



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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JERRY E. POWERS
Chief Probation Officer

October 1, 2012

TO: Each Supervisor
FROM: Jerry E. Powers
Chief Probation Officer

JEP

Board of Supervisors
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**SUBJECT: CRITTENTON SERVICES FOR CHILDREN AND FAMILIES CONTRACT
COMPLIANCE MONITORING REVIEW**

We have completed a review of Crittenton Services for Children and Families, operated by Crittenton Services for Children and Families, Inc., a contractor with the County of Los Angeles.

Crittenton Services for Children and Families, Inc. is a residential facility who has a license capacity of 101 female client's age 12-17 years of age, from the Los Angeles County Probation Department and the Department of Children and Family Services (DCFS). The Group Home is also licensed to accept 37 infants and toddlers, from birth to four (4) years. The Group Home's target population is mother/baby, female clients and pregnant clients with delinquent behavior, emotional and substance abuse issues. The program is designed to treat clients who are physically, sexually and emotionally abused and neglected and who may require psychotropic medication. The clients exhibit severe behavioral problems, confusion with sexual identity, and lack of self esteem. The Group Home provides individual, group, and family counseling to assist the clients is transitioning back into the community.

At the time of this review in March 2012, Crittenton Services for Children and Families had fifty (50) Los Angeles County Probation children and three (3) Los Angeles County DCFS youth. Crittenton Services for Children and Families is located in Fullerton, California, in the fourth District of Orange County. For this review, eight (8) case files were reviewed, and eight (8) child interviews were conducted, seven (7) Probation cases and one (1) DCFS case. Three (3) discharged files were reviewed, two (2) Probation files and one (1) DCFS file. There were 10 personnel files reviewed. In addition, four (4) children, three (3) Probation children and one (1) DCFS child were taking psychotropic medications, and their files were reviewed for timely Psychotropic Medication Authorizations (PMA) and required monitoring.

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

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licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights. In addition, a review of the most current Auditor Controller Fiscal Review was conducted.

SUMMARY

Generally, the Agency is providing the services as outlined in their Program Statement and is meeting the overall needs of the children placed at the Group Home. However, there are minor deficiencies noted under "Facility and Environment", "Maintenance of Required Documentation and Service Delivery" and "Personal Rights and Social/Emotional Well-Being". This compliance report addresses issues that were noted during the month of March 2012. A review of eight (8) child files and ten (10) personnel files were reviewed.

NOTABLE FINDINGS

- There were several minor physical deficiencies cited in some of the Group Home cottages that required repair or correction as described in the "Facility and Environment" section of the Compliance Monitoring Review; such as, mold found in two (2) of the Group Home's showers, carpet needs to be shampooed in all of the bedrooms and hallways and graffiti found in the bedrooms and common areas needs to be removed.
- There were several deficiencies with a few of the Needs and Service Plans (NSP) of the child files that were reviewed that require correction as described in the "Maintenance of Required Documentation and Service Delivery" section of the Monitoring Compliance Review; such as, a few of the NSPs were not completed in a timely manner, were not comprehensive and were not placed in the child's file and missing the Caseworkers signature to authorize the NSPs.
- During child interviews, several issues were noted that need to be addressed and corrected as described in the "Personal Rights and Social/Emotional Well-Being", section of the Compliance Monitoring Report; such as, one child was not provided with the Group Home's policies and procedures, most of the children interviewed stated that their meals and snacks were too predictable, one child interviewed did not feel staff treated her with respect, several children reported not being able to make or receive private phone calls and half of the children interviewed reported that they were not able to give input on planning activities.

EXIT CONFERENCE

In attendance: Briana Wheat, Program Director

Highlights:

The Exit Conference was conducted on April 13, 2012. The deficiencies cited were addressed at the time of the exit conference. The representative present was in agreement with removing the mold found in the showers, shampooing the carpet in the bedrooms and hallways and correcting the other minor deficiencies. A written Corrective Action Plan was submitted on May 1, 2012. A follow up visit was conducted on August 15, 2012, to ensure that all deficiencies have been corrected. The results of the follow up visit, which can be found in detail on the final page of the "Compliance Monitoring Review" section, are as follows: interior and exterior repairs and/or replacements have been completed, children were provided Group Home policies and the Corrective Action Plan detailed how future Needs and Service Plans will be case-specific, comprehensive, completed in a timely manner and include Caseworker signature.

If you need additional information or have questions or concerns, please contact Lisa Campbell-Motton, Director of 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
Philip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Briana Wheat, Program Director, Crittenton Services for Children and Families
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing
Georgia Mattera, Public Safety, Chief Executive Officer
Chief Deputies
Justice Deputies

**CRITTENTON SERVICES FOR CHILDREN AND FAMILIES PROGRAM CONTRACT
COMPLIANCE MONITORING REVIEW- SUMMARY**

	Contract Compliance Monitoring Review	Findings: March/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 	Full Compliance (All)
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. Full Compliance 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. Full Compliance 4. Full Compliance 5. Full Compliance 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.Full Compliance
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 	1. Needs Improvement 2. Full Compliance 3. Full Compliance

