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March 25, 2016

To: Supervisor Hilda L. Solis, Chair
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

FRED JEFFERSON MEMORIAL HOME FOR BOYS GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Fred Jefferson Memorial Home for Boys (The Group Home) in June 2015. The Group Home has two sites located in the Second Supervisorial District and provides services to the County of Los Angeles DCFS placed children. According to the Group Home's program statement, its stated purpose is "to provide adolescents in need of out-of-home placement with a safe and secure home to live in. We offer a program of services designed to meet individual needs. As appropriate, we will work with families toward reunification. We coordinate our efforts to provide continuity and quality of programming."

The Group Home has two 6-bed sites licensed to serve a capacity of 12 boys ages 13 through 17. The Group Home also has the capacity to service Non-Minor Dependents (NMDs) ages 18 through 21 and has four NMD placements. At the time of review, the Group Home served 12 placed children. The placed children's overall average length of placement was seven months and their average age was 16.

SUMMARY

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 respect and dignity.

The Group Home was in full compliance with 4 of 10 areas of CAD's Contract Compliance Review: Educational and Workforce Readiness, Psychotropic Medications, Discharged Children, and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to a vehicle not being maintained in good repair, Special Incident Reports (SIRs) not being submitted timely or appropriately cross-reported and Community Care Licensing (CCL) citations; Facility and

Environment, related to common areas and children's bedroom's not being well maintained; Maintenance of Required Documentation and Service Delivery, related to not documenting efforts to obtain the County Children's Social Worker's (CSW's) authorization to implement the Needs and Services Plan (NSP), County CSWs not being contacted monthly and initial and updated NSPs not being comprehensive; Health and Medical Needs, related to a follow-up medical examination not being timely; Personal Rights and Social/Emotional Well-Being, related to not having a fair rewards and discipline system in place and children not being given opportunities to plan extra-curricular activities; and Personal Needs/Survival and Economic Well-Being, related to children not being provided with monetary allowances.

Attached are the details of CAD's review.

REVIEW OF REPORT

On August 4, 2015 Sherry L. Rolls, DCFS CAD and Kristine Gay, Out-of-Home Care Management Division held an Exit Conference with the Group Home representatives: Dr. Cecilia Jefferson-Freeman, Executive Director, and David Freeman, Administrator. The Group Home's representatives were in agreement with the review findings and recommendations, were receptive to implementing systematic changes to improve the Group Home's compliance with regulatory standards and were in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this report has been sent to the Auditor-Controller and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this report. CAD conducted a follow-up visit to the Group Home on November 12, 2015, to verify implementation of the CAP.

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

PLB:EM:LTI:slr

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
Dr. Cecilia Jefferson-Freeman, Executive Director, Fred Jefferson Memorial Home for Boys
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

FRED JEFFERSON MEMORIAL HOME FOR BOYS' GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 198200050
Rate Classification Level: 10

License Number: 198206276
Rate Classification Level: 10

	Contract Compliance Review	Findings: June 2015
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign-In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and 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. Improvement Needed
	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's Social Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational 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	Full Compliance (All)
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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance
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 Reasonable Chores 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed 13. Full Compliance

	Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
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 Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance
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. FBI, DOJ, CACI Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

FRED JEFFERSON MEMORIAL 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" visit. This compliance report addresses findings noted during the June 2015 review. The purpose of this review was to assess Fred Jefferson Memorial Home for Boys' (the Group Home's) compliance with its County contract and with 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, one placed child was prescribed psychotropic medications. The case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to review the required documentation of psychiatric monitoring.

CAD reviewed three staff files for compliance with Title 22 regulations and County contract requirements. Site visits were conducted to assess the provision of quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following six areas out of compliance.

Licensure/Contract Requirements

- A vehicle was not maintained in good repair.

The vehicle at site #1 had two seatbelts not working properly as one seatbelt would not remain latched and the other seatbelt did not have a buckle installed in which to connect the latch portion. CAD immediately notified the Group Home representative of the problems. On July 7, 2015, CAD reviewed the repair documentation and tested both seatbelts and confirmed they were working properly.

- Special Incident Reports (SIRs) were not timely submitted and appropriately cross-reported.

A review of 99 SIRs revealed that one SIR was not timely submitted via the I-Track database. The incident that occurred on May 1, 2015, was not submitted until June 1, 2015. Another SIR was not appropriately cross-reported to Community Care Licensing (CCL).

- Community Care Licensing (CCL) citation.

