



**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602

PHILIP L. BROWNING  
Director

February 10, 2016

To: Supervisor Hilda Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: Philip L. Browning  
Director

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**ROSEMARY CHILDREN'S SERVICES GROUP HOME QUALITY ASSURANCE REVIEW**

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of Rosemary Children's Services Group Home (the Group Home) in October 2014. The Group Home has five sites located in the Fifth Supervisorial District. All sites provide services to County of Los Angeles DCFS placed children and Probation youth. According to the Group Home's program statement, its purpose is, "to provide a safe setting where residents can gain skills that will enable them to cope effectively with their problems and successfully function within mainstream community life whether they return home or emancipate."

The QAR looked at the status of the placed children's safety, permanency and well-being during the most recent 30 days and the Group Home's practices and services over the most recent 90 days. The Group Home scored at or above the minimum acceptable score in 7 of 9 focus areas: Permanency, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, and Tracking & Adjustment. OHCMD noted opportunities for improved performance in the focus areas of Safety and Teamwork.

The Group Home provided the attached approved Quality Improvement Plan (QIP) addressing the recommendations noted in this report. In April 2015, the OHCMD quality assurance reviewer met with the Group Home to discuss results of the QAR and to provide the Group Home with technical support to address methods for improvement in the areas of Safety and Teamwork.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM:KR:rds

**Attachments**

c: Sachi Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Calvin Remington, Interim Chief Probation Officer  
Public Information Office  
Audit Committee  
Jana Trew, Chief Executive Officer, Rosemary Group Home  
Lajuannah Hills, Regional Manager, Community Care Licensing Division  
Lenora Scott, Regional Manager, Community Care Licensing Division

**ROSEMARY CHILDREN'S SERVICES GROUP HOME  
QUALITY ASSURANCE REVIEW  
FISCAL YEAR 2014-2015**

**SCOPE OF REVIEW**

The Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of Rosemary Children's Services Group Home (the Group Home) in October 2014. The purpose of the QAR is to assess the Group Home's service delivery and to ensure that the Group Home is providing children with quality care and services in a safe environment, which includes physical care, social and emotional support, education and workforce readiness and other services to protect and enhance their growth and development.

The QAR is an in-depth case review and interview process designed to assess how children and their families are benefiting from services received and how well the services are working. The QAR utilizes a six-point rating scale as a *yardstick* for measuring the situation observed in specific focus areas. The QAR assessed the following focus areas:

Status Indicators:

- Safety
- Permanency
- Placement Stability
- Visitation

Practice Indicators:

- Engagement
- Service Needs
- Assessment & Linkages
- Teamwork
- Tracking & Adjustment

For Status Indicators, the reviewer focuses on the child's functioning during the most recent 30 day period and for Practice Indicators, the reviewer focuses on the Group Home's service delivery during the most recent 90 day period.

For the purpose of this QAR, interviews were conducted with three focus children, two Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), one County of Los Angeles Department of Probation Deputy Probation Officer (DPO), two Group Home counseling team supervisors (Group Home social workers), two Group Home residential advisors and the Group Home residential administrator.

At the time of the QAR, the placed children's average number of placements was three, their overall average length of placement was three months and their average age was 16. The focus children were randomly selected. None of the focus children were included as part of the sample for the 2014-2015 contract compliance review.