	<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 interest 	<ol style="list-style-type: none"> 4. Full Compliance 5. Needs Improvement 6. Needs Improvement 7. Full Compliance 8. Full Compliance 9. Needs Improvement 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Needs Improvement 16. Full Compliance 17. Full Compliance
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50.00 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	Full Compliance (All)
IX	<p><u>Discharge Plan</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children placed at least 30 days, was the child discharged according to the permanency plan 2. Children placed at least 30 days, did the child make progress toward meeting their NSP goals 3. Group Home using available resources to attempt to stabilize the placement prior to requesting the removal of the child 	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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**CRITTENTON SERVICES FOR CHILDREN AND FAMILIES
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

Crittenton Services for Children and Families

100 E. Valley View Dr.

Fullerton, CA 92832

License Number: 300612972

Rate Classification Level: 12

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of eight (8) case files (seven (7) Probation and one (1) DCFS), three (3) discharged child files (two (2) Probation and one (1) DCFS), 10 staff files, and documentation provided by the provider, Crittenton Services for Children and Families fully complied with all (9) nine elements in the area of "Licensure/Contract Requirements".

The Group Home provides timely notification for child's relocation when necessary. The children's transportation needs are met; such as, doctor and dental appointments, school and outings in the community. Special Incident Reports (SIRs) are submitted in a timely manner. The Group Home reported that they are aware of the reporting guidelines as outlined by the Probation Department. The Group Home is in compliance with the licensed capacity. The Group Home is a mother/baby program and is licensed for 54 residents and 37 infants, 10 Office of Refugee and Resettlement (ORR) residents, which are undocumented children, and a waiver for three (3) additional residents and infants. At the time of the review, the Group Home had 50 probation residents and three (3) DCFS residents. A review of the logs revealed that disaster drills are completed every month and the last drill was completed on February 24, 2012. Runaway Procedures are completed in accordance with the Los Angeles County contract. The Group Home also has a runaway checklist form that is completed when a child leaves the facility without permission. The form contains questions such as "What were the possible triggers?", and "How was the client acting prior to leaving?" Allowance Logs were reviewed and are maintained appropriately, showing that the children are receiving their allowance on a weekly basis. A detailed sign in/out log for children was utilized and maintained for the children's caseworkers and other visitors. Orange County Community Care Licensing reported that Crittenton Services for Children and Families did not have any citations on safety or physical deficiencies since their last review.

Recommendations:

None

FACILITY AND ENVIRONMENT

Based on our review of Crittenton Services for Children and Families and interviews with eight (8) placed child, Crittenton Services for Children and Families was in compliance with four (4) out of the six (6) elements in the area of "Facility and Environment". The two (2) areas of non-compliance are: "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained".

Crittenton Services for Children and Families is located across the street from a community park. It is a 28,000 square foot facility that sits on 1 ¼ acres of land. The facility consists of four (4) cottages for residential use (Willow, Pine, Aspen and Juniper) and one (1) cottage (Maple) for their clinical department. The Group Home has a 50's themed diner with a commercial style kitchen, an administration area, recreation department, medical offices and a parent and child education daycare for the resident's children. The Group Home also has a private playground area or "Tot Lot" for the resident's children.

Crittenton's Services for Children and Families representative reported that they completed a total campus renovation in the middle of year 2011. The overall structure is in good condition. There was no visible peeling paint. The area outside consists of artificial turf. There is a patio area with a tan wicker "L" shaped couch and matching chair with ottoman. Mature trees line the patio area along with bamboo plants that are six (6) feet and taller. All of the windows in the facility are screened and equipped with sensors that will alarm if the screen is removed. There are also video cameras in the exterior common area of the facility that are monitored by office staff. There is also an outdoor dining area with six (6) wooden tables and chairs. Three of the tables have green oversized umbrellas. Outside in-between Pine and Willow cottage, there is a hand-made above ground wood vegetable garden box. The garden contains four (4) types of hot peppers, beans, cucumbers, cilantro, strawberries and other types of fruits and vegetables. The garden box also contains its own irrigation drip system with a timer and watering hose.

The Group Home's four (4) residential cottages all contain a kitchen with light brown laminate flooring, a common area, sleeping quarters, den/library area, and a washer and dryer room. The common quarters had adequate and appropriate furnishings along with 42 inch flat screen televisions with DVD players. Each cottage had a recreation calendar posted in the common area. They also contained individual lockers for the resident's personal use. The overall appearance of the cottages was warm and inviting. Each resident gets to select a theme, if desired, for their room. The Group Home provides a range of bed in a bag comforter sets. Examples of some of the comforters provided include zebra print, "Disney" princess, leopard print, and "Hello Kitty". The resident's bedrooms were also decorated with a large magnetic poster board. One resident's bedroom was covered with a collage of appropriate magazines pictures, and she had a brightly colored leopard print comforter. Each bedroom had adequate furniture, appropriate window coverings, and proper lighting. Each bed had a complete compliment of linens.

