



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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



JERRY E. POWERS
Chief Probation Officer

October 30, 2012

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TO: Each Supervisor

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **ETTIE LEE YOUTH & FAMILY SERVICES (ELYFS) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW**

We have completed a review of Ettie Lee Youth & Family Services (ELYFS) Group Home, operated by ETTIE LEE HOMES, INC. The Group Home contracts with the Los Angeles County Probation Department and Department of Children and Family Services.

ELYFS Group Homes consists of six (6) separate sites that include two (2) twelve-bed homes, one (1) eleven-bed home, one (1) ten-bed home, one (1) nine-bed home, and one (1) six-bed home, which provide services and care for boys placed by the Los Angeles County Probation Department, Los Angeles County Department of Children and Family Services, San Bernardino County Department of Children and Family Services, and various Out of County Probation Departments statewide. All six (6) sites provide services for boys' ages 10-17 years old who exhibit behavioral, social, emotional, and psychological difficulties.

At the time of this monitoring review in June of 2012, ELYFS Group Homes was providing services for 34 children from the Los Angeles County Probation Department, 16 children from the Los Angeles County Department of Children and Family Services, three (3) children from the San Bernardino County Department of Children and Family Services, and one (1) child from the Santa Barbara County Probation Department.

ELYFS Group Homes are located in both Los Angeles and San Bernardino Counties. ELYFS sites are located in the following districts: Mt. Jurupa and Fontana Homes – San Bernardino County Second Supervisorial District, Diamond L. Ranch Home – San Bernardino County Fifth Supervisorial District, Robertson Memorial Home – San Bernardino County Third Supervisorial District, and Oak Knolls and John Eccles Homes – Los Angeles County First Supervisorial 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

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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. In addition, a review of the most current Auditor Controller Fiscal Review was conducted.

SUMMARY

Based on child interviews and review of six (6) Probation, three (3) DCFS, and three (3) Discharged children's files, the contents of the Needs and Services Plans and/or documentation provided by the agency, ELYFS Group Homes is providing the services as outlined in the Program Statement. However, there are numerous deficiencies in the "Notable Finding" section that requires an immediate Corrective Action Plan (CAP). All compliance deficiencies can be found in detail under, "Licensure/Contract Requirements, related to monthly clothing allowance logs, "Facility and Environment", which required immediate attention, "Maintenance of Required Documentation and Service Delivery", related to Needs and Services Plans, and "Personal Needs/Survival and Economical Well-Being", related to clothing allowance and Life Books.

NOTABLE FINDINGS

- There were several issues with the clothing allowance logs at four (4) of the six (6) sites, as detailed in the "Licensure/Contract Requirements" section of the Compliance Monitoring Review; such as, Robertson Memorial site had no clothing allowance log and no documentation to support that the children were receiving and spending their clothing allowance, at the Mt. Jurupa, Diamond L. Ranch and John Eccles sites, there were clothing allowance logs; however, they were all in a state of disarray.
- Minor physical deficiencies were found at all six (6) sites that require repair, correction or replacement as detailed in the "Facility and Environment" section of the Compliance Monitoring Review; such as, torn or damaged exterior window screen, graffiti, cracked light cover, loose electrical outlet, repair toilet partition and fix loose door lock.
- There were numerous deficiencies with the Needs and Services Plans (NSPs) of the child files that were reviewed and required correction, as described in the "Maintenance of Required Documentation and Service Delivery" section of the Compliance Monitoring Review; such as, missing NSP reports in some of the children's files, missing updated NSP reports in the children's files, updated NSP reports being combined together as one report, initial 30-day and updated NSP reports significantly late, initial 30-day and updated NSP report not completed by social workers/clinicians, missing required signature on the initial 30-day reports and updated reports, the NSP reports completed by the Group Homes were "cookie cutter" and not comprehensive, the goals were not child specific, lacking in attention to detail, accuracy and treatment assessments pertaining to the child's adjustment and progress.
- There were several deficiencies with the Group Home not complying with the required \$50.00 dollar monthly clothing allowance and the children not receiving Life Books, as detailed in the "Personal Needs/Survival and Economical Well-Being" section of the Compliance Monitoring Review.

EXIT CONFERENCE

In attendance:

Karen Turner, Administrator
Nola Jones, Group Home Site Administrator
Patrick Williams, Group Home Site Administrator
Melanie Beck, Group Home Site Administrator
Bonnie Williams, Mt. Jurupa site Facility Manager

Highlights:

The exit conference was held on July 31, 2012. The deficiencies were thoroughly addressed, and the representatives present were in agreement with the review findings. Administrator Turner, Group Home Site Administrators Williams, Jones, and Beck and Facility Manager Williams all understood the importance of compliance with the Los Angeles County Group Home Foster Care Services Master Contract and agreed to make the necessary corrections, as recommended. A follow up visit was conducted on September 6, 2012, to ensure that all deficiencies have been corrected. The results of the follow-up visit can be found in detail on the final page of the "Compliance Review" section, as follows: a new comprehensive clothing allowance log is maintained at all of the six (6) sites, minor physical deficiencies at each of the sites have been corrected or replaced, the NSP issues have been improved and a Clinical Supervisor is now responsible for all initial and updated NSPs, the Group Home is adhering to and has rectified the clothing allowance issue, and all children had received Life Books and were maintaining them with photographs from outings and personal drawings.

If you need any 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 (3)

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
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Jean Chen, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing
Karen Turner, Administrator, Ettie Lee Youth & Family Services
Georgia Mattered, Public Safety, Deputy Chief Executive Officer
Chief Deputies
Justice Deputies

**ETTIE LEE YOUTH & FAMILY SERVICES (ELYFS) GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW- SUMMARY**

	Contract Compliance Monitoring Review	Findings: June/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. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Needs Improvement 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. Needs Improvement 2. Needs Improvement 3. Needs Improvement 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/Parents 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Needs Improvement 5. Needs Improvement 6. Needs Improvement 7. Needs Improvement 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Needs Improvement

	13. Treatment team develop comprehensive updated NSP with the child	13. Needs Improvement
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. 	Full Compliance (All)
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 	Full Compliance (All)

	<ol style="list-style-type: none"> 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 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 intrest 	
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 	<ol style="list-style-type: none"> 1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Needs Improvement
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 	Full Compliance (All)
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 	Full Compliance (All)

	<ol style="list-style-type: none"> 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 7. Required employees have a valid CA drivers license 8. Appropriate Group Home employees signed copies of the Group Home policies and procedures 9. Appropriate employees received the required initial training 10. Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting 11. Appropriate employees received CPR training 12. Appropriate employees received First-Aid training 13. Appropriate employees received the required annual on-going training 14. Appropriate employees received emergency intervention training per the Group Home's program statement 	
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**ETTIE LEE YOUTH & FAMILY SERVICES GROUP HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

Ettie Lee – Roberson Memorial Home
28721 Live Oak Canyon Road
Redlands, CA 92373
License Number: 360900845
Rate Classification Level: 12

Ettie Lee – Diamond L. Ranch Home
11282 Spruce Street
Bloomington, CA 92316
License Number: 360900272
Rate Classification Level: 12

Ettie Lee – Fontana Home
7637 Citrus Avenue
Fontana, CA 92336
License Number: 360900339
Rate Classification Level: 12

Ettie Lee – Mt. Jurupa Home
13942 Jurupa Avenue
Fontana, CA 92335
License Number: 360900703
Rate Classification Level: 12

Ettie Lee – Oak Knolls Home
620 N. Cerritos Avenue
Azusa, CA 91702
License Number: 191502141
Rate Classification Level: 12

Ettie Lee – John Eccles Home
3526 Big Dalton Avenue
Baldwin Park, CA 91706
License Number: 191501961
Rate Classification Level: 12

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of six (6) Probation children, three (3) DFCS children and three (3) Discharged files and documents provided by the agency, Ettie Lee Youth and Family Services (ELYFS) Group Homes are in compliance with eight (8) out of nine (9) elements in the area of "Licensure/Contract Requirements". The one (1) area of non-compliance is "Allowance Logs Maintained".

ELYFS Group Homes notifies all required agencies in a timely manner when a child is relocated. The Group Home provides all transportation needs for the children; such as, to and from school, medical appointments, substance abuse counseling, community activities, clothing purchases, outings and various activities. ELYFS Group Homes document and complete all Special Incident Reports (SIRs) in a timely manner and submits the SIR through the "I-Track" reporting system. In addition to submitting the I-Tracks, ELYFS Group Homes also contacts the Probation Department's Group Home Monitoring (GHM) Unit, Officer of the Day (OD) Line, to report the incidents.

A review of the "Client Roster" population chart reflects that the Group Home is in compliance with the licensing capacity for children placed at each of the sites. The Disaster Drill Logs for all sites were reviewed and in compliance. The most recent disaster drills conducted for the Mt. Jurupa and Robertson Memorial Homes were completed on month of May 2012. The Fontana, Diamond L. Ranch, John Eccles, and Oak Knolls Homes were completed on the month of June 2012. ELYFS Group Homes conducts fire and emergency disaster drills every month with the exception of the Robertson Memorial House, which conducts the emergency disaster drill every six (6) months due to the low amount of child turnovers discharged from the program. The Facility Manager at the Robertson Memorial House explained that the emergency disaster drills have always been conducted on a bi-annual basis for all ELYFS Group Home sites in accordance with CCL. However, due to recent high amount of child turnover at other sites, ELYFS Group Homes with the exception of the Robertson

Memorial House began conducting emergency disaster drills on a monthly basis to allow all newly placed children with the immediate knowledge to respond instead of waiting up to six (6) months in the event of an actual emergency disaster.

The Group Home maintains a binder on "Runaway Procedure" for all sites and the guidelines are in accordance with the Probation Department's Placement Coordinating Memorandum (PCM). According to Community Care Licensing (CCL), ELYFS Group Homes received two (2) CCL citations for safety and plant deficiencies for the Fontana and Diamond L. Ranch homes in September of 2011. The Licensed Program Analyst (LPA) reported that the Fontana home was cited for the following: 1. Filthy and unsanitary building. 2. Improper care and supervision of children. The Diamond L. Ranch home was cited for gang graffiti and contraband, where marijuana was found in the child's dresser.

