County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 26, 2016

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

From: Philip L. Browning
Director

TURMONT HOME FOR BOYS GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Turmont Home for Boys (the Group Home) in January 2015 and a Fiscal Compliance Assessment in April 2015. The Group Home has two sites, one located in the Second Supervisorial District and another in the Fifth Supervisorial District, providing services to DCFS placed children. According to the Group Home's program statement, its purpose is "to provide 24-hour, non-medical care and supervision to residents placed by the Department of Children and Family Services."

The Group Home has two 6-bed sites licensed to serve a capacity of 12 boys and girls ages 13-17. At the time of review, the Group Home served 11 DCFS placed children. The placed children's overall average length of placement was 12 months, and their average age was 16.

SUMMARY

CAD conducted a Fiscal Compliance Assessment which included an on-site review of the Group Home's financial records, such as financial statements, bank statements, check register and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Loans, Advances and Investments, Board of Directors and Business Influence, Cash/Expenditures, and Payroll and Personnel.

CAD noted one deficiency in the Financial Overview, related to an adjustment made that resulted in a negative net asset position of $17,439 for the Fiscal Year ending December 31, 2013.

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home, having been provided with good care and appropriate services, being comfortable in their environment and treated with dignity and respect.

The Group Home was in full compliance with 5 of 10 sections of our Contract Compliance Review: Facility and Environment; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the following areas of: Licensure/Contract Requirements, related to a Special Incident Report (SIR) that was not submitted timely, not conducting disaster drills with the children and a Community Care Licensing (CCL) citation; Maintenance of Required Documentation and Service Delivery, related to updated Needs and Services Plans (NSPs) not being developed comprehensively; Education and Workforce Readiness, related to the academic performance and attendance not increasing; Personal Rights and Social/Emotional Well-Being, related to a child not being free to receive or reject voluntary medical, dental, and psychiatric care; and Personnel Records, related to health screenings/Tuberculosis clearances not being conducted timely.

Attached are the details of CAD's review.

REVIEW OF REPORT

On February 26, 2015, Sherry L. Rolls, DCFS CAD held an Exit Conference with the Group Home representatives Victor Bradley, Executive Director and Latanya Gibbs, Facility Manager. DCFS staff included Diana Flaggs, Amy Kim, Rhonda David-Shirley and Robbie Odom, Out-of-Home Care Management Division. Also in attendance was Kellee Coleman, Community Care Licensing. On June 5, 2015, Ali A. Gomaa-Mersal held a Fiscal Exit Conference with Victor Bradley, Executive Director.

The Group Home representatives agreed with the review findings and recommendations, were receptive to implementing systematic changes to improve their compliance with regulatory standards and were in agreement with addressing the noted deficiencies in a compliance Corrective Action Plan (CAP) and Fiscal Corrective Action Plan (FCAP).

A copy of this compliance report has been sent to the A-C and CCL.

The Group Home provided the attached approved FCAP and CAP addressing the recommendations noted in this compliance report. CAD conducted a follow-up visit to the Group Home on June 22, 2015 and verified implementation of the compliance CAP.

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

PLB:EM:LTI:sl

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Victor Bradley, Program Director, Turmont Home for Boys
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

TURMONT HOME FOR BOYS
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included review of Turmont Home for Boys' (The Group Home's) financial records for the period of January 1, 2013 through March 31, 2015. Contracts Administration Division (CAD) reviewed financial statements, bank statements, check register and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Loans, Advances and Investments, Board of Directors and Business Influence, Cash/Expenditures, and Payroll and Personnel.

During the review CAD identified a less-than-arms-length (related party) transaction. The Group Home is leasing two homes from the Executive Director and the Program Director none of whom are on the Board of Directors. The fair market values of the leased properties were determined by independent appraisals to be within allowable limits and in compliance with California Welfare and Institutions Code (WIC) Section 11462.06(a) for related party lease transactions.

FISCAL COMPLIANCE

CAD found the following area out of compliance:

Financial Overview

- The audited financial statement indicated that the Group Home had negative net assets in the amount of $17,439 for the Fiscal Year ending December 31, 2013.