On September 10, 2014, CCL cited the Group Home's site #2 as a result of deficiencies and findings during an annual inspection. According to the report dated September 10, 2014, CCL observed the smoke alarm in bedroom #2 was not operational. CCL requested the Group Home replace the smoke alarm on or before September 12, 2014. The smoke alarm was replaced prior to the due date; therefore, a Plan of Correction was not requested.

Recommendations:

The Group Home's management shall ensure that:

1. The Group Home maintains vehicles in good repair.

2. SIRs are submitted timely and appropriately cross-reported.

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

Facility and Environment

- Common areas not well maintained.

During the course of the review, CAD noted the interior walls of site #1 were partially mended as walls in the common areas and bedrooms were covered with spackle, patches and dirt. The Group Home representatives were not aware of any continued repair work, so CAD instructed the Group Home to complete the repairs. Additionally, the wood floors were in need of repair as they were heavily scratched and partially covered with paint.

On July 31, 2015 CAD confirmed the Group Home made repairs and re-painted the walls in the common areas and bedrooms. On November 12, 2015, CAD made another follow-up visit to this site and noted the floors were refurbished and no longer had heavy scratches and paint on them.

- Children's bedrooms not well maintained.

At site #1, one bedroom had picture frames with broken glass. CAD immediately notified the Group Home staff and the staff elected to throw the pictures away.

At site #1 and #2, CAD noted that all 12 of the children's bed frames and mattresses were in need of replacement due to the following: protruding nails, cracked frames, a frame that was approximately six inches longer than the mattresses and sagging mattresses. During the Exit Conference, CAD

discussed the concerns regarding the bed frames and mattresses with the Group Home representatives and they agreed to replace the mattresses immediately.

On September 2, 2015, CAD conducted a follow-up visit to Group Home sites #1 and #2 and confirmed the Group Home purchased 12 new bed frames and mattresses.

Recommendations:

The Group Home's management shall ensure that:

4. Common areas are well maintained.

5. Children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- Efforts to obtain the County Children's Social Workers' (CSWs') authorization to implement Needs and Services Plans (NSPs) were not documented.

Fifteen NSPs did not either document the Group Home's efforts to obtain the County CSWs' authorization or did not have the required three attempts to obtain County CSW authorizations.

For six initial NSPs, three did not record the County CSWs' authorizations, two documented one effort per NSP, and another did not document any efforts to obtain the County CSW authorization.

Nine updated NSPs did not record the County CSW authorizations and recorded one effort per NSP to obtain the County CSW authorizations.

- The County CSW was not contacted monthly.

One updated NSP did not document the dates of contact with the County CSW for three months.

- An initial NSP was not comprehensive.

A child's initial NSP was not comprehensive as the first goal listed was for the child to "attend medical appointments to maintain physical, mental, and emotional health." At the Exit Conference, CAD and the Out-of-Home Care Management Division (OHCMD) discussed with the Group Home representatives that goals for the children must be Specific, Measurable, Attainable, Realistic, and Timely (SMART).

- Updated NSPs were not comprehensive.

Five children's case files were reviewed. Of these five, four children had updated NSPs that were not comprehensive. For one child, the Group Home was filling out the Foster Family Agency sections of the NSP. Another child had four NSPs that did not include the reasons for modification to the child's outcome goals. The third and fourth children had NSPs that were filled out utilizing an outdated NSP form. For both children, at least one goal was not fully documented and for one child it was noted he

was having "disciplinary issues," however, there was no outcome goal associated with helping the child with this issue.

On November 12, 2015, CAD made a follow-up visit and reviewed one initial and two updated NSPs. CAD verified that the Group Home documented efforts to obtain the CSWs' authorization and that monthly contact was being made with the County CSWs. However, the NSPs were not comprehensive as one did not state why an initial NSP was not timely and two updated NSPs did not note the actual dates the children received therapy.

Recommendations:

The Group Home's management shall ensure that:

6. The Group Home documents efforts to obtain the County CSWs' authorization to implement NSPs.

7. County CSWs are contacted monthly by the Group Home and contacts documented in the case file.

8. Comprehensive initial NSPs are developed.

9. Comprehensive updated NSPs are developed.

Health and Medical Needs

- A follow-up medical examination was not conducted timely.

For one child, a medical form stated that a follow-up visit was to occur in two days; however, the appointment did not occur until 10 calendar days later.

During a follow-up visit conducted by CAD on November 12, 2015, CAD reviewed three case files and verified follow-up medical appointments were being conducted timely.

