



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

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August 12, 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

**ROSEMARY CHILDREN'S SERVICES GROUP HOME CONTRACT COMPLIANCE REVIEW**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Rosemary Children's Services Group Home (the Group Home) in August 2015. The Group Home has five sites located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation foster youth. According to the Group Home's Program Statement, its stated purpose is "to provide a safe setting where residents can gain skills that will enable them to cope effectively with their problems and successfully function within mainstream community life whether they return home or emancipate."

At the time of the review, the Group Home served 28 DCFS placed children and six Probation placed foster youth. The Group Home has one 15-bed site and four 6-bed sites, and is licensed to serve a capacity of 39 girls, ages 13 through 18. The placed children's overall average length of placement was six 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 6 of 10 applicable areas of CAD's Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

*"To Enrich Lives Through Effective and Caring Service"*

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to one vehicle not being maintained in good repair; Special Incident Reports not being submitted timely nor appropriately cross-reported, monetary and clothing allowance logs not being comprehensive, and Community Care Licensing (CCL) citations; Facility and Environment, related to common areas and children's bedrooms not being well maintained; Maintenance of Required Documentation and Service Delivery, related to the Group Home not obtaining or documenting efforts to obtain the DCFS Children's Social Worker's (CSW's) authorization to implement the Needs and Services Plan, and not documenting monthly contacts with DCFS CSWs; and Personal Needs/Survival and Economic Well-Being, related to not encouraging and assisting a child in creating and updating a Life Book or Photo Album.

Attached are the details of CAD's review.

### **REVIEW OF REPORT**

On October 6, 2015, Linda Lai, DCFS CAD, and Kong Ng, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home representative, Jana Trew, Executive Director. The Group Home representative was in agreement with the review findings and recommendations; was receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards, and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved Compliance CAP addressing the recommendations noted in this compliance report.

The OCHMD provided technical assistance to the Group Home on September 16, 2015 and October 6, 2015, to assist the Group Home with implementing their CAP.

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

PLB:KR  
LTI:dlf

#### **Attachments**

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Calvin C. Remington, Interim Chief Probation Officer  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Jana Trew, MSW, Executive Director, Rosemary Children's Services  
Lajuannah Hills, Regional Manager, Community Care Licensing Division  
Lenora Scott, Regional Manager, Community Care Licensing Division

**ROSEMARY CHILDREN'S SERVICE GROUP HOME  
CONTRACT COMPLIANCE REVIEW SUMMARY**

License #191200578  
Rate Classification Level: 12

License #198203635  
Rate Classification Level: 12

License #191201129  
Rate Classification Level: 12

License # 191200579  
Rate Classification Level: 12

License #191500577  
Rate Classification Level: 12

	<b>Contract Compliance Review</b>	<b>Findings: August 2015</b>
<b>I</b>	<p><b><u>Licensure/Contract Requirements</u></b> (9 Elements)</p> <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation Needs Met</li> <li>3. Vehicle Maintained In Good Repair</li> <li>4. Timely, Cross-Reported SIRs</li> <li>5. Disaster Drills Conducted &amp; Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>8. Detailed Sign-In/Out Logs for Placed Children</li> <li>9. CCL Complaints on Safety/Plant Deficiencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Improvement Needed</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> </ol>
<b>II</b>	<p><b><u>Facility and Environment</u></b> (5 Elements)</p> <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Well Maintained</li> <li>3. Children's Bedrooms Well Maintained</li> <li>4. Sufficient Recreational Equipment/Educational Resources</li> <li>5. Adequate Perishable and Non-Perishable Food</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>
<b>III</b>	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements)</p> <ol style="list-style-type: none"> <li>1. Child Population Consistent with Capacity and Program Statement</li> <li>2. DCFS Children's Social Worker's Authorization to Implement NSPs</li> <li>3. NSPs Implemented and Discussed with Staff</li> <li>4. Children Progressing Toward Meeting NSP Case Goals</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessment/Evaluations Implemented</li> <li>7. DCFS Children's Social Workers Monthly Contacts Documented</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> </ol>

