for which Trinity Youth Services provides treatment. Each of the three (3) larger sites (El Monte, Apple Valley, and Yucaipa) had three (3) files reviewed from each of the facilities and the Norco site had one (1) file reviewed with child interviews being conducted for each of the files reviewed for a total sample size of 10 children/files.

The files showed that each of the Group Home sites obtained the Probation Officer's signature of approval for the files reviewed, where applicable. In total, nine (9) out of the 10 files reviewed had the required Probation Officer's approval for the child's NSP's. One (1) of the child files reviewed from the Trinity-El Monte site showed that the child was placed at the Group Home for less than 30 days at the time of the review; therefore, an NSP had not been generated for the child and was not yet required. As a result, Trinity Youth Services was in full compliance with the element of "Probation Caseworker Authorization to Implement NSP's".

Based on the child interviews and reviews of their files, the Group Home was in compliance with ensuring that the children are included in the implementation of their NSP's. Nine (9) out of the 10 children interviewed stated that they participated in their NSP, and all of their NSP's had their signatures. As aforementioned, the one (1) child from Trinity-El Monte was not placed long enough for an NSP to be generated and was exempt from this section. The applicable nine (9) NSP's also had the required approval of staff and were involved in the implementation of the NSP's for each of their child files reviewed.

Based on the applicable sample size files reviewed, four (4) out of the nine (9) children's files showed that they were making progress towards meeting their NSP case goals. Additionally, the NSP's also showed that even in goals that were not achieved, several of the children came close to achieving the specified goal and were making some sort of progress, even if they did not fully achieve each of their goals. However, two (2) of the children were not placed long enough to generate quarterly NSP's for assessment on progress towards meeting their goals. Three (3) out of the (3) files from the Trinity-Yucaipa site did not have adequate goals established and were unclear; therefore, the progress of these three (3) children could not be assessed. As a result, compliance under the element of "Sampled children progressing towards meeting the NSP case goals" could not be fully evaluated. The failure by Trinity-Yucaipa to implement measurable goals has been addressed as a deficiency under the element of "Treatment Team Developed Comprehensive Updated NSP with the Child."

In nine (9) out of nine (9) applicable files reviewed, the initial NSP's were completed in a timely manner, as they were completed within 30 days of the child's placement at the Group Home. However, under the element of "Treatment team develops comprehensive initial NSP with the child", the Group Home failed to comply with this element in eight (8) out of the nine (9) child case files that were applicable for review. One (1) child was not

eligible for assessment under this element as he did not have any NSP's generated due to being placed at the El Monte site for less than 30 days. The deficiencies found related to non-compliance with this element are as follows:

El Monte-

- According to the Group Home's dental records, one of the child files that was reviewed showed that he received his initial dental appointment on 06/27/12; however, under the "Medical/Physical/Dental Health" section of the NSP, the documentation incorrectly indicates that the child did not receive his dental exam until 07/18/12, which would be 4 days late. The "Outcome Goals" section of the same child's initial NSP incorrectly had the modification date section filled for all five (5) of his goals. However, no modifications were made to any of the child's goals during this NSP's period and therefore, should have been left blank. This section was also missing a drug abuse goal and drug testing goal for this child, even though it was indicated in the "NSP Treatment" and "LARRC Assessment" sections of the NSP that it was required by the court. The same section was also missing a goal to address the child's psychiatric needs as noted in the "LARRC Assessment" and "Mental Health Clinic Visits" sections of the NSP.
- For the second El Monte placed child, under the "Outcome Goals" section of his initial NSP, it also incorrectly had the modification date section filled for all five (5) of his goals. However, no modifications were made to any of the child's goals during this NSP period and therefore, should have been left blank as well. Under "Goal 2" the "Reason for Goal" section was not completed. The child was also missing a goal to address his drug use as noted in the "NSP Treatment" section of the same NSP, as well as, a goal to address the child's sexual offense as noted in the "LARRC Assessment", "Mental Health Clinic Visits" and "NSP Treatment" sections of the NSP.

Apple Valley-

- For the second child file reviewed, the "Outcome Goals" section of his initial NSP, goals 1-3 were not measurable.
- For the third child file reviewed, the "Outcome Goals" section of his initial NSP, goal 1 was also not measurable and goals 1, 2, 4, & 5 had projected completion dates that were too far off (12 months away). The goals should be more achievable to shorten accomplishment in order to assess the child's quarterly progress and to make the goal achievable.

Yucaipa-

- For the first child file reviewed from the Yucaipa site, the cover page of the initial NSP did not have the "Reason for Placement" section filled in. The information was incorrectly entered into the quarterly NSP section. In addition, according to the Group Home's records, the same child was placed on 08/02/12 and was enrolled in school on 08/26/12 (21 days late). However, the initial NSP "Education" section also indicated that the child was not enrolled in school within 3 days of placement and an explanation was not provided under the explanation section.

- For the second child file reviewed, the "Education" section did not have the date enrolled section completed. Also, under the "Outcome Goals" section, all five (5) of the child's goals have a projected completion date that was 12 months away. The goals were too far into the future, making it difficult to measure the child's quarterly progress. Finally, under the "Medical/Physical/Dental/Psychological Health" section, the psychotropic medication date of court authorization was not documented.
- For the third child file reviewed, under the "Outcome Goals" section, goals 1, 3, 4 & 5 did not indicate who will monitor the child's progress for each goal, and goals 3, 4 & 5 were not measurable goals.

Norco-

- For the initial NSP's of the one (1) child file reviewed, the "Concurrent Case Plan Goal" section had information incorrectly documented in the quarterly section. Under the "Outcome Goals" section, goals 1-5 noted a projected completion date of 09/06/12 (same day of NSP) but do not indicate if the goals were achieved or modified.

Based on the child file reviews and child interviews, the Group Home was providing therapeutic services for 10 out of 10 children. All of the children were receiving individual, group and family therapy services, as well as, drug treatment and other services for those that required it. In six (6) out of the 10 files reviewed, the child required psychiatric services. All were receiving regular assessments and evaluations for psychotropic medication needs as required.

In the element of "Probation Caseworkers Monthly Contact Verified", the El Monte site failed to be in full compliance. The Group Home Case Managers failed to document the dates of contacts with the Probation Officer in one (1) out of the nine (9) applicable child NSP files reviewed. As a result, the Group Home was out of compliance with this element.

All four (4) Group Home sites complied with ensuring that residents maintain important relationships. In 10 out of the 10 child files reviewed, the Group Home documented the dates of visits, community day passes, and therapeutic sessions with family members in the facility visitation log books. The Group Home also ensured that all updated NSP's were completed in a timely manner. In all eight (8) of the applicable child files reviewed, the Group Home ensured that all quarterly NSP's were generated within 90 days of the child's admission into the program, and on a quarterly basis, thereafter. Two (2) of the 10 child files reviewed were not eligible for quarterly NSP assessment under the element of "Treatment team develop comprehensive updated NSP with the child" as they were not placed long enough with their respective Group Home sites to have any quarterly NSP's generated.

However, the El Monte, Apple Valley and Yucaipa Group Home sites were unable to comply with the element of "Treatment team develops comprehensive updated NSP with child". The Norco site was not eligible for assessment under this element as the one (1) child sampled from their site did not have any quarterly NSP's generated. The deficiencies found related to non-compliance with this element at the other three (3) sites are as follows:

El Monte-

- The first child file reviewed from this site had one (1) quarterly NSP at the time of the review. The quarterly section of "Education" was not completed. Under the "Visitation/Involvement/Contact with Family of Origin/Guardian" section, the specific dates of contact with the child's Probation Officer were not documented. Under the parent contact the NSP indicated that, "Due to Title 22, phone calls are no longer logged". However, as a Probation client, the child's frequency of contact with his parents/family should be documented. Additionally, under the "Outcome Goals" section, goals 1, 2 & 4, were met and should have been removed from this section and placed in the "Achieved Outcome Goals" section of the NSP, and also had incorrect modification dates noted as a result. The goals section was also still missing a drug abuse goal and drug testing goal for this child even though it was indicated in the "NSP Treatment" and "LARRC Assessment" sections of the initial NSP and the quarterly NSP. The same section was also still missing a goal to address the child's psychiatric needs as noted in the "LARRC Assessment" and "Mental Health Clinic Visits" sections of the initial NSP and the quarterly NSP.
- The second child file reviewed from this site also had one (1) quarterly NSP at the time of the review. The quarterly section under "Education" was also not completed for this child. The quarterly section of the "Life Skills Training/Youth Development Preparation" under the quarterly section was missing an ILP services update as indicated in section 6A, which indicated from the initial NSP that the child was to attend an eight (8) hour workshop, yet no update was provided on the status of the course. In addition, the quarterly portion of the "SIR" section did not have the two (2) fights the child was involved in noted in this section, as noted in the quarterly section of the cover page of the same NSP. Under the "Outcome Goals" section, all four (4) goals had incorrect modification dates. For goal 1, the modification date was incorrectly noted as a future date. The modification date should either be the date the NSP was completed or the actual date the goal was modified. Similarly, for goal 2, the modification date should be the date the child was enrolled in school (08/21/12) or the actual date the goal was modified. The "Reason for Goal" was not completed and the "Specific Goal/Modified Goal" section was not updated. For goal 4, the modification date should have been 09/18/12, as indicated in the body of the section.