ELYFS Group Homes maintain a clothing allowance log that reflects the amount of the allowances received, spent and carried over. However, the Robertson Memorial, Mt. Jurupa, Diamond L. Ranch and John Eccles Homes did not comprehensively maintain a "Clothing Allowance" log. The Robertson Memorial home does not utilize a "clothing allowance" log as required by Title 22 Regulations and the Los Angeles County Group Home Foster Care Services Master Contract to record the monthly \$50.00 dollar clothing allowances received by the children and could not produce any documentation to reflect that the children were receiving their clothing allowances on a monthly basis. The Diamond L. Ranch, Mt. Jurupa and John Eccles Homes all had maintained a "clothing allowance" log, but the log appeared to be in disarray and was not in compliance with the required recording of the "clothing allowance" to reflect the amount received, spent, carried over and totaled.

Recommendations:

1. ELYFS shall create and maintain a comprehensive monthly clothing allowance ledger/log to reflect the child's monthly clothing amount received, amount spent, amount carried over and amount totaled.

FACILITY AND ENVIRONMENT

Based on our walk through inspection at each Group Home site, ELYFS Group Homes were in compliance with three (3) of six (6) elements in the area of "Facility and Environment". The three (3) areas of non-compliance were, "Exterior Well Maintained", "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained".

All ELYFS Group Homes sites are located in a residential community in the Counties of San Bernardino and Los Angeles. The Robertson Memorial Home is located in the City of Redlands. The Group Home is a ranch style eight (8) bedroom house with two (2) bathrooms and the property resides on five (5) acres of land. The Group Home exterior consists of a huge front and backyard. The backyard consists of a seven (7) foot swimming pool, full size double basketball court, complete gym weight set, BBQ grills and concrete picnic tables. The interior of the house consists of a living room, kitchen, recreational room, training room and a small computer room.

The Fontana Home is located in the City of Fontana. The Group Home is a ranch style five (5) bedroom house with three (3) bathrooms and has a small front yard and huge

backyard. The backyard consists of an eight (8) foot swimming pool, full size basketball court, BBQ grills and concrete picnic tables. The interior of the house consists of a living room, recreational room, kitchen and training room.

The Mt. Jurupa Home is also located in the City of Fontana. The Group Home is a ranch style six (6) bedroom house with one (1) large community bathroom and one (1) small bathroom. The Group Home's historic speculation is that the property was a former motel. The exterior consists of a very small front yard and huge backyard. The backyard consists of an eight (8) foot swimming pool, complete gym weight set, BBQ grills and concrete picnic tables. The interior of the house consists of a living room, laundry room, kitchen, and training room.

The Diamond L. Ranch Home is located in the City of Bloomington. The Group Home is a ranch style five (5) bedroom house with six (6) bathrooms. The exterior consists of a small front yard and huge backyard. The backyard consists of a full size basketball court, BBQ grills and concrete picnic tables. The interior of the house consists of a living room, family room, recreational room, kitchen, group room and a computer room.

The John Eccles Home is located in the City of Baldwin Park. The Group Home is a vintage Spanish style house with three (3) bedrooms and one (1) bathroom. The exterior consists of a slightly large front yard and huge backyard. The backyard consists of a separate recreational room, half court basketball court, weight bench, BBQ grill and concrete picnic tables.

The Oak Knolls Home is located in the City of Azusa. The Group Home is a two (2) story vintage Manor House with eight (8) bedrooms and four (4) bathrooms. The Oak Knoll site is historically known as a "plantation house" from past history. The exterior consists of a huge front and backyard. The backyard consists of a full size basketball court, tomato garden, concrete picnic tables and BBQ grills. The interior of the house consists of a living room, recreational room, dining room, therapy room and a group room located in the basement.

The exteriors at each of the Group Home sites are similar to one another in decorations, landscaping and recreational planning. Each of the Group Homes is painted in a light brown color with dark brown trims. The condition of the Group Homes exteriors appeared to be in excellent condition without any signs of deterioration. The front and backyards also appeared to be very clean and free from safety hazards. The walkways, driveways, fences and gates were all in good repair and well maintained. The landscaping surrounding each Group Home site was adequately maintained and manicured weekly by the agency's contracted gardening service. There are numerous gigantic trees, evergreen scrubs, flowers, roses and plants that are planted around each of the Group Home sites. However, the exteriors are in need of replacements in the following deficient areas:

- Torn window screen outside of bathroom #1, at the Fontana site.
- Broken and damaged window screen frame outside of bathroom #2, at the Fontana site.
- Torn window screen outside of the storage office at the Fontana site.

- Damaged window screen frame outside of bedroom #5, at the Diamond L. Ranch site.

The interiors at each of the Group Home sites were similar to one another in decorations, furnishings and flooring. Each of the Group Home sites utilizes a central heating and air condition system. The Group Home sites are all bright and airy with an adequate amount of lighting. All of the interior walls at each of the Group Home sites were painted in an off white color. The flooring at each of the Group Home sites is laminate oak hardwood floors in the living room, hallway and recreational room. Each of the Group Home site's living rooms and family rooms are fully complimented with a complete set of sofas, televisions, DVD players, coffee tables, end tables, window treatments, artificial flowers and decorative wall paintings. The kitchens at each of the Group Home sites consist of oak cabinets with quartz stone countertops and porcelain tile flooring. The kitchen appliances are high end commercial stainless steel with brands such as "Wolf". The kitchen consists of stove/oven ranges, refrigerators, microwaves, dishwashers, Sparklett's water cooler dispenser, toaster ovens, and coffee makers. However, the interior common quarters are in need of a replacement in the following deficient areas:

- Cracked light cover in the recreational room at the Diamond L. Ranch site.
- Exposed wires protruding from the back wall in the Training Room at the Fontana site.

Each child's bedroom at all of the Group Home sites consists of two (2) twin size beds that are fully complemented with pillows, bed sheets and comforters. ELYFS Group Homes recently purchased all brand new metal twin size bed frames and three (3) dresser drawers for each of the Group Homes in January of 2012. In addition to the children storing their clothes in the dresser drawers, there is a small built-in closet in each room where the children could hang their shirts, jackets, pants and jeans. The floors in each of the rooms have blue carpeting. The windows are treated with curtains in various patterns and stripes to compliment the rooms. In addition, each child's room is personalized with pictures of their family members, girlfriends, magazine cut outs of various sports athletes and cars. However, the Group Home site's interior and interior of the children's bedrooms are in need of a few minor repairs or replacements in the following deficient area:

- Loose electrical outlet in bedroom #3, at the Mt. Jurupa site.
- Damaged drywall on the outside wall of the stand up shower in bathroom #2, at the Fontana site.
- Loose toilet partition door in bathroom #2, at the Robertson Memorial site.
- Section of the vinyl baseboard molding missing in bedroom #2, at the Robertson Memorial site.
- Graffiti on electrical and cable wall plate covers in bedroom #5, at the Diamond L. Ranch site.

- Loose bedroom door lock in bedroom #4, at the Diamond L. Ranch site.
- Graffiti on crown molding in bedroom #6, at the Oak Knolls site.

Ettie Lee Group Homes provides the children with adequate perishable and non-perishable foods. The monitor observed a significant amount of various fresh fruits at each of the sites during the inspections. Each of the Group Home sites has three (3) to four (4) refrigerators. There is one (1) refrigerator for the children to access at any time, which contained frozen pizzas, corn dogs, ice creams, sodas, juices, milk, peanut butter, jelly, sandwich meats, lettuce and tomatoes. There is a second refrigerator at each of the Group Home sites that contained additional juices, milk, eggs, bacon, sausages, salads, cheese, chicken meats, beef steaks, pork chops, shrimp, smoked sausages, pork chorizo, fish and ground beef. There is also a third or fourth extra refrigerator at each site, with exception to the John Eccles site, which contained additional frozen beef, pork and chicken meats, milk, sausages, lasagna, salads, cheese, corn dogs, hamburger patties, French fries, waffles, bologna and juices to supply the Group Home sites for up to more than a week. The non-perishable foods at each of the Group Home sites consisted of mostly canned foods; such as, peas, corns, carrots, pineapples, soups, broths, ravioli, sauces, spices, rice, oatmeal, Hamburger Helper, beans, canned soups, cake mixes, can peaches, Mac & Cheese and nuts.

ELYFS Group Home sites all maintain a sufficient amount of recreational equipment that is in good condition and age appropriate. Each Group Home site consists of an X-Box and Nintendo Wii video gaming systems, pool table, ping pong table, full gym weight equipment, and a half or full size basketball courts, where the children can enjoy their recreational time on their own or with their peers while building confidence and socialization skills.

ELYFS Group Homes provides children, at all of the sites, with a variety of age appropriate reading and educational materials. The Mt. Jurupa Home has a library room while the other five (5) Group Home site's reading materials are located in the living rooms. Reading material includes; various music and sports magazines, Holy Bibles, dictionaries, cook books, cultural books, Encyclopedia, literatures, and fiction and non-fictional books, with authors such as; J.K. Rawlings, Daniel Steel and Stephen King. ELYFS Group Homes also provides children at each site with a computer and printer, with exception to the Oak Knolls Home, where each child is provided with a laptop computer. The Robertson Memorial and Diamond L. Ranch Homes have a computer room while the rest of the Group Home site's computers are located in the living room.

Recommendations:

1. ELYFS Group Homes shall ensure that the physical deficiencies of the exterior and interior of the Group Homes are repaired or replaced; such as, secure loose electrical outlet, damaged drywall, exposed wires, torn window screens, damaged window screen frame, loose toilet partition door, missing vinyl baseboard molding, cracked light cover, remove graffiti and loose bedroom door lock.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of nine (9) children's files and child interviews conducted, six (6) Probation children and three (3) DCFS children, ELYFS Group Homes were in compliance with five (5) of 13 elements in the area of "Maintenance of Required Documentation and Service Delivery". The eight (8) areas of non-compliance were, "Children's Participation in the Development of NSPs", "Probation Caseworker Authorization to Implement NSPs", "NSPs Implemented and Discussed with Staff/Parents", "Children progressing towards meeting the NSPs goals", "Treatment team developed timely initial NSP with the child", "Treatment team develop comprehensive initial NSP with the child", "Treatment team develop timely updated NSP with the child" and "Treatment team develop comprehensive updated NSP with the child".

ELYFS Group Home's Program Statement is consistent with the population present in the Group Home. ELYFS Group Homes accepts children that are wards of both Dependency and Delinquency Court and provides treatment for children with history of abuse, delinquency, and mental/psychological health issues.