Recommendation:

The Group Home's management shall ensure that:

10. Follow-up medical examinations are timely conducted.

Personal Rights and Social/Emotional Well-Being

- Appropriate rewards and discipline system not in place.

A child reported that the Group Home does not have a fair rewards and discipline system, as staff will discipline both children sharing a room for one side of the room being unclean.

- Children were not given the opportunity to plan extra-curricular and social activities at the Group Home.

Another child reported they could not help plan Group Home weekend activities.

At the Exit Conference, CAD spoke with the Group Home representatives about the need to include the children when planning Group Home activities. The Group Home agreed to make greater efforts to include the children when planning activities.

On November 12, 2015 CAD conducted a follow-up visit and reviewed sign-in logs and agendas for the Group Home's monthly Emancipation Training classes where as part of the agenda, children can suggest and recommend Group Home activities.

Recommendations:

The Group Home's management shall ensure that:

11. An appropriate rewards and discipline system is in place.

12. Children are given opportunities to plan extra-curricular and social activities at the Group Home.

Personal Needs/Survival and Economic Well-Being

- Children are not always provided with the minimum monetary allowances.

Two children reported that weekly allowances are rolled over from week to week until the child does extra chores and then the allowances are distributed.

At the Exit Conference, CAD discussed with the Group Home representatives that withholding allowances for the reason listed is in violation of the children's Foster Youth Bill of Rights and Title 22 regulations. During a CAD follow-up visit on November 12, 2015 CAD reviewed the Group Home's updated procedures to ensure allowances are being distributed weekly and reviewed allowance logs for three children to verify compliance.

Recommendation:

The Group Home's management shall ensure that:

13. Children are provided with the minimum monetary allowances.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

CAD's last compliance report dated August 7, 2015, identified nine recommendations.

Results:

Based on the results of the current review, the Group Home implemented 5 of 9 recommendations for which they were to ensure that:

- Children progress toward meeting NSP case goals.
- Therapeutic services are provided.
- Children's academic performance and attendance increase.
- Children are encouraged to participate in YDS/vocational programs.
- Children are treated with respect and dignity.

The Group Home did not fully implement four recommendations for which they were to ensure that:

- Children's bedrooms are well maintained.
- County CSW monthly contacts are made and documented.
- Timely and comprehensive initial NSPs are developed.
- Timely and comprehensive updated NSPs are developed.

Recommendation:

The Group Home's Management shall ensure that:

14. The outstanding recommendations from the Fiscal Year 2013-2014 monitoring report dated August 7, 2015, which are noted in this report as recommendations 4, 7, 8 and 9 are fully implemented.

At the Exit Conference, the Group Home representatives expressed a desire to remain in compliance with all Title 22 regulations and contract requirements. A follow-up visit was conducted by CAD on November 12, 2015 and the Group Home had fully implement 7 of 9 recommendations. The Group Home had not fully implemented procedures on ensuring initial and updated NSPs are comprehensive. The Group Home was advised to fully implement their follow-up procedures. CAD will assess for implementation of the recommendations during the next Contract Compliance Review. The
Out-of-Home Care Management Division will provide ongoing support and technical assistance prior to the next review

Fred Jefferson Memorial Homes For Boys
152 W. Walnut St. Suite 150
Gardena, California 90248

Phone # (310) 763-1660 Fax # (310) 763-0357

September 28, 2015

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

Dear Ms. Rolls,

Please find attached the updated Corrective Action Plan for Fred Jefferson Memorial Homes For Boys in response to Group Home Monitoring Review on August 4, 2015. This Corrective Action Plan will be implemented immediately.

If you require additional information you may reach me at 310.763.1660.

Respectfully Submitted,

Cecilia Jefferson Freeman, Ph.D.
Chief Executive Officer

Where Children Come First!

I. LICENSURE/CONTRACT REQUIREMENTS

3. Fred Jefferson Memorial Group Homes will maintain a vehicle safety check every three months for vehicles that the residents are transported in. A weekly self- check of the vehicle will be conducted by the facility manager or designee. Please find attached the form/log that will be used to document the ninety day vehicle safety check. When vehicle is found to be in need of repair the correction will be done immediately. The facility manager or designee will take the vehicle to a mechanic shop to be checked and the administrator will ensure this correction is documented and that the agency remains in compliance.

4. All Special Incidents Reports from hereon in will be documented appropriately and cross reported on time to all parties involved. Special training was done with staff from December 19, 2014 through December 23, 2014 in regards to reporting procedures. Facility Managers are responsible for reviewing special incidents reports to ensure Fred Jefferson reporting procedures are in compliance with Exhibit A-VIII. If a report is found not to be in compliance, an addendum will be submitted via I-track system and/or faxed to appropriate parties as needed on the same business day. The administrator will monitor the facility managers to ensure that Fred Jefferson Memorial Homes For Boys maintain compliance.