Apple Valley-

- The first child file reviewed from this site had two (2) quarterly NSP's at the time of the review. Under the "Concurrent Case-Plan Goal" section of both quarterly NSP's, a viable alternative placement plan needed to be established or pursued and efforts need to be clearly documented in this section of both quarterly NSP's. In the child's second quarterly NSP, under the "Concurrent Case-Plan Goal" section, goals 1-5 had wrong start dates. The dates should be the same as the previous NSP. For goal 2, a modification date was not required since the goal was never changed and the projected completion date had not passed. For goal 4, the goal was not measurable. For goal 5, the goal was achieved and should have been removed from this section and placed in the "Achieved Outcome Goals" section of the NSP. In the child's second quarterly NSP, goal 2 is unclear, as it did not indicate if the goal was achieved or modified. Goal 3 was not measurable and did not address the child's concern from the previous NSP,

in which he indicated that he felt he was not being challenged in school. This issue should have been address since, according to the reporting period of the NSP it indicated that his academic performance was regressing. The previous quarterly NSP indicated that the child's concern would be brought to the school's attention for possible re-assessment; however, clear follow-up information was not provided in the subsequent quarterly NSP. Goal 4 had the wrong modification date. It should have been the same modification date (07/17/12), from the previous quarterly NSP since no further modifications were made to this goal since that time. Goal 5 was achieved and should have been removed from this section and placed in the "Achieved Outcome Goals" section of the NSP.

- The second child file reviewed for this site had one (1) quarterly NSP at the time of the review. Under the "Concurrent Case-Plan Goal" section, a viable alternative placement plan needed to be established or pursued and efforts needed to be clearly documented in this section. Under the "Education" section, no strengths were identified for this child. Under the "NSP Visitation" section, the contact with family section indicated that the child's parents have not been involved in visitation or therapy. The NSP needs to explain why the parents are not involved and all efforts to engage the family needed to be clearly documented. Under the "Outcome Goals" section, goals 1 and 5 were modified but modification dates were not provided and explanations for the modifications were not provided, and goal 2 was not measurable.

Yucaipa-

- The first child file reviewed for this site had one (1) quarterly NSP at the time of the review. On the Cover page under the "Concurrent Case Plan Goal" section the NSP did not indicate the efforts made by the GH to obtain a viable alternative placement for the child. Under the "Medical/Physical/Dental/Psychological Health Clinic Visits" section, the "Outcomes and Follow-up section for Family Therapy" information is cut-off. Under the "Outcome Goals" section, all five (5) goals had conflicting information for dates of goals. The projected completion date and/or modification date was unclear as to whether the goals were achieved or modified. Goal 2 was made more difficult without indicating if the goal was achieved or if it was modified.
- The second child file reviewed for this site had one (1) quarterly NSP at the time of the review. On the Cover page, "Concurrent Case Plan Goal" was not properly indicated or the efforts made by the GH to assess an alternative family member for placement following his graduation from the program. Under the "Outcome Goals" section, none of the five (5) goals were carried over from the previous NSP. This section did not clearly indicate if the goals were achieved or not and did not explain why the goals were changed (i.e. ILP goal was removed without explanation). The Permanency Planning goal in relation to family reunification and progress of the child were not included as a goal.

Recommendations:

1. Trinity Youth Services shall ensure that all initial NSP's are complete, accurate, and comprehensive. Trinity shall do this by ensuring that all sites include all necessary information, and that it is accurate and that it is included in all relevant sections of the NSP, including but not limited to the aforementioned sections

deemed deficient under the element of "Treatment team develop comprehensive initial NSP with the child" section of this report.

2. Trinity Youth Services, specifically the El Monte site, shall ensure that all contact made by the Probation Officer Caseworker and parents/guardians is documented in the child's NSP by including the specific dates of contact in the relevant sections.
3. Trinity Youth Services, and specifically the El Monte, Apple Valley and Yucaipa sites, shall ensure that all updated NSP's are complete, accurate, and comprehensive. Trinity shall do this by ensuring that all sites include all necessary updated information, including but not limited to the aforementioned sections deemed deficient under the element of "Treatment team develop comprehensive updated NSP with the child", and that it is accurate and that it is included in all relevant sections. Trinity shall also do this by documenting the progress of each child towards meeting their goals, or lack thereof, and by creating case-specific goals that address all of the child's needs and by documenting all goal modifications with detailed explanations for the changes made.

EDUCATIONAL AND WORKFORCE READINESS

Based on our review of documentation provided by Trinity Youth Services and a review of the Probation Department's records, as well as 10 child interviews, Trinity Youth Services was in compliance with seven (7) out of the eight (8) elements in the area of "Educational and Workforce Readiness". The one element where the Group Home was out of compliance was, "Child enrolled in school within three (3) days after placement or efforts documented".

Although only six (6) out of the 10 children were enrolled in school within three (3) days of placement at their respective Group Home sites, each of the four (4) Group Home sites properly documented in three (3) of the other four (4) children's NSP's reasonable explanations for the inability to enroll the children within three (3) days. The two (2) El Monte site children were not enrolled in time due to both of the children arriving at the Group Home during either winter vacation or summer vacation and the explanation was properly noted in their respective NSP's. The one child from the Norco site was also enrolled eight (8) days late; however, the NSP explained that it was the result of the admitting school having difficulty obtaining the child's immunization records from her previous school. However, one (1) child from the Yucaipa site was not enrolled in school within three (3) days (24 days late), and a proper explanation was not provided. As a result, the Yucaipa site was out of compliance with the element of "Child enrolled in school within three (3) days after placement or efforts documented". Despite this deficiency, all 10 children from all four (4) sites were attending school as required and all of the sites ensured that all homework assignments were completed by the children whenever required. They also maintained open communication with the school staff regarding progress and services needed.

All four (4) Group Home sites were in compliance with the element of "Based on services provided, has the child's academic performance and/or attendance increased". Although not all of the NSP's reviewed were accurate in documenting the academic progress for all of the children, a review of the children's files showed that nine (9) out of the

10 children improved in their academic performance while placed at the Group Home, as indicated through improved grades and increased test scores placed in their files. One (1) of the children was not placed long enough at the El Monte site to properly assess his academic progress, since he was not placed at the facility long enough to obtain grades and/or test scores from his school due to being enrolled less than 30 days.

None of the 10 children's files reviewed indicated that they required an Individualized Education Plan (IEP) and were, therefore, not eligible for review for IEP standards. As aforementioned, all of the Group Home sites maintained copies of report cards in children's files for those placed at the Group Home long enough to receive grades. All of the children received age appropriate Youth Development Services (YDS) and vocational training. Children had opened bank savings accounts or were in the process of having bank accounts opened and received basic living skills training; such as, doing laundry and daily chores; such as, cleaning their room and making their beds. Aside from the sample size reviewed, the Group Home also managed several vocational programs on-site; such as, the on-grounds work experience program with job opportunities, like working in the facility kitchen and working as part of the maintenance crew.

During the walk-through of the Yucaipa site, the Group Home was conducting a "Career Day" program, in which the local fire station arrived and placed their fire truck on display and answered questions from the children who were interested in attending the activity. Additionally, one (1) of the children interviewed at the El Monte site indicated that following the interview, he had an appointment to attend for a job interview. One of the children at the Apple Valley site also indicated that he had scheduled an appointment at the DMV to apply for an Identification Card. All of the children interviewed indicated that they were taught some type of YDS related skills; such as, basic chores and stated that they are constantly encouraged to participate in learning YDS skills and that ILP services were offered for eligible children.

Recommendations:

1. Trinity Youth Services, specifically the Yucaipa site, shall ensure that significant efforts are made to enroll every child in school within three (3) days of placement as required by the Los Angeles County Group Home Foster Care Services Master Contract and Title 22 Regulations. Additionally, all efforts and explanations are to be documented in each child's file and NSP's for those children who were not enrolled in a timely fashion.