The Group Home will ensure that operating expenses will not exceed revenues by adjusting and reviewing their budget to prevent negative net assets balances in the future. In 2014 during a review of the financial records it was determined the accrual for salaries was not financially feasible to be paid off. A reversal adjusting entry was made to write off the accrued salary amount. This adjustment corrected the negative net assets balance. The Group Home's Board of Directors implemented a plan to return to a positive net asset position by December 31, 2014. The California Department of Social Services placed this Group Home on a triennial schedule for completing its audited financial statements and single audit reports, the next report is due on June 30, 2017 for the Group Home's Fiscal Year ending December 31, 2016.

Recommendation:

The Group Home's Board of Directors shall ensure that:

1. A plan is developed and implemented that will eliminate the current net asset deficit and prevent future net asset deficits.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER (A-C)

The most recent fiscal review of the Group Home was posted by the A-C on May 9, 2012 for the period of January 1, 2009 to December 31, 2009. The A-C review identified $76,377 in unallowable expenditures. The Group Home has repaid the $76,377.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2015-2016.

TURMONT HOME FOR BOYS
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 191600783
Rate Classification Level: 8

License Number: 197600325
Rate Classification Level: 8

	CONTRACT COMPLIANCE REVIEW	FINDINGS: JANUARY 2015
I.	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained in Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Needs Improvement
	5. Disaster Drills Conducted & Logs Maintained	5. Needs Improvement
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign-In/Sign-Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Needs Improvement
II.	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (All)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Food	
III.	**Maintenance of Required Documentation/Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children Social Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
		9. Full Compliance

	CONTRACT COMPLIANCE REVIEW	FINDINGS: JANUARY 2015
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive Updated NSPs with Child's Participation	10. Needs Improvement
IV.	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Needs Improvement 5. Full Compliance
V.	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VI.	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII.	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Children's Chores Reasonable	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

	CONTRACT COMPLIANCE REVIEW	FINDINGS: JANUARY 2015
	10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	10. Full Compliance 11. Needs Improvement 12. Full Compliance 13. Full Compliance
VIII.	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in the Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowance 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (All)
IX.	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X.	**Personnel Records (7 Elements)** 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's Licenses 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Needs Improvement 5. Full Compliance 6. Full Compliance 7. Full Compliance

TURMONT HOME FOR BOYS GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the January 2015 review. The purpose of this review was to assess Turmont Home for Boys' (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's program statement as well as, internal administrative policies and procedures. The compliance review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, five placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, none of the placed children were prescribed psychotropic medication.

CAD reviewed four Group Home staff files for compliance with Title 22 regulations and County contract requirements and site visits were conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following five areas out of compliance.

Licensure/Contract Requirements

- A Special Incident Report (SIR) was not submitted timely.

A review of nine SIRs determined that one SIR was not submitted timely into the I-Track database. The SIR for an incident that occurred on May 5, 2014 that should have been immediately entered into the I-Track database was submitted on June 6, 2014.

- Disaster drills not conducted.

During the course of the review the disaster drill logs noted that the children were not included in the six-month disaster drills. CAD immediately informed the Group Home of the requirement to include the

children in the disaster drills. The Group Home acknowledged the requirement and held the first disaster drill with all children on January 27, 2015.

- Community Care Licensing (CCL) citation.

CCL cited the Group Home on August 14, 2014, during a case management visit. CCL found the Group Home did not complete a pre-employment criminal record clearance for an employee and that same employee was not associated with the Group Home's facility license prior to beginning work. The Group Home corrected this oversight on the same day of the CCL visit. This citation included a fine of $100. No Plan of Correction was requested.

On June 22, 2015, CAD conducted a follow-up visit and confirmed the Group Home implemented their new SIR protocol on March 20, 2015 requiring an internal review of all SIRs to ensure timely submission and appropriate cross-reporting. CAD also confirmed the Group Home's use of the employee checklist forms to confirm all required forms and procedures for each prospective employee are completed prior to their start date. At the time of this follow-up, there were no additional CCL citations.

Recommendations:

The Group Home's management shall ensure that:

1. All SIRs are submitted timely and cross reported to all required parties.

2. Disaster drills are conducted and logs are maintained.

3. The Group Home is in compliance with Title 22 regulations and free of CCL citations.

Maintenance of Required Documentation and Service Delivery

- Updated Needs and Services Plan (NSP) were not comprehensive.