However, the interior of the cottages were in need of some minor repairs:

Willow Cottage

- Remove mold in shower
- Fill small holes in wall in bedroom #3
- Replace outlet cover in bedroom # 2

Pine Cottage

- Paint the wall in bedroom #1
- Fill small holes in wall in bedroom #3 and paint wall

Aspen Cottage

- Remove graffiti in closet and through out bedroom # 5
- Repair or replace bathroom door in Bedroom #5
- Remove mold in shower in bedroom # 5 and paint the wall

Juniper Cottage

- Remove graffiti from couch in library
- Repair or replace the bathroom door in bedroom #6

In addition, all four (4) cottages need the carpet shampooed in the bedrooms and hallways, and all four (4) cottages need to clean the bedrooms, hallway walls and doors.

Aside from the aforementioned deficiencies cited, the Group Home provides a home-like environment for the children. The fire escape/evacuation routes were posted in visible areas and the smoke detectors and fire extinguishers were fully operational and current.

The Group Home provides age appropriate and accessible educational and recreational equipment. The Group Home has two (2) computers in Maple cottage and fifteen (15) computers located near the recreation department for the children to use. They also provide 10 Hewlett Packard tablets with internet connection for the children. The Group Home has a recreation department that is open daily from 1:30 PM to 2:30 PM. The recreation department offers a 65 inch flat screen television with surround sound and a DVD player, theater seating that is on rollers, a Wii video gaming system, along with an X box Kinect gaming system. There is a stand alone popcorn machine, ping pong table, kitchen area that is used for ice cream socials, a key board and a small stage that the residents can use to showcase their talent. They have four (4) mountain bikes and an assortment of age appropriate board games such as Taboo, Who Wants to be a Millionaire, Truth Be Told, and Jeopardy. There were a variety of science fiction and non-fiction books available in the cottages and in the recreation department, including Doctor Doolittle, Harry Potter and the Bible. The Group Home also has a work out room with an elliptical machine, treadmill, and an Everlast punching bag. The Group Home also takes the children approximately four (4) times a month to the YMCA for exercise.

The Group Home has a dining hall that is decorated in a 50's theme. The floor has black and white checkerboard tile, and the menu was posted on the wall. There were stainless steel napkin holders on the tables with black vinyl and stainless steel stool type chairs. The Group Home has an outdoor commercial style walk in refrigerator and freezer. There is also a commercial refrigerator located in the restaurant style kitchen. There was a sufficient supply of perishable and non-perishable foods located at the Group Home. Examples of the type of foods seen were; fresh celery, oranges, broccoli, cucumbers and beef patties. The freezer contained egg rolls, pot stickers, frozen chicken teriyaki and other miscellaneous frozen foods. The pantry contained gallon sized canned apple sauce, olives, chili with beans and diced tomatoes.

Recommendations:

1. Crittenton Services for Children and Families shall ensure that the aforementioned deficiencies cited will be corrected in a timely fashion and provide verification of correction.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of Crittenton Services for Children and Families and interviews with eight (8) children, Crittenton Services for Children and Families complied with nine (9) out of the 13 elements in the area of "Maintenance of Required Documentation and Service Delivery". The four (4) areas of non-compliance are: "Probation Caseworker Authorization to Implement NSPs, Treatment team developed timely **initial** NSP with the child, Treatment team develop comprehensive **initial** NSP with the child and Treatment team develop timely **updated** NSP with the child".

The children meet the Group Home's population criteria as outlined in their Program Statement and are assessed for needed services within 30 days of placement. The case files reflected adequate documentation to show that children are receiving treatment services; such as, anger management, drug and alcohol counseling and individual and family counseling. The children also confirmed during their interviews that they are receiving treatment services. The children reported that they are receiving services as outlined in their Needs and Services Plans.

The Needs and Services Plans were reviewed for all eight (8) children. Out of the eight (8) files that were reviewed, all eight (8) files were missing the Caseworker's authorization to implement the NSP's. The Group Home had a letter attached to each NSP dated and addressed to the Caseworker requesting that they review and sign the NSP and send back the signature page by facsimile. Although, the Group Home did have documented efforts to obtain the Caseworker's signature, they were not able to obtain a Social Worker's or a Probation Officer's signature for all eight (8) NSPs reviewed.

Based on the child interviews and the files reviewed, the Group Home was in full compliance in the area of "Children's Participation in the Development of NSP's". All eight (8) children interviewed reported that they participated in the development of their NSP. All of the NSP's reviewed also contained the children's signatures. The NSP's also contained the required staff/parent signatures on the documents. Out of the NSP's reviewed, all eight (8) files contained documentation that showed the children are progressing towards their NSP goals. During the child interviews, all the children reported that they felt they were making progress toward their goals. One child reported that she meets with a Transitional Specialist three (3) times a week to work on her goal of transitioning to living on her own. Another child interviewed reported that one of her NSP goals is to be respectful to staff and to stay focused on herself. The child reported that reading books is helping her to achieve this goal. She indicated that she just completed reading the book "True to the Game" by author Terry Woods. The NSP's also provided a detailed method for the children to achieve their goals and who the responsible parties were.