HEALTH AND MEDICAL NEEDS

Based on our review of documentation provided by Trinity Youth Services and a review of the Probation Department's records, as well as 10 child interviews, Trinity Youth Services was in compliance with all six (6) elements in the area of "Health and Medical Needs".

During the reviews for all four (4) sites, it was indicated that initial medical and dental examinations were conducted within 30 days of placement for all 10 of the children's files reviewed, as required by the Los Angeles County Group Home Foster Care Services Master Contract and Title 22 Regulations. For those children that required follow-up medical and dental appointments, the Group Homes also ensured that

appointments were attended as scheduled and that all medical visits were properly documented in each child's files and NSP's.

Recommendations:

None

PSYCHOTROPIC MEDICATION

Based on our review of documentation provided by Trinity Youth Services and a review of the Probation Department's records, as well as 10 child interviews, Trinity Youth Services was in compliance with two (2) out of the two (2) elements in the area of "Psychotropic Medication". Of the 10 child files reviewed, six (6) children required psychotropic medication as follows: two (2) children each from the El Monte and Yucaipa sites, and one (1) each from the Apple Valley and Norco sites. All six (6) of the child files reviewed had current court ordered authorizations for the dispensation of psychotropic medication. Each of the applicable children also had current psychiatric evaluations/reviews documented in their files. Additionally, all six (6) of the children confirmed during the interviews that they understood the purpose of the medication they were taking and were aware of their right to refuse the medication. They also indicated that they felt comfortable with the medication they were taking. Even though the one (1) child from the Norco site stated that she did not like that the medication made her lose her appetite, she also indicated that the Norco Group Home did not punish her for refusing to take the medication and added that the House Manager was currently helping her take the proper steps to discontinue the medication. In addition, one (1) of the children from the Yucaipa site indicated that the medication he was taking helped him sleep while another child stated that the medication "calms me down".

Recommendations:

None

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of documentation provided by Trinity Youth Services, a review of the Probation Department's records, as well as 10 child interviews and the physical inspection of each of the four (4) Group Home sites, Trinity Youth Services was in compliance with 17 out of the 17 elements in the area of "Personal Rights and Social/Emotional Well-Being".

All of the children interviewed reported that they were informed of the Group Home's policies and procedures upon intake to their respective Group Homes. File reviews indicated that each child had signed documentation indicating that they received an orientation packet with all of the Group Home rules.

They all reported that they felt safe in their respective Group Home site and that staff provide adequate supervision during day hours, as well as night hours, in accordance with the Los Angeles County Group Home Foster Care Services Master Contract and Title 22 Regulations. Overall, they also reported satisfaction with the quality and quantity of meals and snacks provided as nine (9) out of the 10 children reported that the quality of the meals were either satisfactory or better. Only one (1) child from the Apple Valley site indicated that the food quality was not satisfactory. However, all of his

answers regarding food related questions were positive; such as, the food is sufficient, he has input into the food choice at the Group Home, there are a variety of meals and there are always snacks and fresh fruit available, daily. This one (1) child would not say why he rated the food was unsatisfactory; however, due to the fact that the majority of his answers were positive about the food, the Group Home is determined to be in compliance in this area. The sampled children indicated that they are given such snacks as, apple sauce, pudding, potato chips, yogurts, and fruits; like, apples, bananas, grapes, and oranges and that they are given drinks during snack meals; such as, apple juice, orange juice, soda, and "Capri-Sun" drinks. In addition, two (2) of the large facilities, El Monte and Apple Valley, also had canteens open to the children, at which they can purchase supplemental snacks; such as, popcorn, "Cup O' Noodles" soups, frozen burritos, potato chips, sodas and other juices with earned points for positive behavior.

All of the children stated that they feel that staff members treat them with respect and dignity. The children interviewed also reported that they felt that the rewards and consequences system used by each of the Group Homes were fair and appropriate. Some of the children reported that they receive write-ups and/or loss of points for delinquent behavior; such as, smoking or "horse playing". If there are repeated acts of delinquent behavior, then the staff members will notify their Probation Officers. For more serious incidents; such as, fighting or exhibiting defiant behavior, the result can lead to them being placed on a more restrictive status, which would mean the revocation of their day passes and/or level drops, which can result in the inability to attend community outings or involvement in group activities on-grounds; such as, sporting activities, which are reserved for children who have been making efforts towards progressing in their treatment program.

The children also indicated that they feel they are given sufficient privacy during telephone calls with family and friends, as well as, during family visits on-grounds. The children interviewed indicated that they often are allowed to have visits outside at one of the many benches spread throughout the three (3) large facilities, which allows for a more comfortable setting for visits. For the one child placed at the smaller 6-bed Norco site, she indicated that the children can have visits in the living room area or in the back yard. They also indicated that they are allowed to receive and send out unopened mail.

A majority of the children also indicated that they are allowed to possess religious material and attend religious services of their faith upon request and that they are transported to church, if necessary. Additionally, during the walk-through, there were several children that had religious items such as bibles, rosaries, and religious pictures and quotes posted in their bedrooms. All 10 of the children interviewed also reported that their chores were reasonable, such as sweeping and cleaning their rooms and common areas, and making their beds. They all indicated that they were aware of their right to receive and refuse medical attention, including psychotropic medication, without receiving negative consequences from the Group Home.

The children indicated that they have participated in on-grounds activities; such as, sporting events like basketball, soccer, and weight lifting. One (1) of the Yucaipa children added that in the summer they went swimming on a regular basis at the on-grounds pool. Another child from the Apple Valley site even added that during the summer they also had a "Slip 'N' Slide", which he really enjoyed. The children also stated that they also participated in other non-physical events like playing video games, drawing and

participating in arts and crafts activities for those who wish to participate. While conducting the walk-through of the Apple Valley site, one (1) of the children was sitting in the lounge area of his unit and was knitting as part of a knitting class that was offered by the Group Home. As aforementioned, each of the three (3) large facilities also had bedrooms with items; such as, skateboards, snowboards, "Legos", and drawings made by the children. The children also reported that they have gone on outings in the community; such as, going to the local park, the local movie theatre, going bowling, roller skating, and going out for dinner meals on weekends. One (1) of the children at the Yucaipa site added that he has gone to the local "Speed Zone" miniature race track, as well as the local "Game Break" video arcade, while another of the Yucaipa children also reported that the staff have also taken him out into the community to get a hair cut at the local barber shop. One (1) of the Apple Valley children even reported that some of the children were able to go to a college football game. According to the Apple Valley Campus Director, Gilbert Quinbar, the site also has a golf program, in which some of the children are allowed to go to the local "Ashwood Golf Course" once a month and take complimentary lessons provided by one of the club members. Meanwhile, the one child from the Norco site reported that Group Home staff members have taken the children to amusement parks, as well as skating, and bowling.

The children also reported that they are given several opportunities to participate in the planning of activities on-grounds and in the community. One (1) of the children from the Yucaipa site stated that the children get together on Fridays and plan an activity for that Saturday. Each of the sites also indicated that the Group Home has a Recreation Coordinator responsible for planning activities on-grounds and within the community for the children to engage in at each of the sites. However, one (1) of the children from the El Monte site stated that the children are not engaged by the staff to help plan activities. In spite of the child's statement, The Group Home's Campus Director indicated that the site has a "Student Council" that provides such feedback to the staff on a monthly basis and as needed. The Administrator also provided documented proof of minutes taken from one of the most recent "Student Councils", in which the planning of activities was discussed. Additionally, none of the other two (2) children from the same site made any such complaints; therefore, Trinity Youth Services was fully compliant with the element of "Children given opportunities to participate in planning activities".

Recommendations:

None

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of documentation provided by Trinity Youth Services and a review of the Probation Department's records, as well as 10 child interviews and a walk-through inspection, Trinity Youth Services was in compliance with eight (8) out of the eight (8) elements in the area of "Personal Needs/Survival and Economic Well-Being".

Nine (9) of the 10 children interviewed confirmed that they receive a minimum of \$50.00 on a monthly basis for clothing allowance. One (1) of the children was a newly placed child, and had not yet received a monthly clothing allowance at the time of the review; however, Trinity Youth Services was not out of compliance with the time-frame to provide the clothing allowance. During the walk-through of the children's rooms, it was apparent that children have a sufficient amount of clothing and that it is of acceptable

quality. Many of their closets had several shirts, and at least one (1) pair of shoes, as well as, belts and jean pants. During the interviews, the children also indicated that they have sufficient clothing and that they are allowed to wear personal items brought from family members, as long as they are appropriate to wear. The children stated that they are allowed to purchase clothing of their choosing, as long as it is within Group Home and Probation regulations.