During the review of four updated NSPs for a child, one was not comprehensive as it included another child's name in the NSP. Two NSPs utilized white-out for corrections or updates and did not include a Group Home approval signature. Additionally, all four of this child's 2014 updated NSPs were not comprehensive, as none included achieved outcome goals. The child has been placed with the Group Home since October 31, 2012.

During the Exit Conference, the Group Home was informed of the need to have the NSPs include the correct child's name, properly document changes to the NSPs, include the Group Home's review and approval of all NSPs and ensure that achieved outcome goals are documented in the NSPs.

On June 22, 2015, CAD followed up with the Group Home and reviewed three updated NSPs and they were determined to be comprehensive.

Recommendation:

The Group Home's management shall ensure that:

4. Comprehensive and timely updated NSPs are developed.

Education and Workforce Readiness

- A child's academic performance and attendance did not increase.

One child was not improving academically. The child's tardiness and absences are noted on report cards as a cause for below average grades. At the Exit Conference, the Group Home was informed of this finding and the requirement to document their efforts to ensure children attend school regularly, are on time and the Group Home's efforts to assist the child in increasing their academic performance. The Group Home should also document any tutoring services provided to the placed children.

On June 22, 2015, CAD conducted a follow-up visit and confirmed that weekly attendance checks were done for this child until the child's grades improve. Thereafter, the Group Home has implemented monthly school visits by the Group Home's day manager for the Boy's Home and the Group Home administrator for the Girl's Home to check on the status of the children's academic performance and attendance. This information is also being noted in the child's NSP for that period.

Recommendation:

The Group Home's management shall ensure that:

5. Children's academic performance or attendance increased.

Personal Rights and Social/Emotional Well-Being

- A child was not free to receive or reject voluntary medical, dental, and psychiatric care.

A child expressed during a child interview that they were informed that medical, dental, and psychiatric appointments were mandatory. At the Exit Conference, the Group Home agreed to meet with all children and review the Group Homes' policies/procedures and the children's legal rights.

On June 22, 2015, CAD confirmed the use of a new form titled "Intake Information Acknowledgement" as part of the Group Home's intake process. This form is used to discuss the child's medical rights when being placed and thereafter on a yearly basis.

Recommendation:

The Group Home's management shall ensure that:

6. Children are free to receive or reject voluntary medical, dental and psychiatric care.

Personnel Records

- Employee health screenings/Tuberculosis (TB) clearances were not timely.

Three employees did not have timely health screenings/TB clearances. The first employee was hired on November 10, 2005 and completed the health screening July 14, 2006. A second employee was

hired on February 11, 2011 and completed the health screening on October 17, 2011. The third employee hired on December 1, 2013 did not have a health screening/TB clearance on file. During the course of the review CAD informed the Group Home of the need to have the third employee get a health screening/TB clearance as soon as possible. The health screening/TB clearance was completed on January 26, 2015.

On June 22, 2015, CAD conducted a follow-up visit and confirmed the use of the employee checklist form created by the Group Home that is kept in each employee's file to confirm that all required forms are completed prior to prospective employees beginning work.

Recommendation:

The Group Home's management shall ensure that:

7. Employee health screenings/TB clearances are timely.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD'S) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated March 28, 2014, identified five recommendations.

Results:

Based on CADs follow-up, the Group Home fully implemented 4 of 5 recommendations for which they were to ensure that:

- Comprehensive weekly personal monetary allowance logs are completed and include all required signatures.
- The Group Home staff obtains, or documents efforts to timely obtain, the DCFS CSW's authorization to implement the NSP in a timely manner.
- Comprehensive Initial NSPs are developed and include all required elements in accordance with the NSP template.
- All employees receive required training.

The Group Home did not fully implement one recommendation for which they were to ensure that:

- Timely and comprehensive Updated NSPs are developed and include all required elements in accordance with the NSP template.

Recommendation:

The Group Home's management shall ensure that:

8. The outstanding recommendation from the March 18, 2014, report from the prior Fiscal Year review which is noted in this report as recommendation 4 is fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 regulations and contract requirements. The Executive Director stated the Group Home will implement procedures to strive towards greater compliance.