In seven (7) of the eight (8) files reviewed, the initial NSP's were developed in a timely manner, in that they were completed within the required timeframe, within or by the first thirty (30) days of their placement at the Group Home. However, one NSP did not meet the standard. The date of completion on the NSP was incorrect. The NSP was dated prior to the child's placement at the Group Home. The remaining NSP's were developed according to the standard. Out of the eight (8) files reviewed, only one (1) initial NSP was not comprehensive. One of the child's initial NSP goals was generic and not child specific. An example of one (1) of these generic goals was "to take medication

regularly". The remaining children's NSP's were comprehensive and child specific. The Group Home provided goals that were specific to each child and time orientated. Examples of some of the NSP goals were "Client will attend school regularly and on time from once a week to three (3) times a week"; "Client will earn a minimum of fifteen (15) credits towards completing the current semester of high school." The Group Home also explained how the children were to meet their goals.

Based on the children's interviews and the case files reviewed, the Group Home is providing therapeutic services as outlined in the NSP's. The children reported that they are receiving treatment services such as individual, group counseling, chemical dependency and Alcoholics Anonymous (AA) counseling. Out of the eight (8) files reviewed, four (4) children required psychiatric assessments. All four (4) were receiving regular assessments and evaluations for psychotropic needs as required. The children reported that they have monthly contact with their probation caseworker, and this information was also verified through the Group Home's visitation book. The children reported during their interviews that the Group Home is assisting them in maintaining important relationships. One child reported that she is having semi monthly visits with her father and sister at the Group Home. The Group Home has also documented the dates of community day passes and approved visits.

The Group Home has ensured that almost all of the updated NSP's were completed in a timely manner. Out of the eight (8) files that were reviewed, seven (7) were completed within the required time frame. There was one (1) updated NSP that was missing for a child who has been placed at the Group Home for almost two (2) years. The Group Home did comply with ensuring that the updated NSP's were comprehensive. The Group Home has documented the children's dates of progress throughout the updated NSP and has detailed whether or not the child has achieved their goals or indicated if a goal needs to be modified.

Recommendations:

1. Crittenton Services for Children and Families shall ensure that all initial NSP's are comprehensive by making each NSP case-specific for each child with measurable goals.
2. Crittenton Services for Children and Families shall ensure that they obtain Probation Caseworker Authorization to Implement NSPs
3. Crittenton Services for Children and Families shall ensure that all initial NSP's are completed in a timely manner. They shall make substantial efforts to ensure the dates of completion are accurate.
4. Crittenton Services for Children and Families shall ensure that all NSP's are placed in the children's files

EDUCATIONAL AND WORKFORCE READINESS

Based on our review of Crittenton Services for Children and Families and interviews with eight (8) children, Crittenton Services for Children and Families fully complied with all eight (8) elements in the area of "Education and Workforce Readiness".

The children were enrolled in school within three (3) days, and were attending school and provided with educational support and resources to meet their educational needs. The children reported that Group Home staff attends meetings to help with school related issues. The children also reported that, if they need assistance with their homework, a Group Home staff or a tutor would be available to offer assistance. A review of the children's report cards and school transcripts reveal that the children are progressing in school. One child has passed the math portion of the California High School Exit Exam (CAHSEE), and another child has improved her grades from failing to passing and has improved her school attendance. Out of the eight (8) files reviewed, none of the children had Individualized Education Plans (IEPs). The Group Home had copies of current report cards, progress reports and transcripts in the children's file. The Group Home provides the children with the opportunity to participate in age appropriate Youth Development Service. One child reported that she participates in a program that the Group Home offers called Pathways to Success. In this program, she indicated that she learns how to budget, how much it would cost to purchase baby clothes and how to prepare for college. Another child reported that she is learning how to network and how to dress for a job interview. The children reported that the Group Home encourages and offers a variety of life skills workshops that they can participate in. The Group Home also offers on-site jobs where the children must complete an application for employment and be interviewed for the position.

Recommendations:

None

HEALTH AND MEDICAL NEEDS

Based on our review of Crittenton Services for Children and Families and interviews with eight (8) children, Crittenton Services for Children and Families fully complied with all six (6) elements in the area of "Health and Medical Needs".

Initial medical and dental exams conducted were completed within the first 30 days of placement. The children reported that all of their medical and dental needs were being met. They also reported that if medical or dental treatment required any follow up exams, they were completed within the appropriate time frame. The children indicated that they are aware of their right to refuse medication. Four (4) of the eight (8) children interviewed were on psychotropic medication. All four (4) children reported that they are aware of their right to refuse and indicated that, if they were to refuse, the Group Home would complete a special incident report. A review of the medication log indicates that medication is properly distributed and documented. Each cottage has their own locked medication cart with a folder that has each child's picture attached to their medication log. The Group Home provides an onsite pediatrician twice a week, an OB gynecologist once a week and a psychiatrist once a week. The optometrist and dentist are located off site.

Recommendations:

None

PSYCHOTROPIC MEDICATION

Based on our review of Crittenton Services for Children and Families and interviews with eight (8) placed children, Crittenton Services for Children and Families complied with both elements in the area of "Psychotropic Medication":

Of the eight (8) children interviewed, four (4) of the children were on psychotropic medications, three (3) Probation children and one (1) DCFS child. All four (4) children had current psychiatric evaluations and a current court authorization for administration of psychotropic medication in their files. The children reported that they were aware of the type of medication they were taking and why they were taking it. One child reported that she was taking Prozac for depression. Another resident reported that she was taking Seroquel for her mood disorder. She indicated that she did not feel like the medication was helping, so she asked to be taken off. She reported that the dosage is being decreased so that it can be discontinued.