The walk-through of the rooms indicated that children were allowed to have personal hygiene care items; such as, combs, toothbrushes, toothpaste, body wash, deodorant, hair products, and lotions. For the Norco site, the girls were allowed to have feminine hygiene products, as well as make-up and hair products, within Group Home and Probation regulations. In addition, the large Group Homes also had storage rooms/clothing stores on-grounds that were inspected. The Apple Valley and the Yucaipa sites each had storage rooms with a sufficient supply of emergency clothing items; such as, shirts, pants, underwear, socks and hygiene products. The El Monte site had a clothing supply store that had the same type of products as the other two (2) facilities; however, the El Monte site also had additional non-brand clothing items available for purchase by the students, sold at cost. Each of the sites also had additional linen supplies provided to all children, which consisted of a clean set of bed sheets, comforter and blanket, and a pillow with pillow case that are issued to the children upon arrival for those children that need them.

The children interviewed also indicated that they receive weekly allowances and that they are never given any less than the required minimum per week. A review of their files and each facility's allowance logs confirmed that each child received, at least, the minimum weekly allowance and that they signed for it each time. Weekly allowances are distributed every Friday. As previously stated under the "Educational and Workforce Readiness" section of this report, all of the children's files reviewed, noted that they either had opened a bank account or that they were in the process of opening one as part of their allowance management.

Eight (8) out of the 10 children confirmed that they were issued a "Life Book" upon entry into the program as part of their orientation and that staff encourage them to maintain their "Life Books" and incorporate them into their program. They stated that staff has encouraged the children to place pictures, awards, and/or souvenirs of activities and accomplishments in which they participated in while placed at their respective Group Home sites in order to engage them in positive memories that reinforce a positive change in the child's transition into becoming a responsible and productive adult. However, two (2) of the children at the El Monte site did not know what the "Life Book" was when asked and could not recall if they were issued one or not. During the review, the Recreation Coordinator provided the "Life Books" for the two (2) children, and both of the books had a few pictures of the children engaged in on-grounds activities; such as, receiving a school award and participating in an arts and crafts activity. The coordinator explained that the El Monte site refers to the "Life Books" as photo albums. The Recreation Coordinator also explained that because one (1) of the children was relatively new to the program, he might not have been familiar with what was referred to as the "Life Book". As a result, the Group Home was in full compliance with the element of "Encouragement and Assistance with Life Book".

Recommendations:

None

DISCHARGE PLAN

Based on the file reviews of five (5) discharged children and their NSP's, Trinity Youth Services was out of compliance with two (2) out of the three (3) elements in the area of "Discharge Plan". The two elements where the Group Home was out of compliance were, "Children placed at least 30 days, was the child discharged according to the permanency plan", and "Children placed at least 30 days, did the child make progress toward meeting their NSP goals".

Four (4) out of the five (5) discharged children were discharged in accordance with their permanency plan of family reunification, as indicated in their NSP's and were discharged to a parent. One (1) child from the El Monte site was placed for 12 months before being discharged to his parents. The child made moderate progress in that he continued to engage in argumentative behavior towards peers and staff members and received level drops towards the end of his program. However, he was able to learn coping skills, and was showing some improvement in his anger management prior to graduating from the El Monte program. The other El Monte discharged child was placed for six (6) months before being discharged to his mother. He made satisfactory progress by improving his behaviors and becoming more respectful towards staff and peers and was showing signs of maturity prior to graduating from the program. One (1) child from the Apple Valley site was placed for six (6) months and was discharged to his mother. He made significant progress in the Apple Valley program by actively engaging in individual therapy, group therapy, and family therapy on a regular basis. He was an active member of the Group Home's Group Centered Leadership (GCL) program and the Juvenile Criminal Offender Program (JCOP) amongst several others and was a model resident prior to graduating from the Apple Valley sex-offender program. The one (1) child from the Norco site was placed at the Group Home for six (6) months before being discharged home to her mother. She also made significant improvement by making progress in her impulse control through active participation in individual therapy. Just prior to graduating from the program, the child became a finalist to attend a "Dream Team Excursion" college trip to New York City, to take a college tour of one of the local campuses.

However, the one (1) discharged file reviewed from the Yucaipa site was not discharged in accordance with his permanency plan of family reunification, which, as indicated in his NSP, was to return home to his mother. Although the child from the Yucaipa site was placed for at least 30 days, he was only at the Group Home for two (2) months before going AWOL. The day prior to going AWOL, the youth was suspected of being under the influence of marijuana. The youth never returned to the Group Home and his bed was closed three (3) days after he ran away. While in the Yucaipa program, the child made poor progress due to the fact that he did not speak English, resulting in him being unable to effectively communicate with staff. He frequently stayed in his room and rarely engaged with other children and/or staff members. He also did not have family support, as they failed to actively engage in his program. As a result, Trinity Youth Services was out of compliance with the elements of "Children placed at least 30 days, was the child discharged according to the permanency plan", and "Children placed at least 30 days, did the child make progress toward meeting their NSP goals".

Recommendations:

1. Trinity Youth Services, and specifically the Yucaipa site, shall ensure that substantial efforts are made to ensure that every Group Home takes the appropriate steps to assist every child in making progress towards meeting their NSP goals and that they are discharged in accordance with their permanency plan.

PERSONNEL RECORDS

Based on a review of five (5) current staff files, Trinity Youth Services was in compliance with 13 out of the 14 elements in the area of "Personnel Records". The one element where the Group Home was out of compliance was, "Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting".

As part of the review, two (2) staff files from the El Monte site, and one (1) file from each of the Apple Valley, Yucaipa, and Norco sites were reviewed for a total of five (5) staff files. All five (5) staff files had their Department of Justice (DOJ) criminal background check submitted in a timely manner prior to employment at the Group Home. They also had their Federal Bureau of Investigations (FBI) request conducted, as well as the Child Abuse Clearance Index (CACI) prior to employment at the Group Home. All of the files reviewed had the criminal background statement submitted in a timely manner; prior to employment at their respective Group Homes. All of the staff files reviewed met the educational/experience requirements. Two (2) of the staff files had a minimum of a college degree, one (1) holding the position of Therapeutic Behavior Specialist, and one (1) holding the position of Therapist. The other three (3) staff members had a minimum of a high school diploma, one (1) as an Officer of the Day, and two (2) as Child Care Workers.

All five (5) of the staff files had their health screenings on file and were completed in a timely manner, within seven (7) days of hire. They also had valid California driver's licenses on file. They all had signed copies of the Group Home's policies and procedures, including a child abuse reporting requirements form, sexual harassment forms, child privacy notification forms, and code of conduct forms. Four (4) out of the five (5) also had the required initial training documented in each of their files. One (1) staff file was exempt from the initial training requirements, due to the fact that they were hired prior to the requirement being implemented. The other four (4) all had the initial 20-hours of required training as required by the Los Angeles County Group Home Foster Care Services Master Contract and Title 22 Regulations. All four (4) staff files had the minimum requirement of at least one (1) hour of child abuse reporting training documented in their file; however, one (1) staff from the Yucaipa site did not. As a result, the Group Home was out of compliance with the element of "Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting".

All of the five (5) files had the required CPR and First-Aid training, as well as the required annual 20-hours of on-going training, documented in their staff file. All five (5) of the staff files had current emergency intervention training documented in their files in the form of Professional Assault Crisis Training (Pro-ACT) certification, authorizing them for physical restraint and containment, where applicable.

Recommendations:

1. Trinity Youth Services, and specifically the Yucaipa site, shall ensure that all current staff members employed by their respective Group Homes are to receive a minimum of one-hour training in the area of child abuse identification and reporting and are to have the training clearly documented and placed in their staff file, and shall have them available for review.