CAD conducted a follow-up visit on June 22, 2015 and confirmed the Group Home had implemented all seven recommendations noted in this report. CAD will continue to assess implementation of the recommendations during the next monitoring review. OHCMD will provide ongoing support and technical assistance prior to the next review.

TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

July 8, 2015

Department of Children and Family Services
Contracts Administration Division - Contracts Compliance Section
Attn: Sherry L. Rolls, Children Services Administrator I
3530 Wilshire Boulevard, 4th Floor
Los Angeles, California 90010

Dear Mrs. Rolls

I am submitting an **Addendum to the** Corrective Action Plan developed for the deficiencies for the 2014 Monitoring Review.

Licensure/Contract Requirements

(3) N/A

(4) SIR Reported Late

The plan for this is as follows:

As of March 30, 2015, Turmont will ensure that all SIRS are completed in a timely Manner and Crossed reported to the appropriate agencies (OHCMD and CCL) according to the DCFS Contract. Managers will immediately review policies for reporting requirements in title 22, division 6 Chapter 1, section 80061 and chapter 5, section 84061 to assure that SIR's are completed timely, accurately and crossed reported properly.

Person (s) Responsible for Implementation of the CAP: LaTanya Gibbs, Administrator and Victor Bradley, Program Director will review all incidents and SIR's to assure that they have been completed timely, accurately and cross reported to the appropriate agencies. SIR's will be retained in the residents file for review and that the corrective action plan remains implemented and is working as intended.

(5) GH not conducting disaster drills with the youths

The plan for this is as follows:

Turmont will ensure immediately that all Emergency and Disaster drills include the resident's participation. Turmont conducted Emergency and Disaster drills with all residents on January 27, 2015. These drills will be conducted at least every 6 months, all residents that are placed between schedule drills will receive a training overview of Emergency and Disaster drills procedures. This will be documented and maintained in each residents file.

Person (s) Responsible for Implementation of the CAP: LaTanya Gibbs, Administrator and Victor Bradley, Program Director will ensure that all training is completed and a timely manner and that all training is documented and kept in each residents file and that the corrective action plan remains implemented and is working as intended.

(9) Substantiated Community Care Licensing Complaints

Turmont has developed a plan as follows:

Starting immediately All Criminal Record Background checks, Exemption request or Clearance associations will be completed prior to employment, Starting March 4, 2015 Turmont develop and implemented a plan in which an employee check list will be maintained to assure that all require documentation has been obtained at the time of employment. This information will be kept in the employees file for review.

Person (s) Responsible for Implementation of the CAP: LaTanya Gibbs, Administrator and Victor Bradley, Program Director will be responsible for reviewing these documents for timeliness and completeness and that the corrective action remains implemented and is working as intended.

Maintenance of required documentation and service delivery

(24) NSP not comprehensive, NSP completed with cut and paste, White out used on NSP, No GH Signature to implement, No Achieved Outcome goals.

The plan for this is as follows:

Starting March 4, 2015, Turmont develop and implemented a plan in which, upon the admittance of all residents there will be a check list in place to assure that all information necessary to complete all NSP shall be made available in a timely manner by the placement Social Worker.

We will assure that all client files are reviewed for Medical and Dental information and that this information is available to complete the NSP.

Daily logs will be maintained to assure that all the client's Telephone calls, Visitation with Family members and Social Worker are accurately logged with dates and times to assure that this information is included in the NSP.

NSP/Quarterly will also include medical, educational progress, GPA, Credits earned, academic achievements, Visitation information will include frequency/dates and transportation arrangements. NSP's will also include Name and Telephone number of residents Attorney and dates of DCFS-CSW monthly contact visits.

Cut and paste will not be used to complete NSP information and White out will not be used to remove information. Any Information that needs to be replaced or updated on the NSP will have a line drawn across it and the new information added.

All achieved goals will be properly documented in the Outcome Goals section of the NSP

All NSP's will be reviewed prior to finalization to assure that all areas of the NSP have been completed and that all information is accurately stated. All NSP will be signed and dated by an Authorized group home staff member for approval of the NSP's implementation.