**QAR SCORING**

The Group Home received a score for each focus area based on information gathered from on-site visits, agency file reviews, DCFS court reports and updated case plans and interviews with the Group Home staff, DCFS CSWs, DPO, service providers, and the children. The minimum acceptable score is 6 in the area of Safety and 5 in all remaining areas.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
<p><b>Safety</b> - The degree to which the Group Home ensures that the child is free of abuse, neglect, and exploitation by others in his/her placement and other settings.</p>	6	4	<p><b>Fair Safety Status</b> - The children are usually avoiding behaviors that cause harm to self, others, or the community but rarely may present a behavior that has low or mild risk of harm. The children may have related history, diagnoses, or behavior presentations in the past but may have presented risk behaviors at a declining or much reduced level over the past three months. The children have minimally safe living arrangements with the present caregivers. Protective strategies used by the Group Home are at least minimally adequate in reducing risks of harm. The children are at least minimally free from serious danger in other daily settings, including at school and in the community. The children have very limited exposure to intimidation and fear of harm. Safety status is somewhat limited or inconsistent.</p>
<p><b>Permanency</b> - The degree to which the child is living with caregivers, who are likely to remain in this role until the child reaches adulthood, or the child is in the process of returning home or transitioning to a permanent home and the child, the Group Home staff, caregivers and DCFS CSW, support the plan.</p>	5	5	<p><b>Good Status</b> - Children have substantial permanence. The children live in a family setting that the children, the Group Home staff, caregivers, caseworker, and team members have confidence will endure lifelong.</p>

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
<p><b>Placement Stability</b> - The degree to which the Group Home ensures that the child's daily living, learning, and work arrangements are stable and free from risk of disruptions and known risks are being managed to achieve stability and reduce the probability of future disruption.</p>	5	5	<p><b>Good Stability</b> - The children have substantial stability in placement and school settings with only planned changes and no more than one disruption in either setting over the past 12 months with none in the past six months. The children have established positive relationships with primary caregivers, key adult supporters, and peers in those settings. Any known risks are now well controlled.</p>
<p><b>Visitation</b> - The degree to which the Group Home staff support important connections being maintained through appropriate visitation.</p>	5	5	<p><b>Substantially Acceptable Maintenance of Visitation &amp; Connections</b> - Generally effective family connections are being sought for all significant family/Non-Related Extended Family Member (NREFM) through appropriate visits and other connecting strategies.</p>
<p><b>Engagement</b> - The degree to which the Group Home staff working with the child, biological family, extended family and other team members for the purpose of building a genuine, trusting and collaborative working relationship with the ability to focus on the child strengths and needs.</p>	5	5	<p><b>Good Engagement Efforts</b> - To a strong degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, and the children feel heard and respected.</p>
<p><b>Service Needs</b> - The degree to which the Group Home staff involved with the child, work toward ensuring the child's needs are met and identified services are being implemented and supported and are specifically tailored to meet the child's unique needs.</p>	5	5	<p><b>Good Supports &amp; Services</b> - A good and substantial array of supports and services substantially matches intervention strategies identified in the case plan. The services are generally helping the children make progress toward planned outcomes. A dependable combination of formal and informal supports and services are usually available, appropriately used, and seen as generally satisfactory.</p>

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
<p><b>Assessment &amp; Linkages</b> - The degree to which the Group Home staff involved with the child and family understand the child's strengths, needs, preferences, and underlying issues and services are regularly assessed to ensure progress is being made toward case plan goals.</p>	5	5	<p><b>Good Assessment and Understanding</b> - The children's functioning and support systems are generally understood. Information necessary to understand the children's strengths, needs, and preferences are frequently updated. Present strengths, risks, and underlying needs requiring intervention or supports are substantially recognized and well understood.</p>
<p><b>Teamwork</b> - The degree to which the "right people" for the child and family have formed a working team that meets, talks, and makes plans together.</p>	5	4	<p><b>Minimally Adequate to Fair Teamwork</b> - The Team contains some of the important supporters and decision makers in the children's life, including informal supports. The team has formed a minimally adequate to fair working system that meets, talks, and/or plans together; at least one face-to-face team meeting has been held to develop plans.</p>
<p><b>Tracking &amp; Adjustment</b> - The degree to which the Group Home staff who is involved with the child and family is carefully tracking the progress that the child is making, changing family circumstances, attainment of goals and planned outcomes.</p>	5	5	<p><b>Good Tracking and Adjustment Process</b> - Intervention strategies, supports, and services provided to the children are generally responsive to changing conditions. Frequent monitoring, tracking, and communication of children's status and service results to the team are occurring. Generally, successful adaptations are based on a basic knowledge of what strategies, support and services are working and not working for the children.</p>

**STATUS INDICATORS**  
*(Measured over last 30 days)*

**What's Working Now (Score/Narrative of Strengths for Focus Area)**

**Permanency (5 Good Status)**

**Permanency Overview:** The Group Home provided good permanency status for each of the focus children. The Group Home provides permanency services such as, emancipation services, youth development services and prepares the focus children to transition to independence. The Group Home demonstrates efforts to reach the permanency plan developed by DCFS and DPO. The Group Home is licensed to provide housing for young women who are 18 years and older, under extended foster care guidelines. The Group Home and the DCFS CSWs and DPO have regular meetings to discuss the permanency plan for the focus children.