AUDITOR CONTROLLER FISCAL REVIEW

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

**TRINITY YOUTH SERVICES
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

	Contract Compliance Monitoring Review	Findings: October 2012
I	<u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted/Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL citations for safety/plant deficiencies 9. Detailed sign in/out log for children 	<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 9. Full Compliance
II	<u>Facility and Environment</u> (6 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Quarters Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate 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 6. Full Compliance
III	<u>Maintenance of Required Documentation and Service Delivery</u> (13 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. Probation Caseworker Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Sampled children progressing towards meeting the NSP case goals 6. Treatment team developed timely initial NSP with the child 7. Treatment team develop comprehensive initial NSP with the child 8. Therapeutic Services Received (individual, group, substance abuse, etc.) 9. Recommendation Assessments/Evaluations Implemented (psychological, psychiatric, medical evaluations/assessments) 10. Probation Caseworkers Monthly Contact Verified 11. Agency assist the child in maintaining important relationships 12. Treatment team develop timely updated NSP with the child 13. Treatment team develop comprehensive updated NSP with the child 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Improvement Needed

IV	<u>Education and Workforce Readiness</u> (8 Elements) <ol style="list-style-type: none"> 1. Child enrolled in school within three (3) days after placement or efforts documented 2. Child attends school as required 3. Agency facilitates in meeting the child's educational goals (IEP conference, tutoring, parent/teacher conference, homework, etc.) 4. Based on services provided, has the child's academic performance and/or attendance increased (improved grades, test scores, promotion to the next level, High School graduated, IEP goals?) 5. Current IEPs maintained 6. Current copies of the child's report cards or progress cards maintained 7. Group Home provides children with opportunities to participate in age appropriate youth development services (YDS) and vocational training programs 8. Group Home encourages children's participation in YDS or equivalent programs. 	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
V	<u>Health and Medical Needs</u> (6 Elements) <ol style="list-style-type: none"> 1. Initial medical examinations conducted 2. Initial medical examinations timely 3. Required follow-up medical examinations conducted timely 4. Initial dental examinations conducted 5. Initial dental examinations timely 6. Required follow-up dental examinations conducted timely 	Full Compliance (ALL)
VI	<u>Psychotropic Medications</u> (2 Elements) <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication or document effort to obtain 2. Current Psychiatric Evaluation/Review for each child on psychotropic medication 	Full Compliance (ALL)
VII	<u>Personal Rights and Social/Emotional Well-Being</u> (17 Elements) <ol style="list-style-type: none"> 1. Children informed of Group Home's policies and procedures 2. Children feel safe at Group Home 3. Children supervised by staff 4. Group Home provides appropriate staffing and supervision 5. Children report satisfaction with meals and snacks 6. Staff treats children with respect and dignity 7. Appropriate rewards and discipline system in place 	Full Compliance (ALL)

	<ol style="list-style-type: none"> 8. Consequences fair 9. Children allowed private visits, make and receive telephone calls and to send and receive unopened correspondence/mail 10. Children free to attend religious services and activities of their choice 11. Children's chores easy or hard (reasonable) 12. Children informed about their medication 13. Children aware of their right to refuse medication 14. Children free to received or reject voluntary medical, dental and psychiatric care 15. Children given opportunities to participate in planning activities 16. Children participate in activities, including at the Group Home, in the community or school 17. Children given opportunities to participate age-appropriate extra-curricular, enrichment and social activities in which they have an interest 	
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50.00 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	Full Compliance (ALL)
IX	<p><u>Discharge Plan</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children placed at least 30 days, was the child discharged according to the permanency plan 2. Children placed at least 30 days, did the child make progress toward meeting their NSP goals 3. Group Home using available resources to attempt to stabilize the placement prior to requesting the removal of the child 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance
X	<p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 1. DOJ submitted timely 2. If applicable, FBI submitted timely 3. Child Abuse Clearance Index (CACI) submitted timely 4. Appropriate employees sign a criminal background statement timely 5. Group Home staff who have direct contact with children meet the educational/experience requirements 6. Employees received timely health screenings 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

	<p>7. Required employees have a valid CA drivers license</p> <p>8. Appropriate Group Home employees signed copies of the Group Home policies and procedures</p> <p>9. Appropriate employees received the required initial training</p> <p>10. Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting</p> <p>11. Appropriate employees received CPR training</p> <p>12. Appropriate employees received First-Aid training</p> <p>13. Appropriate employees received the required annual on-going training</p> <p>14. Appropriate employees received emergency intervention training per the Group Home's program statement</p>	<p>7. Full Compliance</p> <p>8. Full Compliance</p> <p>9. Full Compliance</p> <p>10. Improvement Needed</p> <p>11. Full Compliance</p> <p>12. Full Compliance</p> <p>13. Full Compliance</p> <p>14. Full Compliance</p>
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DATE: November 26, 2012
TO: Probation Department Managers & DPO Armando Juarez
FROM: Trinity-Apple Valley
RE: Corrective Action Plan

Attached is Trinity-Apple Valley's Corrective Action Plan. If there are any questions, please feel free to contact Gil Quinbar, Campus Director, at (951) 258-6177 (cell) or (760) 247-9840 (work).

TRINITY YOUTH SERVICES
Trinity-Apple Valley Site
10755 Apple Valley Road
Apple Valley, CA 92308
License Number: 366401747
Rate Classification Level: 12

I. Licensure/Contractual Compliance

Findings:

The Trinity-Apple Valley site was missing proper documentation for one (1) of its cars. A review of the facilities' records showed that the car had expired DMV registration. As a result, Trinity was out of compliance with the element of "Transportation".

Recommendations:

1. Trinity Youth Services Group Homes, and specifically the Apple Valley site, shall ensure that all vehicles used for transportation of Group Home children have current vehicle registration in compliance with all California vehicle laws and Title 22 standards.

Corrective Action Plan:

All vehicle registrations are monitored through our main office's Support Services department. The expired DMV registration has been paid for and we are waiting for the current registration/tags. In the meantime, we are not using this vehicle until we receive the proper documentation.

II. Facility & Environment

Findings:

Following are the deficiencies cited under the elements of "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained":

Apple Valley-Common Quarters

- Unit #1- Bedroom #3-smoke detector not working.
- Unit #2-Restroom A-Sink faucet cap leaks.
- Unit #3- Bedroom #6-smoke detector not working.
- Unit #3-Restroom A-Shower curtain had mold & shower head not working properly.
- Unit #4-Living Room-TV satellite receiver missing face cover.

Apple Valley-Bedrooms/Interior

- Unit #2- Bedroom #5-Bottom desk drawer off tracks.
- Unit #3- Bedroom #2-Top left desk drawer broken.
- Unit #4- Bedroom #5-Bottom left desk drawer off tracks.

Recommendations:

2. Trinity Youth Services, and specifically the Apple Valley site, shall ensure that the aforementioned physical deficiencies cited under the elements of "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained" will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children placed at the Group Home.

Corrective Action Plan:

All physical deficiencies noted during the October 17th audit have been repaired. In addition, daily inspections are conducted by the campus director/unit supervisors and maintenance staff. Any items requiring maintenance attention are submitted daily through a work request. The status of the work request is followed up on during the next day's walk-through.

III. Maintenance of Required Documentation and Service Delivery

Findings:

Following are the deficiencies cited under the elements of "Treatment team develop comprehensive initial NSP with the child":

Apple Valley-

Client #2:

"Outcome Goals" section-Goals 1-3 are not measurable.

Client #3:

"Outcome Goals" section-Goal 1-Not measurable. Goals 1, 2, 4, & 5-Projected completion date is too far off, goals should be more achievable to shorten accomplishment.

Recommendations:

1. Trinity Youth Services, and specifically the Apple Valley site, shall ensure that all initial NSP's are complete, accurate, and comprehensive. Trinity shall do this by ensuring that all sites include all necessary information, and that it is accurate and that it is included in all relevant sections of the NSP, including but not limited to the aforementioned sections deemed deficient under the element of "Treatment team develop comprehensive initial NSP with the child".

Corrective Action Plan:

Trinity Apple Valley will ensure that all information is complete, accurate, and included in all relevant sections, specifically that all goals are measurable and more achievable, with shorter projected completion dates, by retraining the treatment team staff that are involved in developing the NSPs.

On 11/20/12, Clinical Coordinator Elizabeth Tamoush, PhD, conducted a training with the treatment team on the following subject:

- Developing and reviewing S.M.A.R.T. goals

Findings:

Following are the deficiencies cited under the elements of "Treatment team develop comprehensive **updated** NSP with the child":

Apple Valley-

Client #1:

"Concurrent Case-Plan Goal" section- A viable alternative placement plan needs to be established or pursued and efforts need to be clearly documented in this section of both quarterly NSP's.

NSP 2

"Outcome Goals" section- Goal 2-Modification date not required since the goal was not changed. Goal 4-Not measurable. Goal 5-Goal was achieved and should be removed from this section and placed in the "Achieved Outcome Goals" section of the NSP.

NSP 3

"Outcome Goals" section-Goals 1, 2, 3, & 5 have wrong start date, date should be the same dates from the child's previous NSP. Goal 2-Goal is unclear as it does not indicate if it was achieved or modified. Goal 3-Not measurable & does not address the child's concern in previous NSP that he is not being challenged in school. It should be addressed as it might be a possibility for his regressing in his academic performance. Goal 4 had the wrong modification date. It should have been the same modification date (07/17/12), from the previous quarterly NSP since no further modifications were made to this goal since that time. Goal 5-Goal was achieved and should be removed from this section and placed in the "Achieved Outcome Goals" section of the NSP.