Person (s) Responsible for Implementation of the CAP: LaTanya Gibbs, Administrator and Victor Bradley, Program Director will ensure that NSP's will be completed properly and Treatment Services are provided according the Program Statement that was designed for Turmont Home for Boys and that the corrective action remains implemented and is working as intended.

Education and Workforce Readiness

(28) Youth is tardy and absent from school numerous times

The plan for this is as follows:

Starting March 6, 2015 and fully Implemented, Turmont will conduct weekly attendance checks on each Friday of the week to assure residents are attending and arriving promptly at school on a daily basis. These checks will be made by telephone and physical visits to the school. Any resident that shows to have consistent attendance problem will be transported to and from school daily and daily attendance checks by phone will be initiated.

Turmont will make every effort to assure that all residents attend school on a daily basis as required by law. Turmont will also make every effort possible to assist each resident to increase their academic performance and school attendance and make available any and all resources necessary to increase their performance and attendance. These services will also be specified in the Needs and Service Plan.

Person (s) Responsible for Implementation of the CAP: LaTanya Gibbs, Administrator and Victor Bradley, Program Director will ensure that Treatment Services are provided according the Program Statement that was designed for Turmont Home for Boys and that the corrective action plan remains implemented and working as intended.

VII. Personal Rights and Social / Emotional well-being

(36) Residents having a choice for alternate personal care when appropriate.

(46) Resident was not aware that he could refuse Medical, Dental and Psychiatric Treatment.

The plan for this is as follows:

On March 4, 2013, Turmont reviewed with each resident, his/her right to refuse Medical, Dental and Psychiatric Treatment as well as being able to refuse any medication.

On March 4, 2013, Turmont also review with residents the choice to alternate personal care items of their choice.

Turmont will not suggest that residents use their allowance to purchase alternate hygiene products that they prefer.

On March 4, 2015 a new intake form containing all the above information was introduced to the current residents for review and signatures, and the plan was fully implemented. Turmont will review this information upon the intake of all future residents. Turmont will include this information with the rules/guidelines and personal rights information that is reviewed with each resident upon their initial placement orientation. Residents will need to acknowledge that this information has been review by them with a signature. This information will be kept in each residents file.

Person (s) Responsible for Implementation of the CAP: LaTanya Gibbs, Administrator and Victor Bradley, Program Director will ensure that all intake procedures all followed and that each resident understands his/her personal rights and will also assure that the corrective action plan remains implemented and is working as intended.

TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

Person (s) Responsible for Implementation of the CAP: LaTanya Gibbs, Administrator and Victor Bradley, Program Director will be in charge of reviewing these documents for timeliness and completeness and that the corrective action plan remains implemented and is working as intended.

Thank you for allowing Turmont to make these corrections.

Yours truly,

Victor Bradley, Program Director

741 E. TURMONT STREET, CARSON, CA 90746 310.532.5606 / 661.948.2634

TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

October 15, 2015

To: Ali Gomaa-Mersal, Department of Children and Family Services

From: Turmont Home for Boys and Girls (THFBG)

Subject: **FISCAL CORRECTIVE ACTION PLAN (FCAP) ADDENDUM**

1. **The audited financial statement indicated that the Contractor had negative net assets in the amount of $17,439 for the year ending December 31, 2013.**

Agency Proposed FCAP:

The negative net assets as of 2013, was due to the lack of placement throughout the years.

The Board of Directors determined that in 2014, accrued salaries were no longer financially feasible to be paid off. A reversal adjusting entry was made to write off the accrued salary amount. This adjustment corrected the negative net assets balance.

The Financial Audit Report consisting of the Audited Financial Statements and Single Audit report for Turmont Home for Boys will be completed as required by The California Department of Social Services Foster Care Audits and Rates Branch for the fiscal year that will end on December 31, 2016 and will be submitted to California Department of Social Services and the Department of Children and Family Services by June 30, 2017.

Attached please find a copy of the most recent unaudited financial statements for the year ended 2014 were Turmont Home for Boys and Girls is reporting positive unrestricted net assets as of the year ended 2014 in the amount of $23,314.55.

Victor Bradley, Program Director
Turmont Home for Boys and Girls

741 E. TURMONT STREET, CARSON, CA 90746 310.532.5606 / 661.948.2634