ROSEMARY CHILDREN'S SERVICES GROUP HOME CONTRACT COMPLIANCE REVIEW  
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	<ul style="list-style-type: none"> <li>8. Children Assisted in Maintaining Important Relationships</li> <li>9. Development of Timely, Comprehensive Initial NSPs with the Child's Participation</li> <li>10. Development of Timely, Comprehensive, Updated NSPs with the Child's Participation</li> </ul>	<ul style="list-style-type: none"> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> </ul>
<b>IV</b>	<p><b><u>Education and Workforce Readiness</u></b> (5 Elements)</p> <ul style="list-style-type: none"> <li>1. Children Enrolled in School Within Three School Days</li> <li>2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals</li> <li>3. Current Report Cards/Progress Reports Maintained</li> <li>4. Children's Academic Performance and/or Attendance Increased</li> <li>5. Group Home Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs</li> </ul>	Full Compliance (All)
<b>V</b>	<p><b><u>Health and Medical Needs</u></b> (4 Elements)</p> <ul style="list-style-type: none"> <li>1. Initial Medical Exams Conducted Timely</li> <li>2. Follow-Up Medical Exams Conducted Timely</li> <li>3. Initial Dental Exams Conducted Timely</li> <li>4. Follow-Up Dental Exams Conducted Timely</li> </ul>	Full Compliance (All)
<b>VI</b>	<p><b><u>Psychotropic Medication</u></b> (2 Elements)</p> <ul style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ul>	Full Compliance (All)
<b>VII</b>	<p><b><u>Personal Rights and Social/Emotional Well-Being</u></b> (13 Elements)</p> <ul style="list-style-type: none"> <li>1. Children Informed of Group Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Appropriate Staffing and Supervision</li> <li>4. Group Home's Efforts to Provide Nutritious Meals and Snacks</li> <li>5. Staff Treat Children with Respect and Dignity</li> <li>6. Appropriate Rewards and Discipline System</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend or Not Attend Religious Services/Activities</li> </ul>	Full Compliance (All)

	<ol style="list-style-type: none"> <li>9. Children's Chores Reasonable</li> <li>10. Children Informed About Their Medication and Right to Refuse Medication</li> <li>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> <li>12. Children Given Opportunities to Plan Activities in Extracurricular, Enrichment and Social Activities (Group Home, School, Community)</li> <li>13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities (Group Home, School, Community)</li> </ol>	
<b>VIII</b>	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity and Quality of Clothing Inventory</li> <li>3. Children Involved in the Selection of Their Clothing</li> <li>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>5. Minimum Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement and Assistance with a Life Book or Photo Album</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> </ol>
<b>IX</b>	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Made Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance (All)
<b>X</b>	<p><b><u>Personnel Records</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), and Child Abuse Central Index (CACI) Submitted Timely</li> <li>2. Timely Completed Criminal Background Statement</li> <li>3. Education/Experience Requirement</li> <li>4. Employee Health Screening/Tuberculosis (TB) Clearances Timely</li> <li>5. Valid Driver's License</li> <li>6. Signed Copies of Group Home Policies and Procedures</li> <li>7. All Required Training</li> </ol>	Full Compliance (All)

**ROSEMARY CHILDREN'S SERVICES GROUP HOME  
CONTRACT COMPLIANCE REVIEW  
FISCAL YEAR 2015-2016**

**SCOPE OF REVIEW**

The following report is based on a "point in time" review. This compliance report addresses findings noted during the August 2015 review. The purpose of this review was to assess the Rosemary Children's Services' (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
- Education and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medications
- Personal Rights and Social/Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, seven 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, five sampled children were prescribed psychotropic medication. CAD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five 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 four areas out of compliance:

**Licensure/Contract Requirements**

- One vehicle was not maintained in good repair.

One vehicle used to transport the children had a malfunctioning seatbelt. The Group Home took the vehicle for repair and utilized a back-up vehicle for transportation. CAD conducted a follow-up visit on September 16, 2015, and verified that the seatbelt had been replaced.