The Group Home is supportive in teaching the focus children skills to assist them in becoming more independent by offering the focus children cooking classes, money management and other independent living services. The Group Home also ensures the focus children are visiting with their family members and other important people in their lives to ensure that lifelong connections are maintained. The permanency plan and concurrent goals were appropriately developed and processed in a timely manner and the Group Home ensures that the treatment team is aware of the focus children's permanency plan. The focus children were also aware of their permanency plan and concurrent plan.

**Placement Stability (5 Good Stability)**

**Placement Overview:** The Group Home is providing substantial placement stability for the focus children. The Group Home takes responsibility in ensuring the focus children receive the treatment needed for them to become stable in all areas. The Group Home ensures that the Group Home staff receives support and training so they may properly address the needs of placed children. The focus children reported they had no problems with the Group Home staff. They further reported being satisfied with living at the Group Home and expressed their desire to remain at the Group Home until they are able to transition to a permanent placement, such as transitional housing.

The Group Home ensures that the focus children take their medication as prescribed and the Group Home therapist is further ensuring that the focus children are developing appropriate coping skills to decrease verbal and physical aggression toward peers. The Group Home is providing services to one of the focus children with substance abuse issues; she has successfully completed a drug treatment program and has been making progress in controlling her drug use. The focus children reported that they like the Group Home staff and are able to talk to the Group Home's social workers whenever they need to do so.

The Group Home is providing the focus children with individual and group therapy, in efforts to stabilize the children and decrease incidents of running away from the Group Home. The DPO interviewed stated that the Group Home has been supportive of the focus child, who is working toward emancipation. The Group Home has assisted her in seeking employment and enrolling at a local community college, to work toward earning an Associate of Arts Degree.

### **Visitation (5 Substantially Acceptable Maintenance of Visitations & Connections)**

**Visitation Overview:** The Group Home provides substantially acceptable maintenance of visitation and connections with the focus children's families. The Group Home makes efforts to ensure the focus children maintain contact with family members and appropriate adults with whom they have a connection. The Group Home encourages regular phone calls, provides transportation for the focus children to the visits and does everything possible to ensure the visits are convenient and take place. The three focus children have regularly scheduled visits with their relatives. The Group Home makes every effort to reschedule visits in a timely manner when necessary. The Group Home social workers and all the team members follow the visitation recommendations made by the DCFS CSWs and the DPO. The Group Home ensures the implementation of visitation plans for the focus children.

In general, the Group Home is effective in maintaining family connections for the focus children. According to each of the focus children, their visits are going well. One focus child has weekly visits with her biological mother and maternal grandmother. The Group Home encourages her to have regular telephone contact with her parents and provides transportation for this child's home visits. The second focus child has weekly visits with her parents and sibling; the plan is to start overnight visits in the near future. The third focus child has weekly visits with her mother; the Group Home arranges visitation at the Group Home for the focus child and her family.

### **What's Not Working Now and Why (Score/Narrative of Opportunities for Improvement)**

#### **Safety (4 Fair Safety Status)**

The Group Home provided fair safety status for the focus children. The three focus children reported that the Group Home is a safe place to live. Based on the interviews conducted with the focus children, DCFS CSWs, and the Group Home staff, it was reported that the Group Home maintains an adequate number of staff to supervise the children and the staff were considered reliable and competent.