Recommendations:

None

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of Crittenton Services for Children and Families and interviews with eight (8) placed children, Crittenton Services for Children and Families was in compliance with 12 of the 17 elements in the area of "Personal Rights and Social/Emotional Well-Being". The five (5) areas of non-compliance were: "Children informed of Group Home's policies and procedures", "Children report satisfaction with meals and snacks", "Staff treats children with respect and dignity", "Children allowed private visits, make and receive telephone calls and to send and receive unopened correspondence/mail" and "Children given opportunities to participate in planning activities".

Out of the eight (8) interviews, one (1) child reported that she was not informed of the Group Home's policies and procedures when she was first placed at the Group Home. The child reported that she feels as if the Group Home staff make up the rules daily. The remaining seven (7) children reported that they were informed of the Group Home's policies and procedures. All eight (8) children reported during their interviews that they feel safe at the Group Home. The eight (8) children interviewed all reported that there is appropriate staffing and supervision. Although the children reported that they get sufficient meals and snacks, they would like a wider variety of snacks and meals. They indicated that their meals are predictable by the day of the week. The children reported that there is a menu posted in the dining room where they eat their meals. There is also an outside dining area where the children can eat their meals, if they chose. The children reported that there is fresh fruit in each of the cottages such as peaches, apples and oranges. They also reported that they receive snacks such as cookies, string cheese, popcorn and graham crackers.

During the child interviews, seven (7) out of the eight (8) children reported that the Group Home staff treats them with dignity and respect. One child reported that staff "treats her like a kid". All eight (8) children reported that the discipline policies are consistently enforced, and there are fair and appropriate consequences for inappropriate behavior.

The children reported that the Group Home operates on a behavioral level system, and when they do not follow the rules, they receive a consequence of not earning their points. An example would be that they are not able to attend an outing.

All eight (8) children reported that they receive unopened mail and have private visits; however, only five (5) out of the eight (8) children reported being able to make and receive private phone calls. Three children reported that Group Home staff listen to their phone calls and document their conversations. Group Home Administration reported that the phone calls are not monitored. Group Home staff is positioned near the children for supervision purposes while the children are making their phone calls, however, they are working on other things; such as, paperwork and the children think they are writing down their conversations.

During the child interviews, all eight (8) children reported that they are free to attend religious services and activities of their choice. They also reported that their chores are reasonable and not difficult. Examples of the types of chores the children reported include cleaning the bathroom, vacuuming, sweeping the floor and washing the dishes. The children reported that they were informed about their medication and that they are aware of their right to refuse medication. They also reported that they are free to receive or reject voluntary medical, dental and psychiatric care.

Only four (4) of the eight (8) children interviewed reported that they have the opportunity to participate in planning activities; however, all the children reported going on a variety of community activities. Some of the planned activities include roller skating, playing flag football in the park, going to the movies and going bowling. One child reported that her favorite and most recent activity was going to play miniature golf. During the walk through inspection, recreation calendars were seen posted in the common area of each cottage. The children reported that they are given the opportunity to participate in age appropriate, extra-curricular and social activities. The children reported that they attend an alternative school that does not offer extra curricular activities. They indicated that they do participate in age appropriate social and community activities. These activities include participating in Zumba exercise classes and participating in college campus tours. One child reported that she is getting ready to graduate from a vocational school with a Certified Nurses Aid certificate.

Recommendations:

1. Crittenton Services for Children and Families shall ensure that all residents are informed of the Group Home's policy and procedures upon their placement.
2. Crittenton Services for Children and Families shall ensure that they make an effort to improve the variety of meals and snacks provided to the children.
3. Crittenton Services for Children and Families shall ensure that all staff treats every resident with dignity and respect.
4. Crittenton Services for Children and Families shall come up with a plan to ensure that the residents feel they have privacy when making their phone calls, while also providing supervision.

5. Crittenton Services for Children and Families shall ensure that all the residents are given the opportunity to participate in planning activities.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of Crittenton Services for Children and Families and interviews with eight (8) placed child, Crittenton Services for Children and Families complied with all eight (8) elements in the area of "Personal Needs/Survival and Economic Well-Being".

The Group Home provides appropriate clothing, items of necessity and gives clothing vouchers. The Group Home's program statement indicates that they will provide clothing vouchers every other month. The child interviews confirm that the children receive \$100.00 every other month. Clothing receipts were also verified to ensure that the children were receiving their clothing vouchers. Children are provided with opportunities to select their own clothes, and the clothing provided is of good quality and of sufficient quantity. The children reported that they shop at Ross clothing store and that they are satisfied with the clothes that they select.

The children reported that they receive the required minimum weekly allowance and that they are allowed to spend their allowance as they choose. All the children interviewed reported that they were given the opportunity to save their allowance; however, only one child has a bank account. The remaining children reported that they spend their allowance on junk food, make-up, fast food and potato chips.

During the walk-through inspection, a review of the Life Books was conducted. The Group Home staff reported that the children are not allowed to keep their life books in their room because they have had issues where a child will destroy another child's life book out of anger. All the children have large colorful scrap books that contain pictures of themselves and members of their families or friends. The Group Home reports that the children work on their life books at least monthly in a group-type setting.