Client #3-No. Child had 1 quarterly NSP at the time of the review.

"Concurrent Case-Plan Goal" section-A viable alternative placement plan needs to be established or pursued and efforts need to be clearly documented in this section.

"Education" section-No strengths have been identified for this child.

"NSP Visitation" section-Contact with family section indicates that the child's parents have not been involved in visitation or therapy. NSP needs to explain why the parents are not involved and all efforts to engage the family need to be clearly documented.

"Outcome Goals" section-Goal 1-Was modified but modification date not completed and explanation for modification not identified. Goal 2-Not measurable. Goal 5-Was modified but modification date not completed and explanation for modification not identified.

Recommendations:

3. Trinity Youth Services, and specifically the Apple Valley site, shall ensure that all updated NSP's are complete, accurate, and comprehensive. Trinity shall do this by ensuring that all sites include all necessary updated information, including but not limited to the aforementioned sections deemed deficient under the element of "Treatment team develop comprehensive updated NSP with the child", and that it is accurate and that it is included in all relevant sections. Trinity shall also do this by documenting the progress of each child towards meeting their goals, or lack thereof, and by creating case-specific goals that address all of the child's needs and by documenting all goal modifications with detailed explanations for the changes made.

Corrective Action Plan:

Trinity Apple Valley will ensure that all information is complete, accurate, and included in all relevant sections, specifically that all goals are measurable and more achievable, with shorter projected completion dates, by retraining the treatment team staff that are involved in developing the NSPs.

On 11/20/12, Clinical Coordinator Elizabeth Tamoush, PhD, conducted a training with the treatment team on the following subjects:

- Developing case plan and concurrent case plan goals
- Documentation of child's goal progress
- Developing comprehensive, case-specific goals
- Thorough documentation/explanation of goal modifications
- Providing detailed information on parent/guardian lack of involvement and attempts to involve them in youth's program
- Thorough documentation of educational strengths, needs, and progress



Gil Quinbar, Campus Director



Residential Services

TRINITY EL MONTE

DATE: November 16, 2012
TO: Probation Department Managers & DPO Armando Juarez
FROM: Trinity – El Monte
RE: Corrective Action Plan

Attached is Trinity El Monte's Corrective Action Plan. If there are any questions, please feel free to contact Jim Adams, Director, at 626-444-0539.

**TRINITY YOUTH SERVICES
El Monte Site
11057 Basye Street
El Monte, CA 91731
License Number: 191591941
Rate Classification Level: 12**

II. Facility & Environment

Findings:

Following are the deficiencies cited under the elements of "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained":

El Monte-Common Quarters

- Expos Dorm-Hallway-the Ombudsman contact telephone number was not posted.
- Expos Dorm-Bedroom #17-closet had a sprinkler that appeared to be damaged and was incorrectly placed in the closet.
- Padres Dorm-Kitchen-refrigerator missing door handle, and sink hot water not working.
- In general, minor damages throughout the facility (scuff marks and wear and tear to doors, walls, and floors) as a result of general use.

El Monte-Bedrooms/Interior

- Expos Unit- Bedroom #11-Carpet tear near entrance door.
- Expos Unit- Bedroom #13-Carpet tear near entrance door.
- Cubs Unit- Bedroom #6-Bed drawer not working properly.
- Cubs Unit- Bedroom #9-Entrance door handle loose, and iron mark on carpet near entrance.
- Padres Unit- Bedroom #3-curtain ripped.
- Padres Unit- Bedroom #4-Armoire drawers not working properly.

Recommendations:

2. Trinity Youth Services, and specifically the El Monte site, shall ensure that the aforementioned physical deficiencies cited under the elements of "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained" will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children placed at the Group Home.

Corrective Action Plan:

El Monte Common Quarters – The Ombudsman contact posting was down at the time of the walkthrough in one area which was getting fresh postings. The Ombudsman contact posting was returned to its place on the wall and shown to the Probation consultant at the time of the citing. Bedroom #17 sprinkler escutcheon will be repaired or replaced on or before 12/15/12. Padres refrigerator was completely replaced. Padres kitchen sink hot water will be repaired on or before 12/15/12. With regard to the general minor wear and tear throughout, please refer to the schedule of damage repair presented to Probation consultant at the time of walkthrough indicating scheduled flooring, lighting, ceiling, and other replacement and repairs (revised copy attached).

El Monte Bedrooms Interior – Carpet tears occurred in Expos bedrooms #11 and #13 where doorstops should be. Door stops will be replaced and carpet repaired by 12/15/12. Cubs bedroom 6 beds replaced. Loose door handle tightened at the time of the walk through. Carpet with iron mark will be repaired/replaced by 12/15/12. Padres armoire replaced in bedroom #4. Facility curtain repairs/replacements will take place on or before 12/15/12.

III. Maintenance of Required Documentation and Service Delivery

Findings:

Following are the deficiencies cited under the elements of "Treatment team develop comprehensive **initial** NSP with the child":

El Monte-

Client #1:

"Medical/Physical/Dental Health" section-According to the GH's dental records, the child received his initial dental appointment on 06/27/12, however the NSP incorrectly indicated that the child did not receive his dental exam until 07/18/12, which would be 4 days late.

"Outcome Goals" section-NSP incorrectly has modification date section filled for all 5 goals. No modifications were made to any of the child's goals during this NSP's period and therefore should have been left blank. This section is missing a drug abuse goal and drug testing goal for this child even though it is indicated in the "NSP Treatment" and "LARRC Assessment" sections of the NSP. Section also missing goal to address the child's psychiatric needs as noted in the "LARRC Assessment" and "Mental Health Clinic Visits" sections of the NSP.

Client #2:

"Outcome Goals" section-NSP incorrectly has modification date section filled for all 5 goals. No modifications were made to any of the child's goals during this NSP's period and therefore should have been left blank. Goal 2-"Reason for Goal" section not completed. This section is missing goal to address drug use as noted in the "NSP Treatment" section of the NSP. Section is also missing goal to address the child's sexual offense as noted in the "LARRC Assessment", "Mental Health Clinic Visits" and "NSP Treatment" sections of the NSP.

Recommendations:

1. Trinity Youth Services, and specifically the El Monte site, shall ensure that all initial NSP's are complete, accurate, and comprehensive. Trinity shall do this by ensuring that all sites include all necessary information, and that it is accurate and that it is included in all relevant sections of the NSP, including but not limited to the aforementioned sections deemed deficient under the element of "Treatment team develop comprehensive initial NSP with the child".

Corrective Action Plan:

Trinity El Monte has already conducted a retraining for the main authors of the NSPs to address the deficiencies. Ongoing training will continue as needed.

Findings:

In the element of "Probation Caseworkers Monthly Contact Verified", the El Monte site failed to be in full compliance. The Probation Officer contact was not properly documented in the quarterly NSP for client #1.

Recommendations:

2. Trinity Youth Services, and specifically the El Monte site, shall ensure that all contact made by the Probation Officer Caseworker and parents/guardians is documented in the child's NSP by including the specific dates of contact in the relevant sections.

Corrective Action Plan:

As was explained at the time of review, some DPOs did not visit their clients during the reporting period. However, in the future, a statement indicating as much will be inputted and no blank fields will be left.

Findings:

Following are the deficiencies cited under the elements of "Treatment team develop comprehensive **updated** NSP with the child":

El Monte-

Client #1:

"Education" section-Quarterly section not completed.

"Visitation/Involvement/Contact with Family of Origin/Guardian" section- specific dates of contact with Probation Officer not logged. Phone contact with parents not properly logged.

"Outcome Goals" section-Goals 1, 2 & 4-Goals were met and should be removed from this section and placed in the "Achieved Outcome Goals" section of the NSP. Goals 1, 2, 4, & 5 also have incorrect modification dates. Goals 1, 2, 4 & 5 should have modification dates of 09/04/12 (as noted in the modification reason section of the goal), not 12/01/12, which is a future date from the date of the NSP. Section is still missing a drug abuse goal and drug testing goal for this child even though it is indicated in the "NSP Treatment" and "LARRC Assessment" sections of the NSP. Section is also still missing goal to address the child's psychiatric needs as noted in the "LARRC Assessment" and "Mental Health Clinic Visits" sections of the NSP.

Client #2:

"Education" section-Quarterly section not completed.

"Life Skills Training/Youth Development Preparation" section-Quarterly section is missing ILP services update as indicated in section 6A, which indicates from the initial NSP that the child was to attend an 8 hour workshop, yet no update was provided on the status of the course. Quarterly "SIR" section does not have the 2 fights the child was involved in noted in this section (as noted in the quarterly section of the cover page).