During the last 30 days, the Group Home submitted 133 Special Incident Reports (SIRs) via the I-Track database system; 66 of the SIRs were for residents who had run away from the Group Home. A review of the SIRs revealed that the children who run away always returned to the Group Home the next morning or within a few days after leaving the Group Home. Children were also seen getting into unknown vehicles at night and returning the next morning. Upon returning to the Group Home, the children often reported that nothing of a negative nature occurred while having been away from the Group Home. However, three SIRs that were submitted involved incidents of sexual assaults that had occurred during the time the three children had run away. The runaway incidents and the assaults were reported timely to the Child Protection hotline and law enforcement, and the incidents were investigated. None of the SIRs involved the focus children.

The Group Home has worked on improving efforts to ensure the children's safety. A Group Home therapist follows-up on all runaway incidents immediately upon the child's return to the Group Home. The Group Home has focused its efforts on understanding why the children runaway and utilizes the most effective coping strategy that may assist the Group Home staff to be more proactive in preventing runaway incidents.

**PRACTICE INDICATORS**  
*(Measured over last 90 days)*

**What's Working Now (Score/Narrative of Strengths for Focus Area)**

**Engagement (5 Good Engagement Efforts)**

**Engagement Overview:** The Group Home makes consistent efforts to engage key people in the focus children's lives and in decisions that affect them. The Group Home engages the focus children's families and is in constant contact with them, reminding them of planned visits, as well as informing them of any special incidents involving their children. The focus children have regular contact with their DCFS CSWs, family members, Group Home childcare staff and the Group Home social workers. The Group Home is in contact with the DCFS CSWs and DPO, providing information about the focus children's problems and concerns, medical visits, family visits, history of hospitalizations, and updates on the overall status of the focus children. Information regarding the focus children is provided to DCFS CSWs, the DPO and key people by telephone, via e-mail, or face-to-face. The Group Home makes efforts to meet the DCFS CSWs and the DPO on a monthly basis.

According to the Group Home residential director, the focus children may contact their DCFS CSWs or the DPO whenever they want to do so. The Group Home has built a good rapport with DCFS CSWs and the DPO. Interviews and reports indicate that the Group Home makes consistent and good efforts to engage the children and key people in decisions that are being made on behalf of the focus children. One of the focus children stated that she is doing fine at the Group Home and reported that the Group Home staff helps her with her homework. The second focus child stated that Group Home staff is always present at the Group Home, that the staff is nice and she can always talk with them; the Group Home staff is helping her to develop better coping skills. The third focus child's DPO stated that he had no concerns regarding the Group Home and that the Group Home is always responsive to his requests or concerns.

**Service Needs (5 Good Supports and Services)**

**Service Needs Overview:** The Group Home provides a good and substantial array of supports and services that substantially match intervention strategies identified in the Needs and Services Plan (NSP). The Group Home social worker collaborates with the DCFS CSW, the child, and the Group Home staff to develop the NSP goals for the focus children. The Group Home social worker develops behavior contracts with placed children to help them make progress toward achieving their NSP goals. The Group Home ensures that the focus children attend regular weekly counseling and group therapy sessions. The focus children also have regular counseling sessions and meetings with the Group Home social workers, including family therapy sessions. The Group Home provides an array of support services to the focus children and is in constant contact with other service providers, including drug treatment counselors and the children's school counselors and teachers. The focus children requiring psychiatric services see the psychiatrist monthly and receive medication monitoring.

One of the focus children participates in daily therapeutic groups, weekly individual therapy, and monthly family therapy sessions with her mother, daughter and paternal aunt. She also attends weekly parenting classes to assist her in improving her parenting skills. She participates twice weekly



in drug treatment rehabilitation classes and day-treatment activities. Her biological mother participates in her treatment, as well. During the summer, she participated in a summer enrichment class to learn how to give and receive appropriate feedback and group-centered leadership. She also participated in summer sports fitness, which has helped her improve her socialization skills. The Group Home is also helping prepare her for independent living by providing training in money management skills and cooking. Another focus child receives weekly individual counseling sessions, participates in weekly individual therapy sessions, monthly family therapy, daily peer-centered groups and day treatment activities.

The Group Home provides transportation for the focus children for all medical, dental and off-grounds visits.