ROSEMARY CHILDREN'S SERVICES GROUP HOME CONTRACT COMPLIANCE REVIEW  
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- Special Incident Reports (SIRs) were not submitted timely and not appropriately cross-reported.

A review of 46 SIRs revealed that four were not submitted timely. One SIR was not cross-reported to Out-of-Home Care Management Division (OHCMD) as required in the SIR Reporting Guidelines.

- Monetary allowance logs were not comprehensive.

One child's monetary allowance log in June 2015, indicated \$20 was requested, but the distribution form signed by the child showed that only \$10 was received. The Group Home made an immediate correction and added \$10 to the child's account balance on August 24, 2015.

- Community Care Licensing (CCL) citations.

CCL cited the Group Home's Cottage house on September 23, 2014, as a result of a complaint received on May 29, 2014, for a personal rights violation when a child was assaulted. Child #1 and Child #2 had a physical altercation while both were away from the Group Home on an AWOL status. After both children returned to the Group Home, Child #2 made contact with outside individuals. Three adults came to the facility and were admitted by Child #2. These adult individuals then made contact with Child #1. The Group Home staff and several children ran down the street. Another Group Home staff picked up Child #1 in the facility's van, safely removing the child from the adults, and then contacted law enforcement for an immediate response. CCL cleared the Group Home's Plan of Correction (POC) on September 30, 2014, which included security measures to lock all the doors at all times. This referral was investigated by a Department of Children and Family Services (DCFS) Emergency Response (ER) Children's Social Worker (CSW) and the allegation of physical abuse and general neglect was inconclusive. The Out-of-Home Care Investigation Section (OHCIS) requested a Corrective Action Plan (CAP) to provide an emergency protocol, train staff on how to prevent this type of incident from happening again, and retrain staff on how to properly supervise children. The OHCIS approved the CAP on February 23, 2015.

CCL cited the Group Home's Bonnie house as a result of deficiencies and findings during a case management visit on October 9, 2014, related to a placed child being bullied by another placed child, bedrooms being too messy, and an unidentified male coming into the home through a bedroom window on the second floor. CCL cleared the POC on October 16, 2014. Per CCL, this report did not have a Child Protection Hotline referral.

CCL cited the Group Home's Romberger house on November 25, 2014, as a result of a complaint received on September 29, 2014, alleging that a child was prescribed psychotropic medication without proper court approval. CCL cleared the POC on December 3, 2014. The DCFS ER CSW concluded that the referral for the allegation of General Neglect was Unfounded. The OHCIS agreed with CCL's POC and closed the investigation without further action.

ROSEMARY CHILDREN'S SERVICES GROUP HOME CONTRACT COMPLIANCE REVIEW  
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CCL cited the Group Home's Cottage house on June 12, 2015, as a result of a complaint received on May 11, 2015, alleging that a child was not allowed to leave the facility and was inappropriately handled by staff. CCL requested a written POC. The POC was submitted by the Group Home on June 15, 2015, indicating that the staff involved would be retrained on proper de-escalation protocols to ensure the placed children's safety. CCL cleared the POC on June 17, 2015. This referral was investigated by a DCFS ER CSW who deemed the allegation of Physical Abuse to be Inconclusive. The OHCSIS agreed with CCL's POC and closed the investigation without further action.

CCL cited the Group Home's Cottage house for deficiencies and findings during a case management visit on June 12, 2015, related to failing to provide adequate care and supervision. Two children engaged in sexual activity in random rooms while there was only one staff on duty for 15 children. CCL requested a written POC. The Group Home submitted the POC on June 15, 2015, indicating that the 15-bed Cottage Unit will have two staff on the floor between the hours of 10 p.m. and 7 a.m., maintaining a 1:9 staffing ratio in compliance with CCL requirements. CCL cleared the POC on June 17, 2015. This referral was investigated by a DCFS ER CSW who deemed the allegation of General Neglect to be Unfounded. The OHCSIS found CCL's POC suitable and closed the investigation without further action.