"Outcome Goals" section-All 4 goals have incorrect modification dates. Goal 1- Modification date should be either the date the NSP was completed or the actual date the goal was modified (date is from the future). Goal 2-Modification date should be the date the child was enrolled in school (08/21/12) or the actual date the goal was modified. Goal 2-"Reason for Goal" not completed and "Specific Goal/Modified Goal" section not updated. Goal 4- Modification date should be 09/18/12 as indicated in the body of the section.

Recommendations:

3. Trinity Youth Services, and specifically the El Monte site, shall ensure that all updated NSP's are complete, accurate, and comprehensive. Trinity shall do this by ensuring that all sites include all necessary updated information, including but not limited to the aforementioned sections deemed deficient under the element of "Treatment team develop comprehensive updated NSP with the child", and that it is accurate and that it is included in all relevant sections. Trinity shall also do this by documenting the progress of each child towards meeting their goals, or lack thereof, and by creating case-specific goals that address all of the child's needs and by documenting all goal modifications with detailed explanations for the changes made.

Corrective Action Plan:

Trinity El Monte has already conducted a retraining for the main authors of the NSPs to address the deficiencies. Ongoing training will continue as needed.

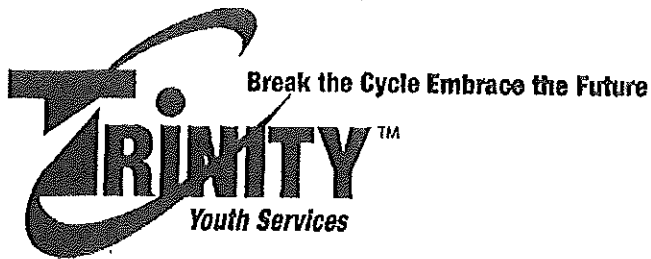
****Note****

Two things played a major part in the majority of the deficiencies above:

- 1) The "modified date" is a recurrent issue in the report. While it is reported here as a deficiency based on how it is dated, it reflects training from many years ago and has survived many site visits including CCL and Probation. Going forward, we will select the "modified date" as defined by DPO Juarez in all future Goals.
- 2) The client samples selected were taken from a one month period of time where the NSP template was updated by DCFS. The initial version (the one used on our clients sampled) had documented glitches which did not permit information to be entered into some of the fields as noted as deficiencies above. At the time the report was written, we made efforts to incorporate missing information in other parts of the NSP as well as efforts to contact the DCFS NSP contact person to address the issue of a template with functionality problems. Soon after, the problems with the template were acknowledged by the County and a new template was eventually provided. However, that did not prevent a group of clients from that period of time from being entered on the problematic document.



James R. Adams, Director



November 28, 2012

Jim Adams
Trinity El Monte

Jim

I am sending you a revised schedule of improvements to your Campus, basing it in part, of our ability to maintain a steady stream of maintenance personnel. Keep in mind that situations develop Agency wide requiring we attend to matters immediately which will briefly interrupt project completion projections.

As stated above, all our resources which have completed several of our objectives by maintaining focus on your Campus have, out of necessity, been utilized periodically at our other locations. I will be faced with a shortage of maintenance personnel to concentrate on your Campus for all of December, which requires I update you with revised project completion projections.

October

- Complete remodel of 3 main residence bathrooms (2 completed)
- New wall covering
- New shower install
- New flooring
- New plumbing fixtures, lighting, ventilation

November

- Continue with additional bathroom remodels
- Replace client room doors / frames as required.
- (The majority of the doors/frames have proven to be repairable and completed)
- Remove ceiling tiles main residence corridors, texture coat and paint ceilings (Move to February 2013)
- Remove corridor, dining room, and lounge sheet vinyl flooring, replace with Luxury Vinyl Tile, replace cove base, paint as required. (Lounge completed) (Move to February 2013)
- Replace fluorescent lighting with incandescent (Move to February 2013)
- Re-roof outbuilding (completed)

Mission Office Foster Care / Residential Services

P.O. Box 848, Colton, CA 92324
T. 909.825.5588 F. 909.825.5340
www.trinityys.org

December

Remove remaining main residence built in closets, client rooms, which provides access for oak wardrobes. (Move to January 2013)

Paint client rooms with new color scheme, replace all drapes (Move to January 2013)

Remove fluorescent lighting all client rooms, replace with incandescent (Move to January 2013)

January 2013

Remove East side hedgerow vertical overgrowth (Move to March 2013)

Extend concrete slab rear residence for weightlifting equipment relocation (Move to March 2013)

Rear residence flooring replacement, new vinyl base (Move to March 2013)

Maintaining an ambitious approach, yet having been 'de-railed', is frustrating. I will do all that we are capable of to keep moving forward.

Many thanks,

A handwritten signature in black ink, appearing to read 'Jeff Kanavas', written over a horizontal line.

Jeff Kanavas

Maintenance/Warehouse Mgr.



Residential Services

TRINITY YUCAIPA

DATE: November 29, 2012

TO: Los Angeles County Probation Department Managers & Deputy
Probation Officer II Armando Juarez

FROM: Trinity Youth Services-Yucaipa Campus

RE: Corrective Action Plan

Attached is Trinity Youth Services-Yucaipa's Corrective Action Plan. If there are any questions, please feel free to contact Bruce Blatchford at (909) 797-0114.

TRINITY YOUTH SERVICES
Trinity-Yucaipa Site
10776 Fremont Street
Yucaipa, CA 92399
License Number: 360900416
Rate Classification Level: 12

III. Maintenance of Required Documentation and Service Delivery

Findings:

Following are the deficiencies cited under the elements of "Treatment team develop comprehensive initial NSP with the child":

Yucaipa-

Client #1:

Cover page-"Reason for Placement"-Not filled in, information incorrectly entered into the quarterly NSP section.

"Education" section-Child was not enrolled in school within 3 days of placement and an explanation was not provided (Child was placed on 08/02/12 and was enrolled in school on 08/26/12-21 days late).

Client #2:

"Education" section-Date enrolled section not completed.

"Outcome Goals" section- All 5 goals have a projected completion date 12 months away. Goals are too far into the future making it difficult to measure the child's quarterly progress.

"Medical/Physical/Dental/Psychological Health" section-Psychotropic medication date of court authorization missing.

Client #3:

"Outcome Goals" section-Goals 1, 3, 4 & 5-do not indicate who will monitor the child's progress for each goal. Goals 3, 4 & 5-Not measurable goals.

Recommendations:

1. Trinity Youth Services, and specifically the Yucaipa site, shall ensure that all initial NSP's are complete, accurate, and comprehensive. Trinity shall do this by ensuring that all sites include all necessary information, and that it is accurate and that it is included in all relevant sections of the NSP, including

but not limited to the aforementioned sections deemed deficient under the element of "Treatment team develop comprehensive initial NSP with the child".

Corrective Action Plan:

Client #1: Trinity Youth Services (Yucaipa) shall ensure that each client's Cover page- "Reason for Placement" be filled in with the correct information from their comprehensive file and incorporated into the NSP.

- *All cover page information will be verified with the client's court documents to ensure updated and accurate information, pertaining to the client will be included in each NSP Quarterly.*
- *The agency will have two of its clinical staff, i.e. dorm therapist and clinical coordinator, reviewing all Cover page- "Reason for Placement" information to verify accuracy, prior to submission to probation.*

Client #1: Trinity Youth Services shall ensure that significant efforts are made to enroll each client in school within the time allotted, i.e. three days from the date of placement, in the "Education" section of the NSP document.

- *Each dorm supervisor will contact the school district within the allotted time to ensure the client is enrolled in school within three days.*
- *Each dorm supervisor (the facility employee responsible for specific clients residing in his/her dorm) will document reasons for the client not being enrolled in school within the three days.*
- *The agency will have two of its clinical staff, i.e. dorm therapist and clinical coordinator; review all education information to verify accuracy, prior to inputting said information in the Needs and Service Plans.*

Client #2: Trinity Youth Services shall ensure that significant efforts are made to state the date a client was enrolled in school is properly documented in the "Education" section of the NSP document.

- *The agency will have two of its clinical staff, i.e. dorm therapist and clinical coordinator; review all sections pertaining to the client's date of enrollment in school to verify the client's information reflects all efforts made by the facility to enroll the client in school within three days.*
- *A valid explanation will be documented in the Needs and Service plan should an incident arise which does not permit the client to meet the three day enrollment requirement.*

Client #2: Trinity Youth Services shall ensure that significant efforts are made to properly document the "Medical/Physical/Dental/Psychological Health" section-Psychotropic Medication date of court authorization is incorporated in each NSP document.