Out of the nine (9) children's files reviewed, none of them had the Social Worker's or Probation Caseworker's authorization to implement the child's Needs and Services Plans (NSPs). However, ELYFS Group Homes Administration provided the monitor with documentations of efforts made that each child's initial 30-Day NSPs were mailed out to obtain the Social Worker's or Probation Caseworker's signature for implementation of the NSPs. One (1) of the two (2) Probation Caseworkers reported that they received and signed copies of the Initial 30-Day NSP report from the Group Home by mail. The other Probation Caseworker acknowledged receipt of the mailed documentation but refused to sign the Initial 30-Day NSP report due to the reports being significantly late and not in compliance. The NSPs are discussed with staff, parents and the children interviewed reported that they participated in their NSPs. However, not all of the NSPs had the child's, parents, Group Home Administrator's, or Facility Manager's signatures and the Group Home did not provide any proof of effort on obtaining these necessary signatures.

Eight (8) out of the nine (9) children's files reviewed were progressing towards meeting their case plan goals, as evidenced by their improving grades, negative drug tests and graduation from the program. Four (4) children had met their goals and were reunified with their parents, while three (3) children were not progressing towards their goals by continuously engaging in negative behavior; such as, substance abuse, refusing to attend school and constantly going AWOL. One (1) child placed three (3) months ago did not have an updated NSP report in his file; therefore, the monitor was unable to determine whether he was progressing towards meeting his goals. The Initial 30-Day reports were not timely and documentation pertaining to the children's goals was not well written. Six (6) of the nine (9) Initial 30-Day reports were late, ranging from three (3) days to 60 days. The initial 30-Day reports were not comprehensive or "child specific"; lacking pertinent information; such as, incorrect permanency case plans and dates when the child was enrolled in school. In addition, all of the children's files reviewed contained the same or similar goals for each child despite their differences in needs, treatments, and services.

The children interviewed reported that they are receiving therapeutic services; such as, individual therapy, family therapy, group therapy, and substance abuse counseling. Children are assessed upon arriving to the Group Home and any additional or further recommended assessments/evaluations are provided to the children by the Group Home's mental health professionals. All updated NSP reports reviewed reflected that the Social Workers and Probation Caseworkers made monthly contact with the children. The children also reported that their Social Workers and Probation Caseworkers visit them at school or the Group Homes on a monthly basis. The children reported that ELYFS Group Homes provides and encourages them in maintaining important relationships with their family members, staff members, peers and friends.

The updated NSP reports in the children's files also were not completed timely. All nine (9) of the updated NSP reports were late or significantly late. There were also numerous updated NSP reports that were combined together as one (1) report to avoid being significantly late. There were also several updated NSP reports that could not be found in the children's files and were unable to be reviewed to determine the timeliness. The updated NSP reports that were available for review by the monitor were not comprehensive and contained incorrect information for certain goals; contained no information on updated progress for the child since the Initial 30-Day report and lacked detailed information in certain categories; such as, the "Educational and Family Visitation" section. The updated NSP reports do not meet the Specific, Measurable, Attainable, Results Oriented and Time-Limited (SMART) Goals Guidelines provided to the Group Homes at the Needs and Service Plan Training in January of 2012.

The updated NSP reports do not appear to be uniformed or professionally written. The content of the reports contained various font and letter sizes from different personnel completing the reports. In addition, several updated reports had grammatical and spelling errors. During the review, it was discovered that the Initial 30-Day and updated NSP reports were not being prepared and written by a qualified social worker or clinician who possesses the required education and qualifications. Instead, the Initial 30-Day and updated NSP reports were being written by the Facility Managers, the Administrator, Group Home Administrators and Therapeutic Behavior Specialist (TBS), all of which do not possess the qualifications to complete the children's NSP reports in accordance with Title 22 Regulations. This issue was discussed with the ELYFS Group Homes Administrator who reported that the agency had since lost and did not replace the three (3) clinicians who were assigned to each of Group Home's sites, due to budget issues. The Administrator reported that currently, she, the Facility Managers, Group Home Administrators, and TBS staff were responsible for the completion of the Initial 30-Day and updated NSP reports to avoid being severely late.

Recommendations:

1. ELYFS Administrator shall immediately terminate the use of unqualified Group Home personnel to complete Initial 30-Day and updated NSP reports. ELYFS Administration shall immediately provide the Group Home sites with qualified Social Workers or Clinicians to prepare and complete all Initial 30-Day and updated NSP reports in accordance with Title 22 Regulations.
2. ELYFS Administrator shall ensure that the authorization of the Probation Case Worker to implement NSP reports are signed by the Probation Case Workers

and Caseworkers are made readily accessible to review by the Probation Monitor.

3. ELYFS Administrator shall monitor to ensure that all Initial 30-Day reports are submitted timely in accordance with Title 22 Regulations and the Los Angeles County Master Agreement Contract for Foster Care Services.
4. ELYFS Administrator shall monitor to ensure that updated NSP reports are submitted timely in accordance with Title 22 Regulations and the Los Angeles County Master Agreement Contract for Foster Care Services.
5. ELYFS Administrator or Clinical Supervisor shall ensure that all Initial 30-Day and updated NSP reports are "child specific" and tailored to the child's needs and goals.
6. ELYFS Administrator or Clinical Supervisor shall ensure that all Initial 30-Day and updated NSP reports are comprehensive, meeting the Specific, Measurable, Attainable, Results Oriented, and Time-Limited (SMART) Goals Guidelines. ELYFS Clinicians shall refer to the Needs & Services Plan/Quarterly Report Training provided by the Department of Children & Family Services (DCFS) and the Probation Department in January of 2012.
7. ELYFS Administrator or Clinical Supervisor shall monitor to ensure that every effort has been made to obtain or document efforts made to obtain the children's, parent's, Group Home Administrator's, Facility Manager's, and Clinical Supervisor's signatures after the Initial 30-Day or updated NSP reports have been submitted.

EDUCATIONAL AND WORKFORCE READINESS

Based on our interviews conducted with (9) children and files reviewed, six (6) Probation children and three (3) DCFS children, ELYFS Group Homes were in compliance with all eight (8) elements in the area of "Educational and Workforce Readiness".

ELYFS Group Homes were in compliance with children enrolling and attending school within three (3) days of placement or provided documented efforts to enroll the child in school. However, not all of the children were enrolled within three (3) days of placement due to the summer break, winter break and children refusing to be tested for school. All nine (9) children interviewed attended different schools. Two (2) of the six (6) children attended a regular high school while one (1) attended a non-public school. The other six (6) children all attended ELYFS off-site school, Opportunity for Learning (OFL), located in the city of Pomona. ELYFS Group Home staff assists the children in meeting their educational goals by advocating different approaches for making their education successful.

The children at all of the sites reported that there is a tutor that comes to the Group Home twice a week and provides assistance with their homework, in addition to tutoring services already provided by the school. The children reported that they also enlist the Group Home staff for assistance with their homework or difficult assignments. The children reported that there is communication between the Group Home staff and the school to ensure that they are progressing academically and behaviorally; such as,

attending their teacher/parent conferences and meetings with the principal for negative behavior. Four (4) of children had a difficult time progressing academically by demonstrating defiant behavior towards school officials, having poor attendance and refusing to complete class assignments. However, there are five (5) children that are making progress by improving their attendance and completing class assignments as evidenced by their NSP reports. One (1) child at the Oak Knoll Home reported he is currently taking college courses at Citrus Community College and has plans to be work in social services in the near future. Eight (8) other children interviewed reported that they plan on graduating high school and enrolling in a college or trade school.

ELYFS Group Homes maintain copies of current and past report cards and Individual Education Plans (IEPs). Of the nine (9) children's files reviewed, there are three (3) children that required an IEP and three (3) children that were of age to attend Independent Living Program (ILP) classes. Children that are eligible for ILP classes attend the local community colleges or community center where ILP services are provided. One (1) child at the Oak Knolls site attended a 10-week ILP course at Citrus Community College and received a "Certificate of Completion" award in June of 2012. The child reported that the ILP classes covered subjects; such as, "Money Budgeting", "Life Skills", "Health Concerns and "Employment Seeking". The children that are not eligible for ILP services reported that they are encouraged to participate in youth development and daily living skills; such as, learning positive behavior, personal interactions with staff and peers; perform basic hygiene by washing, grooming and bathing. In addition, the children are also taught how to perform daily chores; such as, mopping, sweeping, cleaning and washing laundry.

Recommendations:

None

HEALTH AND MEDICAL NEEDS

Based on our interviews conducted with nine (9) children and files reviewed, six (6) Probation children and three (3) DCFS children, ELYFS Group Homes were in full compliance with all six (6) elements in the area of "Health and Medical Needs".

Of the nine (9) children interviewed, all reported that they have been seen by a physician, optometrist and dentist within 30 days after being placed at the Group Home. All nine (9) children reported that they did not have any medical issues that required a follow-up appointment. Two (2) children reported that their initial dental appointment revealed cavities and one (1) child needed four (4) wisdom teeth extracted, which all required follow-up dental appointments. One (1) child reported he was diagnosed with Myopia and requires prescription eyeglasses during his initial eye exam. The children reported that they all have received their follow-up dental and optometry appointments in a timely manner.

Recommendations:

None

PSYCHOTROPIC MEDICATION

Based on our interviews conducted with nine (9) children and children's files reviewed, six (6) Probation children and three (3) DCFS children, ELYFS Group Homes were in full compliance with all elements in the area of "Psychotropic Medication".

Of the nine (9) children interviewed and files reviewed, seven (7) children currently have court ordered authorization for psychotropic medication, four (4) Probation and three (3) DCFS children. The children's files reviewed also contained a completed copy of the court filed Psychotropic Medication Authorization (PMA) form. Each child reported he is routinely seen and assessed by the Group Home's psychiatric provider, Dr. Henry Khin, M.D. Children interviews revealed that some of the medication they are taking; such as, Seroquel, makes them feel sleepy but helps them sleep better at night. Children also revealed that other medication has helped them calm down. Children interviewed also reported that they are fully aware of their rights to refused medication at any time.

Recommendations:

None

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our interviews conducted with nine (9) children and children's files reviewed, six (6) Probation children and three (3) DCFS children, ELYFS Group Homes were in full compliance with all 17 elements in the area of "Personal Rights and Social/Emotional Well-Being".

The children at all Group Home sites reported that they were informed of ELYFS Group Home's policies and procedures during the orientation process upon arriving at the Group Home. The children reported they were given a copy of the Group Home's policies and procedures to sign, which acknowledges that the policies and procedures were reviewed with them by the Group Home Administrators and the Facility Managers. The children all reported that they feel safe at the Group Home and are free from intimidation or bullying. The children all reported that they are always supervised by at least three (3) to four (4) staff members throughout the day and two (2) staff members overnight, which meets their Program Statement on staff to client ratio of 1:3.