The Group Home provides the children with adequate personal care items such as lotion, deodorant and shampoo. The children also confirmed that they receive these personal care items during their interviews.

Recommendations:

None

DISCHARGE PLAN

Based our review of three (3) closed files, which included, two (2) Probation children's files and one (1) DCFS child's file, Crittenton Services for Children and Families complied with all three (3) elements in the area of "Discharge Plan".

Of the three (3) discharged files reviewed, all were discharged according to their permanency plan. Two (2) of the children's case plan goals were family reunification and they were placed back with their families. The last child's permanency plan was Planned Permanent Living Arrangement (PPLA), and the child was emancipated and transitioned to the Job Corp. The Needs and Service Plans (NSPs) that were reviewed were child specific, measurable and time orientated. The NSPs reviewed showed that

the children were making progress toward their goals as evidenced by the children being discharged according to their plan. The children were attending school regularly and participating in therapeutic services such as individual and group therapy, drug and alcohol program and behavior modification programs.

Recommendations:

None

PERSONNEL RECORDS

Based on our review of Crittenton Services for Children and Families and a review of 10 personnel files, Crittenton Services for Children and Families complied with all of the fourteen (14) elements in the area of "Personnel Records".

A review of 10 personnel records was completed. All training and background checks (DOJ, FBI and CACI) were completed and current. The appropriate criminal background statements were signed and present in the files. All 10 staff had de-escalation and restraint training. Of the staff files reviewed, they also had the minimum one (1) hour training in the area of child abuse identification and reporting. All files reviewed had the required educational documentation and criminal and child abuse clearances for their employees prior to being hired. The employee files had current CPR and First-Aid training. There were also signed copies of the Group Home policies and procedures in the files. All files reviewed had timely initial health screenings and emergency intervention training. The staff files had the required initial training as well as the annual required on-going training. There were also current copies of the employee's driver's licenses in the files.

Recommendations:

None

AUDITOR CONTROLLER FISCAL REVIEW

The most recent Fiscal Review for Crittenton Services for Children and Families from the Department of Auditor Controller is dated December 5, 2007, for the fiscal period of April 1, 2005, to March 31, 2006. The report dated December 5, 2007, indicated that Crittenton Services for Children and Families had questioned/disallowed costs. Crittenton Services for Children and Families 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 August 15, 2012, a follow-up visit was conducted at Crittenton Youth and Family Services to verify that all recommendations have been completed.

- A walk through inspection of each of the four (4) cottages was conducted. All of the deficiencies cited in the area of "Facility and Environment" were corrected as requested; such as, repainting or repairing the walls in the cottages, graffiti removal, shower mold removed, outlet cover replaced, bathroom door replaced and a couch was replaced with two arm chairs. It should be noted that, although the carpet was shampooed in the cottages (Aspen 5-12-12, Juniper 5-23-12, Pine 5-24-12, and Willow 5-25-12) this area is an ongoing issue that the Group Home will continue to work on.
- At the time of the review, a child's Needs and Services Plan (NSP) was not timely, not child specific, one NSP was missing and none of the NSPs had the Caseworker's signature. The Group Home has provided a written corrective action plan detailing how they will ensure that all children's future NSPs are child specific, developed in a timely manner and include Caseworker signature.
- At the time of the review, a child reported that she felt that some staff "makes her feel like a kid". The Group Home has provided a written corrective action plan detailing how they will make ensure that all children are treated with respect.
- At the time of the review, a few children reported that they were not allowed private phone calls and that the staff would document their calls. The Group Home's administration reported that the staff are not documenting the children's calls. She reported that at times a staff may be positioned near the child working on other things and the children just assume they are documenting their telephone conversations. The Group Home staff informed all children during a community meeting that they are not documenting calls but doing work.
- At the time of the review, a few children reported that they do not get to participate in planning activities. The Group Home has provided a written correction action plan detailing how they will ensure that all children have the opportunity to participate in planning activities.
- At the time of the review, one child reported that she does not get to participate in Group Home or community activities because she has two children. Group Home administration reported that they do have community activities for residents who have infants; however, there are more outings for those residents who do not have infants. At times, the children do not want to take their infants on outings so they elect to remain at the Group Home. The Group Home offers babysitting on the weekend for everything except recreation outings; however, the children can bring their babies along with them on the outings.
- The Group Home administration also provided copies of the Group Home's meeting agenda notes, which discussed maintenance request, a walk through check list and the cleanliness of the facility. These meetings were held in March, May and June of 2012 with Group Home staff.

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CrittentonTM
services for children and families

May 1, 2012

County of Los Angeles
Department of Probation
Quality Assurance Division
c/o Ratasha Smith
11701 Alameda Street
Lynwood, CA 90262

RE: Group Home Evaluation Review Results – **Corrective Action Plan**

Dear DPO Ratasha Smith,

Thank you for your review of our Valley View Campus earlier this year. Your observations and feedback are appreciated and have been taken into consideration. The following items have been addressed in the areas you requested:

Item #11 Common Areas well maintained

Currently at our facility we have a number of practices in place to ensure that the grounds are well maintained. With the support of our Residential Counselors, each client placed at the facility is given a daily chore that they are expected to complete. The staff are responsible for checking off the chore each and every day and if the chore is not completed then the staff completes it for the client. In addition, once a week, on Wednesdays, each cottage completes a deep cleaning of the entire cottage, including the bedrooms. Once the deep cleaning is completed the Team Leaders complete a "walk thru checklist" to ensure all items were addressed.