9. Fred Jefferson Memorial Group Homes will ensure that facility is free from safety and or physical plant deficiencies. The facility managers will ensure that group home maintain compliance and the administrator will monitor to ensure compliance with all county and state regulations.

II. FACILITY AND ENVIRONMENT

11. Fred Jefferson Memorial staff will ensure and monitor all common grounds to ensure that all areas are sanitary, neat, and well lighted. A home like environment will be maintained. All common areas will be safe and free of hazards. The facility managers will ensure that this compliance is maintained. The facility manager will be completing an inspection daily Monday thru Friday by 10am to ensure compliance with this finding. See attachment. The administrator will monitor this corrective action plan to ensure compliance is maintained.

12. Fred Jefferson Memorial Homes' facility manager will ensure that all residents' bedrooms are well maintained. They will ensure that the bedrooms are clean, comfortable, as well as beds, mattresses, dressers, and closets are maintained in good condition. The first of each month an inspection will be done by the facility manager or designee to assess the condition of the bedrooms. See attached form that will be used. However, on a daily basis when items or furniture is broken it should be immediately reported to the facility manager to schedule repair for broken items or items that need replacement. The administrator will monitor group home staff to ensure compliance is maintained.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

16. Fred Jefferson Memorial Homes will ensure that all required signatures from County Social Workers be requested three times for the needs and services plan. The agency social worker will fax the NSP when due to the CSW for signature. After three days of no response the CSW and their Supervisor will be emailed informing them that the NSP has been faxed and question whether the fax number is correct or not. After five days of no response the agency social worker will email and fax to the CSW, CSW's Supervisor and the Assistant Regional Manager. All fax and email documentation will be placed in children's file with the NSP. The administrator will monitor this correction to ensure agency remain in compliance.

21. County Social Workers will be contacted monthly by the group home facility manager if a visit has not occurred that month with the resident. Contacts will be documented in a separate log book by the facility manager. When visits from CSWs occur they will sign the sign in log and documentation will also be in the contact log book. Agency Social Worker will also document contacts on the Needs and Services Plan. The administrator will monitor this corrective action to ensure the group home remains in compliance.

23. Fred Jefferson Memorial Homes treatment team will meet and develop a timely and comprehensive initial Needs and Services Plan. The resident if able will participate to voice what goals they would like to strive for. They will read and be allowed to ask questions regarding the plan for their life. The treatment team will encourage understanding of the content by the resident before they sign the NSP. The agency social worker will ensure group home remains in compliance and the administrator will monitor the corrective action to ensure compliance.

24. Fred Jefferson Memorial Homes treatment team will meet and develop a timely and comprehensive updated Needs and Services Plan. The resident will participate and along with the treatment team reassess goals and make required updates to the Needs and Services Plan. The agency social worker will ensure group home remains in compliance and the administrator will monitor the corrective action to ensure continued compliance.

V. HEALTH AND MEDICAL NEEDS

31. Fred Jefferson Memorial Homes will comply to all follow-up visits recommended by the medical doctor. They will be conducted on a timely basis and appointment will be requested before leaving the doctor's office on the day of communication that a follow-up is needed. The facility manager will implement this correction and the administrator will ensure that Fred Jefferson Memorial Homes remains in compliance.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

41. Fred Jefferson Memorial Homes will ensure and maintain that fair rewards and a discipline system is in place. Please see attached Behavior and Discipline System. The entire staff is responsible for this correction and the facility manager will ensure compliance to this correction.

47. All residents will be allowed and given the opportunity to participate in age appropriate extra-curricular and social activities. All residents will be allowed to suggest and request various activities they will like to participate in. Each group home will have a suggestion box whereby the residents can put suggestions for activities, environment, as well as things they feel need to be change. Every third Saturday of the month the residents participate in an Emancipation Training Class. At the end of this training the residents will be able to also make suggestions and recommendations for outings, extra-curricular activities and enrichment programs. The agency social worker will maintain this correction and the administrator will monitor to ensure continuous compliance.

VII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL BEING

53. Fred Jefferson Memorial Homes will provide each resident with at least the minimum monetary allowance according to FYBR and Title 22 Section 84026(a-c). The administrator will ensure this correction and the CEO will monitor to ensure continuous compliance.