The children at all sites reported that they are completely satisfied with the meals and snacks they received at the Group Homes. The children reported eating lasagna, fried chicken, hamburgers, hot dogs, tacos, burritos, rice, beans, BBQ ribs, gumbo, spaghetti, pastas, pork chops, sausages, steaks, meatloaf and enchiladas. One (1) child reported that the food was "so good" that he gained an astonishing 70 pounds of weight during his entire placement at ELYFS. The child reported battling with hunger on the streets prior to being placed at ELYFS. Children at all of the sites reported that they are very satisfied with their snacks. The children reported that they receive a small snack in between their meals; such as, Cup O' Noodles, Hot Pockets, small sandwiches, corn dogs, yogurts and ice creams. In addition, the children all reported that they are also provided with a variety of candy snacks twice a day. The children reported receiving, Hot Cheetos, Doritos, Oreo cookies, Funyuns, Rice Crispy Treats, M&Ms, Snickers, Kit Kat, Starburst, brownies, Twix and Skittles. Children interviewed at all sites reported that they are provided with an abundance of fresh fruits to eat on a daily basis

ranging from; bananas, apples, oranges, pears, cherries, grapes, mangos, strawberries, grapefruits, nectarines, pineapples, peaches, plums and watermelon,.

The children all reported that they are treated with dignity and respect by ELYFS Group Home staff members. The children reported that they receive appropriate rewards and discipline. The children reported that they are given a point system and placed on a four (4) level tier system ranging from the highest to the lowest levels of achievement, which consists of, "95% to 100% for Level 1", "89% to 94% for Level 2", "83% to 88% for Level 3, and "87% or below for Level 4". The children also receive privileges based on the point system points earned and deducted. Each child has the capacity of earning 0 to 25 points daily. Discipline is enforced if they do not follow the rules by having their points deducted and losing certain privileges; such as, room restrictions and participating in certain outings or activities. The children reported that they feel the consequences are fair. The children reported that they are allowed to make and receive telephone calls in private and receive unopened mail, as long as it is from their approved contact list. The children reported that they are aware of their right to participate in the religious service of their choice. The children reported that they attend churches on Sundays unless they are on a home pass. The children reported that their chores are easy and their assignments vary by the week. Examples of daily chores includes; cleaning, sweeping, and mopping of the living room, kitchen, bathrooms, and taking out the trash.

The children reported that they are informed of the names of their medications and as to why they are taking it. The children reported that they are also aware of their right to refuse medications. The seven (7) children taking psychotropic medications reported that they were all aware of what the medications were for and felt that the medication was helping them cope with their mental health issues. Also, the children reported that they are aware of their right to receive or reject voluntary medical, dental and psychiatric care.

All children interviewed reported that they were given opportunities to participate in planning activities. The children reported that their participation in activities, including at the Group Homes, in the community or school are provided to them if they choose to participate. Children interviewed reported participating by going swimming at the community swimming pool, attending after school basketball games and working out at the LA Fitness Gym. The children at the Fontana Home all had received a full year of membership to the LA Fitness Gym donated by a private sponsor. The children reported that their recent activities were going to the movies, LA Fitness Gym and Howie's Game Shack. The children gave examples of current and past activities and outings which they have been out on such as; local parks, movies, Duck's hockey games, Laker's games, hiking, water parks, rivers, libraries, Howie's Game Shack, LA Fitness Gym, Circus Circus show, Rialto Recreational Center, festivals, beaches, comedy shows, UCLA basketball game, Speed Zone, eating out at community restaurants, bowling, skating and Feast a Village Amusement Park. ELYFS Group Homes have a recreational activity calendar posted at each of the Group Home sites.

The children indicated they are offered the opportunity to participate in age-appropriate extra-curricular activities in which they have an interest. Eight (8) of the nine (9) children interviewed choose not to participate in the activities. However, there is one (1) child at the John Eccles Home who has chosen to participate on his junior high school basketball team.

Recommendations:

None

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our interviews conducted with nine (9) children and children's files reviewed, six (6) Probation children and three (3) DCFS children, ELYFS Group Homes were in compliance with six (6) of the eight (8) elements in the area of "Personal Needs/Survival and Economic Well-Being". The two (2) areas of non-compliance were, "\$50.00 Clothing Allowance" and "Encouragement and Assistance with Life Book/Photo Album".

ELYFS Group Homes provides the children with the required \$50.00 dollar monthly clothing allowance as required by the Los Angeles County Group Home Foster Care Services Master Contract. However, the Mt. Jurupa Home was not compliance with the \$50.00 dollar monthly clothing allowance. Of the children sampled and additional children interviewed at the Mt. Jurupa Home, all reported that the Facility Manager does not provide them with their \$50.00 dollar clothing allowance on a monthly basis. The children reported that when they asked the Facility Manager about their monthly clothing allowances, the Facility Manager informed them that the Group Home has no available funds left from the Group Home's budget to provide each child with their \$50.00 dollar monthly clothing allowances and that their monthly clothing allowances were being allocated to a newly placed child to purchase clothing. The monitor conducted a review of the "clothing allowance" log from the Mt. Jurupa Home and determined that the children did not receive their monthly clothing allowances ranging from a period of one (1) to four (4) months. The monitor discussed this issue with the Group Home Administrator who also related that the Group Home is given a budget from their Administration office. The budget they received is for the purchase of food, gasoline, children's weekly allowances, children's clothing allowances, and costs for activities and outings. The Group Home Administrator reported that there are no additional monies remaining from the Group Home's budget to distribute clothing allowances to each child; therefore, only newly placed children without any clothes will be receiving the allowances.

ELYFS Group Homes maintains a "Clothing Inventory Ledger" that lists the articles of clothing, the value of the clothing and also the purchase date of the clothing. The children reported that they are provided with the opportunity to select their own clothing, as long as the clothing sizes are appropriate, free from offensive language and non-gang related. The children reported shopping for clothing at stores; such as, "Burlington Coat Factory", "Target", "KMH Clothing", "Zumies", "Warehouse Shoe Store", "Ross", "JC Pennys", "Urban Ex", "Levi's Store", "Marshall's", "DDS Clothing", "Forever 21", "Topps Shoes", "Men's Land Clothing", "Vans Shoe Store", "Footlocker", "Wal-Mart", "H&M Clothing" and "Nike Store". The children reported that they have adequate amounts of clothing; including, socks, underwear, jeans, shorts, shirts and jackets. The children also reported that the qualities of their clothing are of name brands from the above mentioned stores they shopped at. ELYFS Group Homes provides the children with adequate and quality personal care items. The children reported that if they desire a certain name brand personal care item, they are allowed to use their weekly allowances to make such purchases.

ELYFS Group Homes provides all children with the required minimum weekly allowance. All children interviewed reported that they received at least \$7.00 dollars for their weekly allowances. The children reported that they are offered opportunity to earn up to \$15.00 dollars for their weekly allowances by performing extra chores at the Group Home and remaining at "Level 1" status. The children reported that they are free to manage or spend their weekly allowances as they choose, as required by the Los Angeles County Group Home Foster Care Services Master Contract. The children reported using their allowances to purchase snacks; such as, popcorn, candies, chips, chewing gum, Twix, Kit Kat, Snickers, ice cream, Jack in the Box, McDonald's, Wendy's and Chinese Food. The children reported that they received their weekly allowances on Friday of each week. In addition to the children's weekly allowances, ELYFS Group Homes also provides each child with a weekly pay phone allowance of \$3.00 to be used to make telephone calls on the Group Home's pay phone system. Children interviewed reported that the Group Home offers them the opportunity to open and maintain a bank account at the bank of their choice. However, the children sampled reported that they are "not interested" in opening a bank account outside of the Group Home.

ELYFS Group Homes does not encourage or assist the children in creating and maintaining "Life Books", as required by the Los Angeles County Group Home Foster Care Services Master Contract. The children interviewed from all of the Group Home sites reported that they were never given a "Life Book" or "Photo Album" during the time of their placement at the Group Homes.

Recommendations:

1. ELYFS Group Homes shall comply with the Los Angeles County Group Home Foster Care Services Master Contract, Section 3.15.1, which states that the Group Home shall provide a regular monthly clothing allocation starting not more than 30 days following the date of placement in the amount of at least \$50.00 dollars to be spent on clothing. The Group Home shall also create and maintain a "Clothing Allowance Deferment Waiver" form, which requires both signatures from the child and the Group Home representative when the child elects to "defer" their monthly clothing allowances and receive it on a quarterly basis versus monthly for bigger purchases. The Group Home is to show proof of reimbursement of clothing allowance not provided for specific months of non-payment.
2. ELYFS Group Homes shall comply with the Los Angeles County Group Home Foster Care Services Master Contract, Section 3.21, which requires that the Group Home provide each child with a "Life Book" and encourages them in the assisting, creating and updating of their Life Books; such as, participating in regular routine "Group Home Activity" for updating the child's Life Book.

DISCHARGE PLAN

Based on our review of three (3) discharged Probation child's files, ELYFS Group Homes are in compliance with all three (3) elements in the area of "Discharge Plan".

All three (3) children were discharged according to their permanency plan, which were two (2) Family Reunifications and one (1) PPLA to a Transitional Living Program. The two (2) children were reunited with their families and met their Needs and Services Plan

goals by controlling their anger management, maintaining sobriety, progressing at school and developing interpersonal relationships with family. One (1) child emancipated by "aging out" and enrolled in the Transitional Housing Program. The Group Home uses all available resources in attempt to stabilize the child's placement prior to requesting the removal of the child. Examples are, implementing team meeting strategies every Tuesday with Administrators, Group Home Administrators, Facility Managers, Clinicians, Treatment Team, DCFS and Probation Caseworkers and the parent's participation to increase placement stabilization and decrease runaways for each child as noted in the program statement.

Recommendations:

None

PERSONNEL RECORDS

Base on our review of five (5) employee files, ELYFS Group Homes were in compliance with all 14 elements in the area of "Personnel Records".

All background checks, Department of Justice (DOJ), Federal Bureau of Investigations (FBI) and the Child Abuse Central Index (CACI) were completed, submitted in a timely manner and all employees signed the criminal background statement. All employees met the educational and experience requirement. A review of the Employee's experience reflects educational achievement, ranging from high school graduates and college graduates with bachelors and master's degrees. All employees had received their health screening on time. All employees possess a current valid California driver's license and all employees signed copies of the Group Home policies and procedures. All employees received the required initial training and one-hour of training in the area of "Child Abuse Identification and Reporting". All employees' CPR and First-Aid cards were valid and current. All employees had received their annual on-going training of 20 hours and received emergency intervention training for Professional Assault Crisis Training (Pro-ACT).