### **Assessment & Linkages (5 Good Assessment and Understanding)**

**Assessment & Linkages Overview:** The Group Home provides good assessments and understanding of the focus children's needs. The focus children meet with their respective Group Home social worker weekly, or more frequently as needed to assess their progress and to evaluate their needs. Progress is also determined by what staff observes and reports. The Group Home is helping each of the focus children achieve their goals. All three focus children expressed liking the Group Home staff and report that the Group Home staff has provided them with a lot of guidance, care and support over the short time they have been placed at the Group Home.

The Group Home residential director and Group Home social worker meet weekly with staff to discuss concerns regarding the children and the staff interviewed expressed a clear understanding of the focus children's strengths, needs and their efforts to help the focus children progress and succeed at the Group Home. The Group Home has a routine for scheduling the focus children's medical, dental and mental health visits. The focus children also participate in team meetings to assess and evaluate their needs and put in place a plan for each child to help them progress towards meeting their NSP goals during their stay at the Group Home. The Group Home has good assessment and understanding in the functioning and support systems for the focus children.

The Group Home supports the focus children's interests and makes efforts to ensure they develop in all areas. The Group Home is also exploring extra-curricular activities in which the focus children have expressed an interest. One of the focus children loves art and working with animals; the Group Home assisted her in enrolling in art classes and volunteer at the local animal shelter. Another focus child wants to work out regularly; the focus child was given full access to the fully equipped gym at the Group Home's main campus.

### **Tracking & Adjustment (5 Good Tracking and Adjustment Process)**

**Tracking & Adjustment Overview:** The Group Home has a good tracking and adjustment process in place. The Group Home tracks each of the focus children's progress through weekly group meetings to address the child's concerns. The Group Home has quarterly meetings with the focus children to address the NSP goals and their progress. The Group Home staff members monitor the focus children's behavior, children's visits, outings, and progress in log books and sign in/out sheets. The Group Home uses a target behavior rewards system to reward the focus children for positive

behavior and progress, as well as to take privileges away when positive behavior decreases and makes adjustments to their treatment, when needed.

The Group Home social workers are actively involved with the focus children and have one-on-one meetings with each of the focus children to discuss NSP goals and encourage the focus children to make progress toward achieving their goals.

Regular monitoring and tracking of the focus children's status is communicated between the Group Home, DCFS CSWs, DPO, school counselors, teachers and drug treatment providers. The Group Home social workers are readily available and ready to adjust goals and request adjustment to services to meet the children's needs as necessary.

### **What's Not Working Now and Why (Score/Narrative of Opportunities for Improvement)**

#### **Teamwork (4 Minimally Adequate to Fair Teamwork)**

The Group Home provided minimally adequate to fair teamwork. The Group Home is familiar with whom the team members are for each focus child. The focus children are also aware of the key people who are in their lives and part of their support team. However, there appears to be little emphasis on regular meetings to include all team members for the focus children.

One focus child reported regular meetings with her DCFS CSW, at least once monthly and regularly meeting with her Group Home social worker. She participated in a team meeting in August with the Group Home social worker, her mother, her DCFS CSW, DCFS Supervising CSW and a Department of Mental Health representative. The second focus child reported having weekly meetings with her Group Home social worker and monthly with her DCFS CSW. The third focus child reported meeting monthly with her DPO. However, none of the focus children could recall a meeting in which all of the team members had come together. Although several meetings were held, there was no face-to-face meeting that included all team members.

### **NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES**

In October 2014, OHCMD provided the Group Home with technical support related to findings cited in the 2014-2015 Contract Compliance Review. Specifically, adhering to SIR reporting guidelines to ensure timely submissions; preparing comprehensive NSPs and ensuring the court-approved authorizations for psychotropic medication were obtained prior to the Group Home's psychiatrist allowing psychotropic medication to be administered to the children.