- The section pertaining to clinical dates, i.e. psychotropic medication court authorization will be reviewed by Trinity's medical clerk; thus, ensuring documentation in this section is accurate.*

Client #3: Trinity Youth Services shall ensure that significant efforts are made to provide completion dates for the section entitled "Outcome Goals," which reflects a date from the Initial Treatment Plan that is comprehensive and can be measured for each client's quarterly progress.

- Treatment "Outcome Goals" will be set by each dorm therapist (individual therapist), with input from the dorm supervisor. Each goal will state an increase or decrease in observable behaviors by the client. The treatment "Outcome Goals" will reflect at least one "Seeking Safety" coping skill the client will be taught by a therapist, to help the client work towards meeting the goal.*
- The treatment team will establish set persons who will monitor the progress of the client in terms of meeting the treatment "Outcome Goal."*
- On December 12, 2012 training is scheduled on developing S.M.A.R.T. Goals, towards goals, setting measurable goals and completing the initial NSP's accurately and comprehensively. This training will be conducted by the full time clinical therapist, and the onsite trainer. The training will be provided for dorm supervisors/case managers responsible for accumulating all information pertaining to clients residing in their dorms thus, providing each dorm supervisor with the proper format needed to insert information accurately, completely, and comprehensively into the initial NSP's.*

Findings:

Following are the deficiencies cited under the elements of "Treatment team develop comprehensive **updated** NSP with the child":

Yucaipa-

Client #1:

Cover page-"Concurrent Case Plan Goal" section does not indicate the efforts made by the GH to obtain a viable alternative placement for the child.

"Medical/Physical/Dental/Psychological Health Clinic Visits" section-Outcomes and Follow-up section for Family Therapy information is cut-off.

"Outcome Goals" section- All 5 goals have conflicting dates information. Projected completion date and/or modification date are unclear as to whether the

goals were achieved or modified. Goal 2-Was made more difficult without indicating if the goal was achieved or if it was modified and made more difficult because the child achieved the goal.

Client #3:

Cover page-"Concurrent Case Plan Goal" section does not properly indicate the efforts made by the GH to assess an alternative family member for placement following his graduation from the program.

"Outcome Goals" section-None of the 5 goals are carried over from the previous NSP. This section does not clearly indicate if the goals were achieved or not and does not explain why the goals were changed (i.e. ILP goal was removed without explanation). Permanency Planning goal in relation to family reunification and progress not included as a goal.

Recommendations:

3. Trinity Youth Services, and specifically the Yucaipa site, shall ensure that all updated NSP's are complete, accurate, and comprehensive. Trinity shall do this by ensuring that all sites include all necessary updated information, including but not limited to the aforementioned sections deemed deficient under the element of "Treatment team develop comprehensive updated NSP with the child", and that it is accurate and that it is included in all relevant sections. Trinity shall also do this by documenting the progress of each child towards meeting their goals, or lack thereof, and by creating case-specific goals that address all of the child's needs and by documenting all goal modifications with detailed explanations for the changes made.

Corrective Action Plan:

Client #1: Trinity Youth Services (Yucaipa) shall ensure the "Concurrent Case Plan Goal" pertaining to an alternative placement for the child is documented by the following efforts:

- *Trinity-Yucaipa shall ensure clients have an alternative family member or transitional housing option shall be documented in the NSP. The alternative family member or other housing option shall be documented on page two of the NSP, under the section entitled: "Concurrent Case Plan Goal- Permanency." Each dorm supervisor responsible for the case management of clients residing in their dorm shall provide information pertaining to an alternative placement. Dorm supervisors will meet with the clients' PO and dorm therapist to ensure all alternative placements meet the needs of the clients.*
- *Trinity-Yucaipa shall ensure each section-Outcome and Follow-up section portion for "Medical/Physical/Dental/Psychological Health Clinic Visits" section titled, "Family Therapy" is completed and information is legible and properly formatted to the NSP document.*

- *Trinity-Yucaipa shall ensure the "Outcome Goals" section does not have conflicting dates. Each date set will be verified for accuracy and precise completion dates for goals will be established for every client.*
- *All "Outcome Goals" that are modified shall specify reasons for said modification and each client's progress towards achieving a goal will be properly documented.*

Client #3: Cover page "Concurrent Case Plan Goal" section does not indicate the efforts made by the GH to assess an alternative family member for placement following his graduation from the program.

- *Trinity-Yucaipa shall ensure each client requiring an alternative family member for placement shall have listed an alternative family member or transitional housing option for the client to reside with upon graduating the program. Each dorm supervisor responsible for the case management of each client residing in their dorm shall provide information pertaining to an alternative placement for each client on their caseload and this information shall be properly documented in the NSP.*
- *Trinity-Yucaipa will ensure all treatment "Outcome Goals" are carried over from the initial NSP ITP document. All goals that require modification will specify reasons for the modification. Each client will be assessed by his therapist regarding all treatment services and the treatment team will incorporate permanency planning goals as needed for specific clients. All "Outcome Goals" will remain as part of the NSP document unless otherwise noted (modified, etc.). Achieved goals will be documented in the section entitled, "Achieved Outcome Goals" page eighteen of the NSP.*

IV. Educational and Workforce Readiness

Findings:

Child #1 at the Yucaipa site was not enrolled within 3 days (24 days late-date placed: 08/02/12, date enrolled: 08/26/12). As a result, the Yucaipa site was out of compliance with the element of "Child enrolled in school within three (3) days after placement or efforts documented".

Recommendations:

1. Trinity Youth Services, and specifically the Yucaipa site, shall ensure that significant efforts are made to enroll every child in school within three (3) days of placement as required by Title 22 standards. Additionally, all efforts and explanations are to be documented in each child's file and NSP's for those children who were not enrolled in a timely fashion.

Corrective Action Plan:

Client #1: Documentation pertaining to enrolling a client in school within three days will be addressed by the following:

- *Trinity-Yucaipa shall ensure each client is enrolled within the 3 days as required by Title 22 standards. Trinity-Yucaipa will also document all efforts made by the facility to enroll the client in school within the said time allotted (e.g. client #1 was not enrolled due to summer break and the district office was closed until the fall semester).*

IX. Discharge Plan

Findings:

The Yucaipa site was out of compliance with the elements of "Children placed at least 30 days, was the child discharged according to the permanency plan", and "Children placed at least 30 days, did the child make progress toward meeting their NSP goals". The child was only at the Group Home for two (2) months before going AWOL. While in the Yucaipa program, the child made poor progress.

Recommendations:

1. Trinity Youth Services, and specifically the Yucaipa site, shall ensure that substantial efforts are made to ensure that every Group Home takes the appropriate steps to assist every child in making progress towards meeting their NSP goals and that they are discharged in accordance with their permanency plan.

Corrective Action Plan:

- *Trinity-Yucaipa shall ensure each client's NSP documents the progress each client has made towards achieving goals set for him. Each NSP will also document how the child was discharged, e.g. if the client was discharged according to the permanency plan, and this information will be provided as an addendum if the client has absconded from placement. The facility will also document all efforts made to assist each client in obtaining "Outcome Goals" and provide reasons the client struggled with obtaining goals, i.e. unwillingness to comply with treatment services, etc.*

X. Personnel Records

Findings:


The one (1) staff from the Yucaipa site did not have the minimum requirement of at least one (1) hour of child abuse reporting training documented in their file. As a result, the Group Home was out of compliance with the element of "Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting".

Recommendations:

1. Trinity Youth Services, and specifically the Yucaipa site, shall ensure that all current staff members employed by their respective Group Homes are to receive a minimum of one-hour training in the area of child abuse identification and reporting and are to have the training clearly documented and placed in their staff file, and shall have them available for review.

Corrective Action Plan:

- *Trinity-Yucaipa shall ensure every staff member receives the one hour training in the area of child abuse identification and reporting. The last three on grounds training in this area was conducted by the on site trainer and the dates for the training are as follows: 10.16.12, 10.24.12, and 11.1.12. Two dates in the month of December will also be provided for new and current employees requiring the one hour training in child abuse laws. Trinity-Yucaipa also utilizes the "Essential Learning" online training provider, which is accessible to all employees at Trinity-Yucaipa. The "Essential Learning" is a service available daily to employees and certificates are printed and documented in employees' files upon completion of either the online training or the on site training. The facility trainer and will verify every employee has the appropriate documentation pertaining to the one hour child abuse training in their files.*

 11/29/12
Bruce Blatchford, Campus Director
Trinity Youth Services-Yucaipa Campus