Recommendations:

None

AUDITOR CONTROLLER FISCAL REVIEW

The most recent Fiscal Review for Ettie Lee Youth and Family Services Group Home from the Department of Auditor-Controller is dated October 20, 2009, for the fiscal period of October 1, 2006, to September 30, 2007. The report dated October 20, 2009, indicated that Ettie Lee Youth and Family Services Group Home had questioned/disallowed costs. Ettie Lee Youth and Family Services Group Home submitted a timely approved Fiscal Corrective Action Plan (FCAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

Recommendations:

N/A

FOLLOW-UP VISIT

On September 6, 2012, a follow-up visit was conducted at ELYFS Group Homes to verify that all recommendations had been completed.

- A complete follow-up walk through inspection of the interior and exterior at the Fontana, Mt. Jurupa, Diamond L. Ranch, Robertson Memorial, and Oak Knolls homes were conducted and all recommendations have been repaired or replaced. The interior deficiencies had been corrected. The loose electrical outlet at the Mt. Jurupa home was properly secured back in place. The damaged drywall and exterior window screens were repaired and the exposed wirings in the training room were removed and patched at the Fontana house. The loose toilet partition door was securely fastened and the missing vinyl baseboard was replaced at the Robertson Memorial home. The graffiti on the crown moldings at the Oak Knolls home was also removed. The damaged window screen and cracked light cover at the Diamond L. Ranch were replaced. In addition, the loose bedroom door lock was securely fastened and the graffiti on the electrical and cable wall plate covers were all removed.
- At the time of the review, the Robertson Memorial, Mt. Jurupa, Diamond L. Ranch, and John Eccles homes did not maintain a comprehensive monthly clothing allowance log. The Group Home Administrator has since developed a new comprehensive "Clothing Purchase Ledger" form to include the monthly allowance received, spent, carried over, totaled, and child's signature. The monitor reviewed and approved the new "Clothing Purchase Ledger" form to be used. All ELYFS Group Homes are currently utilizing the form and the Facility Managers are responsible for maintaining, updating, and providing children with the monthly clothing allowances. In addition, ELYFS Administrator also created a new "Clothing Allowance Deferment" form, which allows children the opportunity to comprehensively defer their clothing allowances for bigger purchases.
- The deficiencies on the 30-day Initial and Needs and Services Plans (NSPs) Reports were fully addressed with ELYFS Administrator by the monitor. The Group Home immediately terminated the use of unqualified personnel to complete the Initial 30-day and NSP reports. The Administrator reported that ELYFS has since restructured their Mental Health Department to centralize one Clinical Supervisor and six (6) clinicians/therapists assigned to each of the homes. The qualified clinicians assigned to each home will be fully responsible for the treatment and completion of the Initial 30-day and NSP reports. The Clinical Supervisor will be responsible for reviewing the Initial 30-day and NSP reports and ensure that all reports are completed in a timely manner and are comprehensive under the "SMART GOALS" guidelines. The clinician and the Group Home Administrator will be responsible for obtaining the required signatures for the Initial 30-day and NSP reports within the allowable time frame. In addition, the Group Home Administrator will ensure that the child's Initial 30-day and NSP reports are immediately placed in the child's file upon completion and readily accessible for review by partnering agencies.

- Children at the Mt. Jurupa home reported that they have not been receiving their monthly clothing allowances on a monthly basis. At the time of the follow-up inspection, the monitor was unable to conduct follow-up interviews with the children placed at the Mt. Jurupa house to determine whether they have been receiving their monthly clothing allowances due to the children being replaced since the Mt. Jurupa is currently on Do Not Use (DNU) status. ELYFS Administrator has provided a Corrective Action Plan (CAP) to address the area of deficiency and ensures that all children will receive a monthly clothing allowance in the amount of \$50.00 dollars each month as required by the Los Angeles County Group Home Foster Care Services Master Contract. Additionally, the monitor has addressed repayment with ELYFS Administrator for the months that the children were not receiving their clothing allowance and the Administrator has agreed to provide the children with repayment of their clothing allowance money that they did not receive by issuing personal checks to each child.
- The children also reported during follow-up interviews that they have recently received a Life Book from the Group Home Administrators. The Group Home Administrator presented the monitor with the children's Life Books fully complimented with photographs and drawings for review. During the follow-up walk through of the children's rooms, the monitor also observed that each of the children's Life Books were present in their bedrooms. The children reported that the Group Home staff assists them on maintaining and updating their Life Books by providing them with developed photographs taken during their outings.



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Date: August 30, 2012

To: DPO Lim
Group Home Monitoring and Investigations Unit
Placement Services Bureau
County of Los Angeles Probation Department
Lynwood Regional Justice Center
11701 S. Alameda St. 2nd. Floor
Lynwood, CA 90262

From: Karen Turner
Director of Residential Programs
Ettie Lee Homes, Inc

Re: Group Home Review 2011
Corrective Action Plan
For the Following
Ettie Lee Homes, Inc
Sites

Diamond L Ranch Home
11282 Spruce Avenue
Bloomington, Ca 92316
Lic#360900272

Mount Jurupa Home
13942 Jurupa Ave
Fontana, CA 92335
Lic. #360900703

Robertson Memorial Home
28721 Live Oak Canyon
Road
Redlands, Ca 92373
Lic. #360900845

Fontana Home
7637 Citrus St.
Fontana, CA 92336
Lic. #360900339

John Eccles Home
3526 Big Dalton Ave.
Baldwin Park, Ca 91706
Lic. #191501961

Oak Knolls Home
620 N. Cerritos Ave.
Azusa, Ca 91702
Lic. #191502141

Enclosed for your review is the Corrective Action Plan (CAP) for
Ettie Lee Homes, Inc for the 2012 Group Home Review.

Should you have any further questions or additional needs please
feel free to call me at (909) 455-7502. Thank you for your support
of our work on behalf of children and their families.

Sincerely Yours,

Karen A. Turner

Karen A. Turner, Director of Residential Programs

Ettie Lee Youth and Family Services Diamond L Ranch Home 11282 Spruce Avenue Bloomington, Ca 92316 Lic. #360900272	Corrective Action Plan For Los Angeles Probation Group Home Monitor Review 2011 DPO Lim
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I. Licensure/Contract Requirements:

Findings: Monthly clothing allowance logs are not appropriately and comprehensively maintained for the Diamond L Home.

- Status Implemented
 - All clothing allowance logs are appropriately and comprehensive updated to include the monthly allowance amount received, amount spent, amount carried over and amount total.

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to update Clothing Purchase Ledger monthly when clothing purchases are made and when monthly funds are received.

Person responsible for implementing corrective action:

- The Group Home Administrator is responsible monitor the Clothing Purchase Ledger month to ensure accuracy.
- Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:
 - Director of Residential Programs

II. Facility and Environment

Findings Group Home Facility and Environment:

Diamond L Ranch (interior): Graffiti Cracked light cover in recreational room.

- Status: Implemented.
 - Light cover was replaced.

Diamond L Ranch (interior): Graffiti on electrical and cable wall plate covers in bedroom #5.

- Status: Implemented.
- Electrical and cable wall plate cover was replaced prior to auditor leaving site.

Diamond L Ranch (exterior): Loose bedroom door lock in bedroom #4.

- Status: Implemented.
 - Bedroom door lock was repaired prior to auditor leaving site.

Diamond L Ranch (exterior): Damaged window screen frame outside of bedroom #5.

- Status: Implemented.
 - Replaced damaged window screen frame.

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home as they occur on the Maintenance Needs List.
- The Group Home Administrator is responsible to report weekly the general maintenance needs of the group home on the Maintenance Needs List
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist and Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Director of Residential Programs

III. Maintenance of Required Documentation and Service Delivery

Findings:

1. Six of the nine Initial 30-Day Reports are significantly late, ranging from three days to more than 60 days late. Two of the three discharged Initial 30-Day Reports were also significantly late.

- Plan of Action – Initial 30-Day Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.
2. All Quarterly/NSPs reports for children sampled are late or significantly late.
- Plan of Action – Quarterly/NSPs Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.
3. All Initial 30-Day Reports and Quarterly/NSPs are not "Child Specific" and contained the same goals for all children.
- Plan of Action – Quarterly/NSPs will be specific to each child's needs and goals in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.
4. Quarterly/NSPs Reports are not comprehensive which contained wrong information for certain goals, contained no information on updated progress for the child since the Initial 30-Day and lack detailed information on certain categories such as the Educational and Family Visitation sections. Quarterly/NSPs contained there to four different fonts and letter sizes and have grammatical error.
- Plan of Action – Quarterly/NSPs Reports will be detailed and comprehensive under the Specific, Measurable, Attainable Results Oriented and Time-Limited (SMART) Goals Guidelines as referred to by the Needs & Services Plan/Quarterly Training provided in January 2012.
5. Quarterly/NSPs Reports missing from the children's file at the time of the review.
- Plan of Action – Quarterly/NSPs Reports will be immediately placed in each child's file upon completion by the therapist and readily accessible by any contracting agencies for viewing in accordance with the Master Agreement Contract for Foster Care Services.
6. Majority of the Initial 30-Day Reports and Quarterly Reports were missing children's, parent's, group home administrator, and facility manager's signatures.
- Plan of Action – Required signatures will be obtained or proof of effort to obtain signatures will be maintained.
7. Quarterly NSPs are combined together into one report. Example: 1st and 2nd quarterly reports are combined and prepared in one report instead of separate reports.
- Plan of Action – Quarterly NSPs will be prepared separately and not combined together in one report. Clinician will prepare each Quarterly/NSPs separately in accordance with the Master Agreement Contract for Foster Care Services.
8. Group Home Administrators, Administrator, Facility Managers and Therapeutic Behavior Services (TBS) staff members are completing 30-Day Initial and Quarterly NSPs Reports instead of qualified clinicians.
- Plan of Action – Initial 30-Day Reports and Quarterly/NSPs Reports will be completed only by a qualified clinician such as a social worker or therapist who possess a Master's Degree in Social Work (MSW) or Marriage and Family Therapy (MFT/MFTI) in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.
9. Treatment team did not develop comprehensive initial NSPs with the children's case plans. Child's case plan at the Robertson Memorial Home is for family reunification(F/R) but the F/R box was not checked off and treatment team did not provide a concurrent case plan. DCFS child's case plan at Robertson Memorial home is for emancipation, but the F/R box was checked off. Child's case plan at the Mt. Jurupa Home is for F/R, but the Case Plan Goal was Emancipation and the F/R box was checked off. Also treatment team did not provide a concurrent case plan on the Initial 30-Day Report. Child's case plan at the Oak Knolls home is for F/R with mother, but the Legal Guardianship box was checked off and the treatment team did not provide a concurrent case plan. Discharged child's case plan at Oak Knolls is for emancipation but the PPLA box was left blank and not checked off.
- Plan of Action – All 30-Day Initial Reports and Quarterly/NSPs will be completed by a qualified clinician with knowledge of the child's case plans and will be reviewed by a qualified clinical supervisor upon completion of the NSPs in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

Plan to prevent reoccurrence of deficiency:

1. On 8/13/12 Ettie Lee Youth and Family Services restructured the Mental Health Department to centralize one Clinical Supervisor and one Therapist for each group home. This helped solidify the treatment team and lower the number of clients per Clinical Supervisor.
2. Weekly Documentation Schedules for Initial and Quarterly NSP Reports are sent to all the Clinical Supervisors and the Director of Mental Health Services to track due dates for each report.
3. Clinical Supervisors and Therapists meet weekly with the group home leadership and childcare workers to discuss the clients' treatment and to gather needed information for Initial and Quarterly NSP Reports.
4. On 8/31/12 Clinical Supervisors will be trained on Initial and Quarterly NSP Report completion.
5. On 9/11/12 Group Home Administrators and Clinical Supervisors will begin to meet quarterly to provide Peer Quality Review of completed NSP reports.