In reviewing our outstanding maintenance requests, it was noted that 95% of the items that were noted to be out of compliance during the audit, in fact, were on a list of items to repair. However, there is a pecking order to the repairs, as our procedure is to repair items that are of a safety concern for the clients and staff before any cosmetic repairs. For instance, we would be repairing a broken door prior to fixing chipped paint from a client tearing down a poster in a bedroom. The majority of our maintenance requests are repaired within a 2 week period depending on the nature of the request and the urgency.



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In regards to the carpets being stained, it is common that the client and their small children often spill items on the carpet which are difficult stains to remove. Because of such, in recent month we have removed most carpets and replaced them with laminate flooring. However, each cottage has been put on a monthly rotation for carpet cleaning. As a result, each cottage has its carpet shampooed on a consistent rotation.

Corrective Action:

As of a May 7, 2012 a Team Leader from a different cottage will come to complete the "walk thru checklist" and do a cottage inspection. This will ensure that maintenance requests are addressed and it serves as an objective staff coming into the cottage to identify facility issues.

In addition, we have reviewed the facility and environment expectations with our Unit Supervisors, Maintenance Department and our Housekeeping staff to ensure that we are consistently meeting those expectations. The carpets will continue to be cleaned on a rotation and staff have been informed that they can request additional cleaning, should the cottage staff see a need.

The list given to us by our auditor that need to be addressed and repaired was reviewed and all items will be completed by May 30, 2012.

Responsible Party: Briana Wheat, Program Director Unit Supervisors for each cottage, Maintenance Department and Team Leaders for each cottage.

#12 Children's bedrooms well maintained

At the beginning of this year, we wanted to make increase our client taking ownership of their bedrooms, with the goal of them becoming more invested in their program. In order to do that, when a client is placed with us they are able to pick out a Bed in a Bag that is decorative, unique and individual to that client. They are also given two different boards in their rooms in which they can post pictures and/or items to decorate their room to show their own unique style. The clients are also asked to pick a poster for their room that they can place into a frame on display in their room. This has really made a difference with our clients and it is nice to see their individuation, in which their rooms come to life in a short time after they are placed with us.

Corrective Action:

By May 30, 2012, our Unit Supervisors and Team Leaders will be re-trained on the expectations for the client's rooms and review the "Daily Room Check forms to ensure that we are holding the clients to those standards. Furthermore, the staff will be re-trained on how to complete Daily Room Checks and how to support the clients in keeping their rooms neat and orderly. In addition, as stated above we have recently implemented having a Team Leader from another cottage come through weekly and conduct a "walk thru checklist" to ensure that the cottage is neat and orderly.

Responsible Party: Briana Wheat, Program Director, Unit Supervisors for each cottage and Team Leaders for each cottage.

#21/#27 Develop Timely Initial and Updated Needs and Services Plans

Crittenton has many procedures in place to make sure that case management arranges and completes Needs and Service meetings and documentation. The Needs and Services Plan in question during the audit was completed in a timely manner yet there was a mistaken entry in the date of the Needs and Service Plan, which made it appear as if it were not developed in a timely manner.

Corrective Action:

Case Plan for P. Espinoza

The problem identified during the audit was that her Needs and Service Plan from 11/25/11 was missing/not completed. Client Espinoza does have a 11/25/11 report the dates were mislabeled but the report/dates have been corrected and replaced back in client's file.

Case Plan for B. Oropeza

The problem identified during the audit was that the initial Needs and Service Plan was dated before the child was placed at the group home. Client Oropeza was placed on 1/31 and her first report was due on 2/20. Page 1 of her report did have a mistaken entry indicating that the report was written on 1/20 but all other dates were correct. This was a simple oversight on the Case Manager's part and has been corrected in her file.

By May 30, 2012, the Case Manager Coordinator will review the Needs and Service Procedure and the timelines with our entire Case Management department to ensure we are meeting all requirements.

Responsible Party: Briana Wheat, Program Director and Emily Dickerson, Case Manager Coordinator

#22/#28 Development of Comprehensive Initial and Updated Needs and Service Plans

In recent months, the Needs and Service documentation/form had been updated. As a result, all our staff had been recently trained on the updates.

Corrective Action:

By May 30, 2012, the Case manager Coordinator will re-train all departments on how to create SMART goals that the Department of Children and Family Services reviewed during their training on the NSP reports. In this training it was discussed that each goals needs to be child specific and attainable.