On April 27, 2015, the OHCMD quality assurance reviewer met with the Group Home to discuss the results of the QAR and to provide technical support addressing methods on improving in the areas of Safety and Teamwork. The Group Home submitted the attached Quality Improvement Plan (QIP). OHCMD quality assurance staff will continue to provide ongoing technical support, training and consultation to assist the Group Home in implementing their QIP.



**Rosemary Children's Services**

CARING FOR THE CHILD  
TEACHING THE TEEN  
FOSTERING THE FAMILY

**CORPORATE OFFICES**  
36 S. Kinneloa Ave., Suite 200  
Pasadena, California 91107  
P (626) 844-3033  
F (626) 844-3034

**FOSTER CARE OFFICES**  
2900 East 17th Mar Blvd  
Las Palmas Building  
Pasadena, California 91107  
P (626) 403-2277  
F (626) 403-2278

2002 Iowa Ave., Suite 13-107  
Riverside, CA 92507  
P (951) 300-1620  
F (951) 300-1620

**ROSEMARY  
NON-PUBLIC SCHOOLS**  
36 S. Kinneloa Ave., Suite 110  
Pasadena, California 91107  
P (626) 844-3033  
F (626) 844-3039

**MENTAL HEALTH SERVICES**  
36 S. Kinneloa Ave.  
Pasadena, California 91107  
P (626) 844-3033  
F (626) 844-3034

**RESIDENTIAL OFFICES**  
3344 E. Green St.  
Pasadena, CA 91107  
P (626) 795-7218  
F (626) 449-9178

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of Private Specialized  
Education and Services

Child Welfare  
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Learning Disabilities Association  
United Way

www.rosemarychildren.org

May 10, 2015

Patricia Bolanos-Gonzalez,  
Children's Services Administrator II  
County of Los Angeles  
Department of Children and Family Services  
9320 Telstar Avenue, Ste. #216  
El Monte, CA 91731

**Re: Rosemary Children's Services – Quality Assurance Review  
2013/2014**

Please see our agency response to the items on the review that fell below department and group home agency standards.

**QAR SCORING/ Focus Area: Safety- Agency Score 4**

During this reporting period several improvements have been made to Rosemary Children's Service agency practices and procedures designed to promote a more consistently safe environment for the youth we serve. Improvements are detailed below;

**Psychiatrist Selection and Monitoring Processes**

Our previous Psychiatrist was replaced and our current Psychiatrist credentials are monitored monthly to insure compliance with California Medical Board requirements.

Our client roster is updated weekly and the new format more clearly delineates each client's medication regimen by diagnosis. The Psychiatrist focuses on mental health prescribing and the client's physician focuses on physical health prescribing.

**Runaway Behavioral Incidents**

During this reporting period we experienced a reduction in runaway incidents that resulted in overnight absences from the program. All runaway incidents are immediately followed up on by the client's therapist or the available therapist on site. The supervisor over the living unit where the client resides also meets with the client to determine the reason for the elopement and any incidents that took place during the elopement period. The focus is on understanding the most effective coping strategies to be applied to assist the client in refraining from leaving the confines of the agency premises and understanding what truly took

place during the elopement even if they report that nothing of a negative nature occurred.

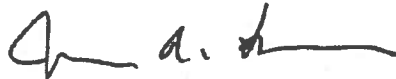
**QAR SCORING/ Focus Area: Teamwork – Agency Score 5**

During this reporting period, our ongoing focus on strengthening the team that supports each youth during their treatment program has resulted in improved structures related to our weekly treatment team meeting which includes the Supervisor, Client, Clinician, nursing team, Clinical Head of Services and the Residential Assistant Director. Client CSW/PO, Parent and other important permanency stakeholders are invited. In these meetings client progress is discussed and support plans are updated and revised. In June of 2015, Rosemary will become a participant agency with the Department of Mental Health in the implementation of Child and Family Team structure starting with six (6) designated youth.

We look forward to continued collaboration with our County stakeholder agencies as we continue to focus on our continuous service improvement process.

Please feel free to contact me if I can be of further assistance or if you have any questions regarding this response content.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jana Trew', with a stylized flourish at the end.

Jana Trew, MS  
Regional Director  
Rosemary Children's Services