Person responsible for implementing corrective action:

- o Mental Health Department Clinical Supervisor

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Mental Health Department

IV. Personal Needs/Survival and Economic Well-Being

Findings: Ensure that Life Books are Created and Updated

- o Create and update Life Books - Photo Album
 - o Status: Implemented
 - All youth received a "photo album" with various inserts for personal items.
 - All homes received a camera to facilitate taking pictures of the youth.
 - Pictures will be taken on a regular basis for youth to put in their photo albums.

Plan to prevent reoccurrence of deficiency:

- o Group Home Senior Child Care Worker will start Life Book with client upon intake with each youth.
- o Senior Child Care Worker will add pictures on intake, birthdays and celebrations.

Person responsible for implementing corrective action:

- o Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Residential Programs

Karen A. Turner
Karen A. Turner, Director of Residential Programs
Diamond L Ranch

8-30-12
Date

Ettie Lee Youth and Family Services Mount Jurupa Home 13942 Jurupa Ave Fontana, CA 92335 Lic. #360900703	Corrective Action Plan For Los Angeles Probation Group Home Monitor Review 2011 DPO Lim
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I. Licensure/Contract Requirements:

Findings #1: Monthly clothing allowance logs are not appropriately and comprehensively maintained for the Mt Jurupa Home

Status Implemented

All clothing allowance logs are appropriately and comprehensive updated to include the monthly allowance amount received, amount spent, amount carried over and amount total.

Findings #2: Monthly clothing allocations were not spent on youth prior to their discharge.

Status Partially Implemented

All youth that were in placement at the time of the audit will receive a check for the balance of their monthly clothing allowance that was due to them at the time of the audit. Ettie Lee Homes, Inc. will issue the check within one week of the Los Angeles Probation Department's notification of who to make the check out to and where to send the check.

Plan to prevent reoccurrence of deficiency:

#1: The Senior Child Care Worker (facility manager) is responsible to update Clothing Purchase Ledger monthly when clothing purchases are made and when monthly funds are received.

#2: The Senior Child Care Worker is to ensure that youth receive their monthly clothing allocation prior to leaving placement.

Person responsible for implementing corrective action:

#1: The Group Home Administrator is responsible monitor the Clothing Purchase Ledger month to ensure accuracy.

#2: The Group Home Administrator is responsible to ensure that youth receive their monthly clothing allocation prior to leaving placement.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Residential Programs

II. Facility and Environment

Findings Group Home Facility and Environment:

Mt. Jurupa (Interior): Loose electrical outlet in bedroom #3.

Status: Implemented.

Electrical outlet was secured prior to auditor leaving the premises.

Plan to prevent reoccurrence of deficiency:

The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home as they occur on the Maintenance Needs List.

The Group Home Administrator is responsible to report weekly the general maintenance needs of the group home on the Maintenance Needs List

The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- o The Lead Maintenance Specialist and Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Residential Programs

III. Maintenance of Required Documentation and Service Delivery

Findings:

1. Six of the nine Initial 30-Day Reports are significantly late, ranging from three days to more than 60 days late. Two of the three discharged Initial 30-Day Reports were also significantly late.

Plan of Action – Initial 30-Day Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

2. All Quarterly/NSPs reports for children sampled are late or significantly late.

Plan of Action – Quarterly/NSPs Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

3. All Initial 30-Day Reports and Quarterly/NSPs are not "Child Specific" and contained the same goals for all children.

Plan of Action – Quarterly/NSPs will be specific to each child's needs and goals in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

4. Quarterly/NSPs Reports are not comprehensive which contained wrong information for certain goals, contained no information on updated progress for the child since the Initial 30-Day and lack detailed information on certain categories such as the Educational and Family Visitation sections. Quarterly/NSPs contained there to four different fonts and letter sizes and have grammatical error.

Plan of Action – Quarterly/NSPs Reports will be detailed and comprehensive under the Specific, Measurable, Attainable, Results Oriented and Time-Limited (SMART) Goals Guidelines as referred to by the Needs & Services Plan/Quarterly Training provided in January 2012.

5. Quarterly/NSPs Reports missing from the children's file at the time of the review.

Plan of Action – Quarterly/NSPs Reports will be immediately placed in each child's file upon completion by the therapist and readily accessible by any contracting agencies for viewing in accordance with the Master Agreement Contract for Foster Care Services.

6. Majority of the Initial 30-Day Reports and Quarterly Reports were missing children's, parent's, group home administrator, and facility manager's signatures.

Plan of Action – Required signatures will be obtained or proof of effort to obtain signatures will be maintained.

7. Quarterly NSPs are combined together into one report. Example: 1st and 2nd quarterly reports are combined and prepared in one report instead of separate reports.

Plan of Action – Quarterly NSPs will be prepared separately and not combined together in one report. Clinician will prepare each Quarterly/NSPs separately in accordance with the Master Agreement Contract for Foster Care Services.

8. Group Home Administrators, Administrator, Facility Managers and Therapeutic Behavior Services (TBS) staff members are completing 30-Day Initial and Quarterly NSPs Reports instead of qualified clinicians.

Plan of Action – Initial 30-Day Reports and Quarterly/NSPs Reports will be completed only by a qualified clinician such as a social worker or therapist who possess a Master's Degree in Social Work (MSW) or Marriage and Family Therapy (MFT/MFTI) in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

9. Treatment team did not develop comprehensive initial NSPs with the children's case plans. Child's case plan at the Robertson Memorial Home is for family reunification(F/R) but the F/R box was not checked off and treatment team did not provide a concurrent case plan. DCFS child's case plan at Robertson Memorial home is for emancipation, but the F/R box was checked off. Child's case plan at the Mt. Jurupa Home is for F/R, but the Case Plan Goal was Emancipation and the F/R box was checked off. Also treatment team did not provide a concurrent case plan on the Initial 30-Day Report. Child's case plan at the Oak Knolls home is for F/R with mother, but the Legal Guardianship box was checked off and the treatment team did not provide a concurrent case plan. Discharged child's case plan at Oak Knolls is for emancipation but the PPLA box was left blank and not checked off.

Plan of Action – All 30-Day Initial Reports and Quarterly/NSPs will be completed by a qualified clinician with knowledge of the child's case plans and will be reviewed by a qualified clinical supervisor upon completion of the NSPs in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

Plan to prevent reoccurrence of deficiency:

1. On 8/13/12 Ettie Lee Youth and Family Services restructured the Mental Health Department to centralize one Clinical Supervisor and one Therapist for each group home. This helped solidify the treatment team and lower the number of clients per Clinical Supervisor.
2. Weekly Documentation Schedules for Initial and Quarterly NSP Reports are sent to all the Clinical Supervisors and the Director of Mental Health Services to track due dates for each report.
3. Clinical Supervisors and Therapists meet weekly with the group home leadership and childcare workers to discuss the clients' treatment and to gather needed information for Initial and Quarterly NSP Reports.
4. On 8/31/12 Clinical Supervisors will be trained on Initial and Quarterly NSP Report completion.
5. On 9/11/12 Group Home Administrators and Clinical Supervisors will begin to meet quarterly to provide Peer Quality Review of completed NSP reports.

Person responsible for implementing corrective action:
Mental Health Department Clinical Supervisor

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

Director of Mental Health Department

IV. Personal Needs/Survival and Economic Well-Being

Findings: The children placed at the Mt. Jurupa Home did not receive a \$50.00 clothing allowance every month.

Status: Implemented

Current youth have received monthly allotted clothing allowance. Amounts under \$20.00 owed to the youth will automatically be deferred to the next month.

A Clothing Deferment form has been created and is currently being utilized.

Clothing allowance not spent shall accompany the child when the child's placement is terminated.

Findings: Ensure that Life Books are Created and Updated

Create and update Life Books - Photo Album

Status: Implemented

All youth received a "photo album" with various inserts for personal items.

All homes received a camera to facilitate taking pictures of the youth.

Pictures will be taken on a regular basis for youth to put in their photo albums.

Plan to prevent reoccurrence of deficiency:

Group Home Senior Child Care Worker will start Life Book with client upon intake with each youth.


Senior Child Care Worker will add pictures on intake, birthdays and celebrations.

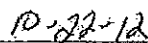
Person responsible for implementing corrective action:

Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

Director of Residential Programs


Karen A. Turner, Director of Residential Programs
Mt. Jurupa Home


Date

Ettie Lee Youth and Family Services Robertson Memorial Home 28721 Live Oak Canyon Road Redlands, Ca 92373 Lic. #360900845	Corrective Action Plan For Los Angeles Probation Group Home Monitor Review 2011 DPO Lin
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I. Licensure/Contract Requirements:

Findings: Monthly clothing allowance logs are not appropriately and comprehensively maintained for the Robertson Memorial Home.

- Status Implemented
 - All clothing allowance logs are appropriately and comprehensive updated to include the monthly allowance amount received, amount spent, amount carried over and amount total.

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to update Clothing Purchase Ledger monthly when clothing purchases are made and when monthly funds are received.