Responsible Party: Briana Wheat, Program Director, Emily Dickerson, Case Manager Coordinator and Ellen Parsons, Client Services Director

45 Children informed of the group home's policies and procedures

In the audit, client Rose indicated that she was not informed of the group home rules and feels that staff make up rules daily. Each client that is placed at the facility is assigned a peer mentor to go over the Client Handbook and the behavior modification program so that the clients are well informed of the cottage/program rules. In addition, all new clients also work with our Client Liaison for the first 30 days that they are placed with the group home. All new clients are required to be in a 4 week orientation group that occurs once a week to review the cottage/program rules so that they are well informed and educated.

Our behavior modification program is strength based and used to manage the day to day program. However, in an attempt to meet the unique and individual needs of each of the clients placed at the facility there are modifications that address the individual treatment needs of each client. This can be difficult for some of the clients in our program as they feel as though everyone should be treated the same and it's "unfair" to be treated differently. The staff take time to educate them on the fact that each client is treated according to their own program and needs.

Finally, all new clients receive a copy of our Client Handbook and sign an acknowledgement that they received it during the first week of placement. We will continue to provide the handbook and explain its content through the orientation group.

Responsible Party: Briana Wheat, Program Director and Crystal Chavez, Client Liaison

#50 Children treated with respect and dignity

In the audit client Quintero reported that staff make her "feel like a kid". The hope is that our clients are allowed to enjoy their childhood and thus treated as an adolescents. However, due to the fact that many of the clients placed at the facility come from environments where they are expected to grow up very quickly and might even be parentified they often resist and/or misinterpret this type of interaction.

Corrective Action:

In efforts to improve in this area, Unit Supervisors and Team Leaders will use the daily community meetings to open up the discussion for the clients to bring these types of concerns to the table and offer suggestions to the staff. In addition, all the clients are encouraged to run for and hold a position on the Girls Council to address ways to improve the program, campus, staffing, groups, recreational activities, etc.

Responsible party: Briana Wheat, Program Director, Unit Supervisors and Team Leaders

#53 Children Allowed Private Visits, phone calls and send and receive unopened correspondence/mail.

In the audit, client Chavez, Quintero, and Colter reported that they are not allowed private phone calls and that staff listen and document their conversations. Phone calls take place in the cottage in the evening times in order to accommodate the mental health groups and approved contacts schedules. There are some instances when phone conversations are monitored per the placing worker and so the staff have the phone call on speaker and document the content of the conversation to report back. However, for all other phone calls the staff bring a land line phone out of the office and set it up for the client to use in the common areas. Our practice is to have the staff dial the number, ask for the approved contact and then hand the phone to the youth. The staff stay close by the phone due to the fact that many of the clients will try to hang up the phone and call someone that is not an approved contact.

Corrective Action:

In efforts to improve in this area the Unit Supervisors will take the time to further educate the clients on the procedure so that they are well informed and not surprised.

Responsible party: Briana Wheat, Unit Supervisors and Client Liaison

#59 Children given the opportunity to participate in planning activities

In the audit, client Avila, Quintero, Espinoza and Rose reported that they do not participate in planning activities. As an agency we value and ask for input from the clients using a variety of methods. In February 2012, we conducted a survey of the entire campus asking the clients for their input on recreational activities and what activities they would want to participate in and see more of. I have attached the results of that survey for you. In addition, we have Girls Council who meet each month to discuss a number of things and encourage the clients to share things they would like to see changed and/or improved upon. We then review those minutes in our Director's Meeting to take to the various departments to see how we might be able to implement the suggestions made by our clients.

Corrective Action:

In an effort to improve in this area we will have biyearly surveys to get the clients input and continue to ask the client in the Girls Council meetings regarding their input on recreational activities.

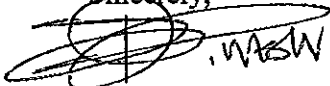
#60 Children participate in activities in the community or school

In the audit, client Espinoza reported that she does not get to participate in group home or community activities because she has two children and the daycare does not provide services for non school related outings. On our campus we offer the clients childcare service for school, ROP, ILP, Chemical Dependency groups, etc. However, on the weekends we do not offer childcare services for recreational activities, instead we

encourage our young mothers to bring their children on the outings in order to help prepare for the future and encourage maternal bond with children outside of a residential setting. Crittenton strongly believes that teenage mothers need to have special interactions with the children outside of the facility to facilitate the growth of their relationship and to teach new mothers that they can partake in healthy activities with their children outside of Crittenton. As an agency we want to encourage the mom's and their babies to spend as much time together as possible so we either facilitate activities for mom's and babies or we encourage them to bring them on the recreational activities. Often times we have noted that clients will turn down the opportunity to go on special outings, such as Disney on Ice or the Zoo, as clients feel that it is a hardship vs. a bonding moment. Crittenton staff use these moments to re-direct and educate clients.

Crittenton Services is committed to providing exceptional services to each of our clients. I am confident that the recent trainings and efforts being made to further educate our clients and staff members, in conjunction with existing policies and procedures will continue to allow us to run an effective and viable program. Should you have any additional questions or concerns regarding this response, please contact Briana Wheat at (714) 680-9057.

Sincerely,

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

Briana Wheat, MSW
Program Director

A handwritten signature in black ink, appearing to read 'Barbara Hernandez' with a large, stylized flourish at the end.

Barbara Hernandez, LMFT, Psy.D
VP of Residential Services

Attachments:

- 1) Copy of the Recreation Survey