Person responsible for implementing corrective action:

- The Group Home Administrator is responsible monitor the Clothing Purchase Ledger month to ensure accuracy.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Director of Residential Programs

II. Facility and Environment

Findings Group Home Facility and Environment:

Robertson Memorial (interior): Missing section of vinyl baseboard molding in bedroom #2.

- Status: Implemented.
 - Baseboard molding was secured.

Robertson Memorial (interior): Loose toilet partition door in bathroom #2.

- Status: Implemented.
 - Bathroom partition was secured.

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home as they occur on the Maintenance Needs List.
- The Group Home Administrator is responsible to report weekly the general maintenance needs of the group home on the Maintenance Needs List
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist and Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Director of Residential Programs

III. Maintenance of Required Documentation and Service Delivery

Findings:

1. Six of the nine Initial 30-Day Reports are significantly late, ranging from three days to more than 60 days late. Two of the three discharged Initial 30-Day Reports were also significantly late.

- Plan of Action – Initial 30-Day Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

2. All Quarterly/NSPs reports for children sampled are late or significantly late.

- Plan of Action – Quarterly/NSPs Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

3. All Initial 30-Day Reports and Quarterly/NSPs are not "Child Specific" and contained the same goals for all children.

- Plan of Action – Quarterly/NSPs will be specific to each child's needs and goals in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

4. Quarterly/NSPs Reports are not comprehensive which contained wrong information for certain goals, contained no information on updated progress for the child since the Initial 30-Day and lack detailed information on certain categories

such as the Educational and Family Visitation sections. Quarterly/NSPs contained there to four different fonts and letter sizes and have grammatical error.

- Plan of Action – Quarterly/NSPs Reports will be detailed and comprehensive under the Specific, Measurable, Attainable Results Oriented and Time-Limited (SMART) Goals Guidelines as referred to by the Needs & Services Plan/Quarterly Training provided in January 2012.
5. Quarterly/NSPs Reports missing from the children's file at the time of the review.
- Plan of Action – Quarterly/NSPs Reports will be immediately placed in each child's file upon completion by the therapist and readily accessible by any contracting agencies for viewing in accordance with the Master Agreement Contract for Foster Care Services.
6. Majority of the Initial 30-Day Reports and Quarterly Reports were missing children's, parent's, group home administrator, and facility manager's signatures.
- Plan of Action – Required signatures will be obtained or proof of effort to obtain signatures will be maintained.
7. Quarterly NSPs are combined together into one report. Example: 1st and 2nd quarterly reports are combined and prepared in one report instead of separate reports.
- Plan of Action – Quarterly NSPs will be prepared separately and not combined together in one report. Clinician will prepare each Quarterly/NSPs separately in accordance with the Master Agreement Contract for Foster Care Services.
8. Group Home Administrators, Administrator, Facility Managers and Therapeutic Behavior Services (TBS) staff members are completing 30-Day Initial and Quarterly NSPs Reports instead of qualified clinicians.
- Plan of Action – Initial 30-Day Reports and Quarterly/NSPs Reports will be completed only by a qualified clinician such as a social worker or therapist who possess a Master's Degree in Social Work (MSW) or Marriage and Family Therapy (MFT/MFTI) in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.
9. Treatment team did not develop comprehensive initial NSPs with the children's case plans. Child's case plan at the Robertson Memorial Home is for family reunification(F/R) but the F/R box was not checked off and treatment team did not provide a concurrent case plan. DCFS child's case plan at Robertson Memorial home is for emancipation, but the F/R box was checked off. Child's case plan at the Mt. Jurupa Home is for F/R, but the Case Plan Goal was Emancipation and the F/R box was checked off. Also treatment team did not provide a concurrent case plan on the Initial 30-Day Report. Child's case plan at the Oak Knolls home is for F/R with mother, but the Legal Guardianship box was checked off and the treatment team did not provide a concurrent case plan. Discharged child's case plan at Oak Knolls is for emancipation but the PPLA box was left blank and not checked off.
- Plan of Action – All 30-Day Initial Reports and Quarterly/NSPs will be completed by a qualified clinician with knowledge of the child's case plans and will be reviewed by a qualified clinical supervisor upon completion of the NSPs in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

Plan to prevent reoccurrence of deficiency:

1. On 8/13/12 Ettie Lee Youth and Family Services restructured the Mental Health Department to centralize one Clinical Supervisor and one Therapist for each group home. This helped solidify the treatment team and lower the number of clients per Clinical Supervisor.
2. Weekly Documentation Schedules for Initial and Quarterly NSP Reports are sent to all the Clinical Supervisors and the Director of Mental Health Services to track due dates for each report.
3. Clinical Supervisors and Therapists meet weekly with the group home leadership and childcare workers to discuss the clients' treatment and to gather needed information for Initial and Quarterly NSP Reports.
4. On 8/31/12 Clinical Supervisors will be trained on Initial and Quarterly NSP Report completion.
5. On 9/11/12 Group Home Administrators and Clinical Supervisors will begin to meet quarterly to provide Peer Quality Review of completed NSP reports.

Person responsible for implementing corrective action:

- Mental Health Department Clinical Supervisor

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Director of Mental Health Department
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IV. Personal Needs/Survival and Economic Well-Being

Findings: Ensure that Life Books are Created and Updated

- Create and update Life Books - Photo Album
 - Status: Implemented
 - All youth received a "photo album" with various inserts for personal items.
 - All homes received a camera to facilitate taking pictures of the youth.
 - Pictures will be taken on a regular basis for youth to put in their photo albums.

Plan to prevent reoccurrence of deficiency:

- Group Home Senior Child Care Worker will start Life Book with client upon intake with each youth.
- Senior Child Care Worker will add pictures on intake, birthdays and celebrations.

Person responsible for implementing corrective action:

- Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

Director of Residential Programs

Karen A. Turner
Karen A. Turner, Director of Residential Programs
Robertson Memorial Home

8-30-12
Date

Ettie Lee Youth and Family Services Fontana Home 7637 Citrus St. Fontana, CA 92336 Lic. #360900339	Corrective Action Plan For Los Angeles Probation Group Home Monitor Review 2011 DPO Lim
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II. Facility and Environment

Findings Group Home Facility and Environment:

Fontana (interior): Damaged drywall on the outside wall by the shower in bathroom #2.

- o Status: Implemented.
 - Damaged drywall was repaired.

Fontana (interior): Exposed wires protruding out from the back wall in the Training Room

- o Status: Implemented.
 - Exposed wires were removed prior to auditor leaving site.

Fontana (exterior): Torn window screen outside of bathroom #1.

- o Status: Implemented.
 - Window screen was replaced.

Fontana (exterior): Broken and damaged window screen frame outside of bathroom #2

- o Status: Implemented.
 - Window screen was replaced.

Plan to prevent reoccurrence of deficiency:

- o The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home as they occur on the Maintenance Needs List.
- o The Group Home Administrator is responsible to report weekly the general maintenance needs of the group home on the Maintenance Needs List
- o The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- o The Lead Maintenance Specialist and Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Residential Programs

III. Maintenance of Required Documentation and Service Delivery

Findings:

1. Six of the nine Initial 30-Day Reports are significantly late, ranging from three days to more than 60 days late. Two of the three discharged Initial 30-Day Reports were also significantly late.

- o Plan of Action – Initial 30-Day Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

2. All Quarterly/NSPs reports for children sampled are late or significantly late.

- o Plan of Action – Quarterly/NSPs Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

3. All Initial 30-Day Reports and Quarterly/NSPs are not "Child Specific" and contained the same goals for all children.

- o Plan of Action – Quarterly/NSPs will be specific to each child's needs and goals in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

4. Quarterly/NSPs Reports are not comprehensive which contained wrong information for certain goals, contained no information on updated progress for the child since the Initial 30-Day and lack detailed information on certain categories such as the Educational and Family Visitation sections. Quarterly/NSPs contained three to four different fonts and letter sizes and have grammatical error.

- o Plan of Action – Quarterly/NSPs Reports will be detailed and comprehensive under the Specific, Measurable, Attainable Results Oriented and Time-Limited (SMART) Goals Guidelines as referred to by the Needs & Services Plan/Quarterly Training provided in January 2012.

5. Quarterly/NSPs Reports missing from the children's file at the time of the review.
 - o Plan of Action – Quarterly/NSPs Reports will be immediately placed in each child's file upon completion by the therapist and readily accessible by any contracting agencies for viewing in accordance with the Master Agreement Contract for Foster Care Services.
6. Majority of the Initial 30-Day Reports and Quarterly Reports were missing children's, parent's, group home administrator, and facility manager's signatures.
 - o Plan of Action – Required signatures will be obtained or proof of effort to obtain signatures will be maintained.
7. Quarterly NSPs are combined together into one report. Example: 1st and 2nd quarterly reports are combined and prepared in one report instead of separate reports.
 - o Plan of Action – Quarterly NSPs will be prepared separately and not combined together in one report. Clinician will prepare each Quarterly/NSPs separately in accordance with the Master Agreement Contract for Foster Care Services.
8. Group Home Administrators, Administrator, Facility Managers and Therapeutic Behavior Services (TBS) staff members are completing 30-Day Initial and Quarterly NSPs Reports instead of qualified clinicians.
 - o Plan of Action – Initial 30-Day Reports and Quarterly/NSPs Reports will be completed only by a qualified clinician such as a social worker or therapist who possess a Master's Degree in Social Work (MSW) or Marriage and Family Therapy (MFT/MFTI) in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.
9. Treatment team did not develop comprehensive initial NSPs with the children's case plans. Child's case plan at the Robertson Memorial Home is for family reunification(F/R) but the F/R box was not checked off and treatment team did not provide a concurrent case plan. DCFS child's case plan at Robertson Memorial home is for emancipation, but the F/R box was checked off. Child's case plan at the Mt. Jurupa Home is for F/R, but the Case Plan Goal was Emancipation and the F/R box was checked off. Also treatment team did not provide a concurrent case plan on the Initial 30-Day Report. Child's case plan at the Oak Knolls home is for F/R with mother, but the Legal Guardianship box was checked off and the treatment team did not provide a concurrent case plan. Discharged child's case plan at Oak Knolls is for emancipation but the PPLA box was left blank and not checked off.
 - o Plan of Action – All 30-Day Initial Reports and Quarterly/NSPs will be completed by a qualified clinician with knowledge of the child's case plans and will be reviewed by a qualified clinical supervisor upon completion of the NSPs in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

Plan to prevent reoccurrence of deficiency:

1. On 8/13/12 Ettie Lee Youth and Family Services restructured the Mental Health Department to centralize one Clinical Supervisor and one Therapist for each group home. This helped solidify the treatment team and lower the number of clients per Clinical Supervisor.
2. Weekly Documentation Schedules for Initial and Quarterly NSP Reports are sent to all the Clinical Supervisors and the Director of Mental Health Services to track due dates for each report.
3. Clinical Supervisors and Therapists meet weekly with the group home leadership and childcare workers to discuss the clients' treatment and to gather needed information for Initial and Quarterly NSP Reports.
4. On 8/31/12 Clinical Supervisors will be trained on Initial and Quarterly NSP Report completion.
5. On 9/11/12 Group Home Administrators and Clinical Supervisors will begin to meet quarterly to provide Peer Quality Review of completed NSP reports.

Person responsible for implementing corrective action:

- o Mental Health Department Clinical Supervisor

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Mental Health Department
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IV. Personal Needs/Survival and Economic Well-Being

Findings: Ensure that Life Books are Created and Updated

- Create and update Life Books - Photo Album
 - Status: Implemented
 - All youth received a "photo album" with various inserts for personal items.
 - All homes received a camera to facility taking pictures of the youth.
 - Pictures will be taken on a regular basis for youth to put in their photo albums.

Plan to prevent reoccurrence of deficiency:

- Group Home Senior Child Care Worker will start Life Book with client upon intake with each youth.
- Senior Child Care Worker will add pictures on intake, birthdays and celebrations.

Person responsible for implementing corrective action:

- Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Director of Residential Programs

Karen A. Turner
Karen A. Turner, Director of Residential Programs
Fontana Home

8-30-12
Date

Ettie Lee Youth and Family Services John Eccles Home 3526 Big Dalton Ave. Baldwin Park, Ca 91706 Lic. #191501961	Corrective Action Plan For Los Angeles Probation Group Home Monitor Review 2011 DPO Lim
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I. Licensure/Contract Requirements:

Findings: Monthly clothing allowance logs are not appropriately and comprehensively maintained for the John Eccles Home

- o Status Implemented
 - o All clothing allowance logs are appropriately and comprehensive updated to include the monthly allowance amount received, amount spent, amount carried over and amount total.

Plan to prevent reoccurrence of deficiency:

- o The Senior Child Care Worker (facility manager) is responsible to update Clothing Purchase Ledger monthly when clothing purchases are made and when monthly funds are received.

Person responsible for implementing corrective action:

- o The Group Home Administrator is responsible monitor the Clothing Purchase Ledger month to ensure accuracy.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Residential Programs

III. Maintenance of Required Documentation and Service Delivery

Findings:

1. Six of the nine Initial 30-Day Reports are significantly late, ranging from three days to more than 60 days late. Two of the three discharged Initial 30-Day Reports were also significantly late.

- o Plan of Action -- Initial 30-Day Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

2. All Quarterly/NSPs reports for children sampled are late or significantly late.

- o Plan of Action -- Quarterly/NSPs Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

3. All Initial 30-Day Reports and Quarterly/NSPs are not "Child Specific" and contained the same goals for all children.

- o Plan of Action -- Quarterly/NSPs will be specific to each child's needs and goals in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

4. Quarterly/NSPs Reports are not comprehensive which contained wrong information for certain goals, contained no information on updated progress for the child since the Initial 30-Day and lack detailed information on certain categories such as the Educational and Family Visitation sections. Quarterly/NSPs contained there to four different fonts and letter sizes and have grammatical error.

- o Plan of Action -- Quarterly/NSPs Reports will be detailed and comprehensive under the Specific, Measurable, Attainable Results Oriented and Time-Limited (SMART) Goals Guidelines as referred to by the Needs & Services Plan/Quarterly Training provided in January 2012.

5. Quarterly/NSPs Reports missing from the children's file at the time of the review.

- o Plan of Action -- Quarterly/NSPs Reports will be immediately placed in each child's file upon completion by the therapist and readily accessible by any contracting agencies for viewing in accordance with the Master Agreement Contract for Foster Care Services.

6. Majority of the Initial 30-Day Reports and Quarterly Reports were missing children's, parent's, group home administrator, and facility manager's signatures.

- o Plan of Action -- Required signatures will be obtained or proof of effort to obtain signatures will be maintained.

7. Quarterly NSPs are combined together into one report. Example: 1st and 2nd quarterly reports are combined and prepared in one report instead of separate reports.

- o Plan of Action -- Quarterly NSPs will be prepared separately and not combined together in one report. Clinician will prepare each Quarterly/NSPs separately in accordance with the Master Agreement Contract for Foster Care Services.

8. Group Home Administrators, Administrator, Facility Managers and Therapeutic Behavior Services (TBS) staff members are completing 30-Day Initial and Quarterly NSPs Reports instead of qualified clinicians.

- o Plan of Action – Initial 30-Day Reports and Quarterly/NSPs Reports will be completed only by a qualified clinician such as a social worker or therapist who possess a Master's Degree in Social Work (MSW) or Marriage and Family Therapy (MFT/MFTI) in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

9. Treatment team did not develop comprehensive initial NSPs with the children's case plans. Child's case plan at the Robertson Memorial Home is for family reunification(F/R) but the F/R box was not checked off and treatment team did not provide a concurrent case plan. DCFS child's case plan at Robertson Memorial home is for emancipation, but the F/R box was checked off. Child's case plan at the Mt. Jurupa Home is for F/R, but the Case Plan Goal was Emancipation and the F/R box was checked off. Also treatment team did not provide a concurrent case plan on the Initial 30-Day Report. Child's case plan at the Oak Knolls home is for F/R with mother, but the Legal Guardianship box was checked off and the treatment team did not provide a concurrent case plan. Discharged child's case plan at Oak Knolls is for emancipation but the PPLA box was left blank and not checked off.

- o Plan of Action – All 30-Day Initial Reports and Quarterly/NSPs will be completed by a qualified clinician with knowledge of the child's case plans and will be reviewed by a qualified clinical supervisor upon completion of the NSPs in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

Plan to prevent reoccurrence of deficiency:

1. On 8/13/12 Ettie Lee Youth and Family Services restructured the Mental Health Department to centralize one Clinical Supervisor and one Therapist for each group home. This helped solidify the treatment team and lower the number of clients per Clinical Supervisor.
2. Weekly Documentation Schedules for Initial and Quarterly NSP Reports are sent to all the Clinical Supervisors and the Director of Mental Health Services to track due dates for each report.
3. Clinical Supervisors and Therapists meet weekly with the group home leadership and childcare workers to discuss the clients' treatment and to gather needed information for Initial and Quarterly NSP Reports.
4. On 8/31/12 Clinical Supervisors will be trained on Initial and Quarterly NSP Report completion.
5. On 9/11/12 Group Home Administrators and Clinical Supervisors will begin to meet quarterly to provide Peer Quality Review of completed NSP reports.

Person responsible for implementing corrective action:

- o Mental Health Department Clinical Supervisor

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Mental Health Department

IV. Personal Needs/Survival and Economic Well-Being

Findings: Ensure that Life Books are Created and Updated

- o Create and update Life Books - Photo Album
 - o Status: Implemented
 - All youth received a "photo album" with various inserts for personal items.
 - All homes received a camera to facilitate taking pictures of the youth.
 - Pictures will be taken on a regular basis for youth to put in their photo albums.

Plan to prevent reoccurrence of deficiency:

- o Group Home Senior Child Care Worker will start Life Book with client upon intake with each youth.
- o Senior Child Care Worker will add pictures on intake, birthdays and celebrations.

Person responsible for implementing corrective action:

- o Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

Director of Residential Programs

Karen A. Turner
Karen A. Turner, Director of Residential Programs
John Eccles Home

8-30-12
Date

Ettie Lee Youth and Family Services Oak Knolls Home 620 N. Cerritos Ave. Azusa, Ca 91702 Lic. #191502141	Corrective Action Plan For Los Angeles Probation Group Home Monitor Review 2011 DPO Lim
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II Facility and Environment

Findings Group Home Facility and Environment:

Oak Knolls (interior): Graffiti on crown molding in bedroom #6.

- o Status: Implemented.
 - Crown molding was cleaned and graffiti was removed prior to auditor leaving the site.

Plan to prevent reoccurrence of deficiency:

- o The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home as they occur on the Maintenance Needs List.
- o The Group Home Administrator is responsible to report weekly the general maintenance needs of the group home on the Maintenance Needs List
- o The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- o The Lead Maintenance Specialist and Group Home Administrators

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- o Director of Residential Programs

III. Maintenance of Required Documentation and Service Delivery

Findings:

1. Six of the nine Initial 30-Day Reports are significantly late, ranging from three days to more than 60 days late. Two of the three discharged Initial 30-Day Reports were also significantly late.

- o Plan of Action – Initial 30-Day Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

2. All Quarterly/NSPs reports for children sampled are late or significantly late.

- o Plan of Action – Quarterly/NSPs Reports will be timely in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

3. All Initial 30-Day Reports and Quarterly/NSPs are not "Child Specific" and contained the same goals for all children.

- o Plan of Action – Quarterly/NSPs will be specific to each child's needs and goals in accordance with Title 22 and the Master Agreement Contract for Foster Care Services.

4. Quarterly/NSPs Reports are not comprehensive which contained wrong information for certain goals, contained no information on updated progress for the child since the Initial 30-Day and lack detailed information on certain categories such as the Educational and Family Visitation sections. Quarterly/NSPs contained three to four different fonts and letter sizes and have grammatical error.

- o Plan of Action – Quarterly/NSPs Reports will be detailed and comprehensive under the Specific, Measurable, Attainable Results Oriented and Time-Limited (SMART) Goals Guidelines as referred to by the Needs & Services Plan/Quarterly Training provided in January 2012.

5. Quarterly/NSPs Reports missing from the children's file at the time of the review.

- o Plan of Action – Quarterly/NSPs Reports will be immediately placed in each child's file upon completion by the therapist and readily accessible by any contracting agencies for viewing in accordance with the Master Agreement Contract for Foster Care Services.

6. Majority of the Initial 30-Day Reports and Quarterly Reports were missing children's, parent's, group home administrator, and facility manager's signatures.

- o Plan of Action – Required signatures will be obtained or proof of effort to obtain signatures will be maintained.

7. Quarterly NSPs are combined together into one report. Example: 1st and 2nd quarterly reports are combined and prepared in one report instead of separate reports.

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Director of Residential Programs

Karen A. Turner
Karen A. Turner, Director of Residential Programs
Oak Knolls Home

8-30-12
Date