At the exit conference, the Group Home representative stated that their management structure reformed in November 2014, and will ensure compliance with all Title 22 Regulations. The Group Home reduced the capacity from 19 to 15 and will provide more training to staff.

**Recommendations:**

The Group Home's management shall ensure that:

1. Vehicles are maintained in good repair.
2. SIRs are submitted timely and appropriately cross-reported.
3. Comprehensive monetary allowance logs are maintained.
4. The Group Home is in compliance with all Title 22 Regulations and free from CCL citations.

**Facility and Environment**

- Common quarters are not well maintained.

One sliding shower door at the Green House site was not secured and needed repair. This was brought to the attention of the Group Home representative. CAD returned on September 16, 2015, for a follow-up visit and verified installation of a new set of sliding shower doors.

- Children's bedrooms are not well maintained.

One mattress with springs at the Green House site was wearing out and needed replacement. This was brought to the attention of the Group Home representative. CAD returned on September 16, 2015, for a follow-up visit and verified purchase and replacement with a new mattress.

**Recommendations:**

The Group Home's management shall ensure that:

5. Common quarters are well maintained.
6. Children's bedrooms are well maintained.

**Maintenance of Required Documentation and Service Delivery**

- The Group Home did not obtain or document efforts to obtain the DCFS CSW's authorization to implement the Needs and Services Plan (NSP).

Seven of sixteen NSPs reviewed did not have the DCFS CSW's signature approving implementation of the NSPs. There was no documentation of the efforts to obtain the DCFS CSW's signature. These NSPs were for three DCFS placed children and one Probation foster youth.

- The Group Home did not document monthly contact with DCFS CSWs.

Two Updated NSPs for two children did not have sufficient information regarding monthly contact with DCFS CSWs. One NSP indicated that the Group Home staff had ongoing contact with the DCFS CSW; however, it did not include dates and other details. The other NSP was copied from a prior NSP without updated information for the reporting period. There was no additional documentation found in the case file.

**Recommendation:**

The Group Home's management shall ensure that:

7. The DCFS CSW's authorization to implement the NSPs is obtained or the efforts are documented.
8. DCFS CSWs are contacted monthly and the contacts are appropriately documented in the case file.

**Personal Needs/Survival and Economic Well-Being**

- One child did not receive a Life Book.

One child stated during the interview that she has never received a Life Book, and staff could not locate one when requested by CAD.

The Group Home representatives stated this child has obtained a high school GED and began working soon after being placed. This child had a weekend overnight pass and did not participate in the weekend Life Book activity.

**Recommendations:**

The Group Home's management shall ensure that:

9. Children are encouraged and assisted in creating and updating a Life Book or Photo Album.

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

CAD's last compliance report dated February 10, 2016 (review conducted in August 2015), identified eight recommendations.

**Results:**

Based on the results of the current review, the Group Home fully implemented 6 of 8 recommendations for which they were to ensure that:

- It provides adequate perishable and non-perishable food.
- All children are assisted in maintaining important relationships.
- The Group Home develops timely Updated NSPs.
- All children attend school and are assisted in meeting their educational goals.
- All children's academic performance or attendance increased.
- Current court authorizations for the administration of psychotropic medication are maintained.

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

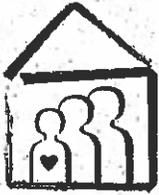
- The Group Home is in compliance with all Title 22 Regulations and free from CCL citations.
- Children's bedrooms are well maintained.

**Recommendation:**

The Group Home's management shall ensure that:

- 10 The outstanding recommendations from the compliance report dated February 10, 2016, which are noted in this report as Recommendations 4 and 6 are fully implemented.

At the exit conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and contractual requirements. The Group Home will consult with OHCMD for additional support and technical assistance, and CAD will continue to assess implementation of the recommendations during the next compliance review.



**Rosemary Children's Services**

CARING FOR THE CHILD

TEACHING THE TEEN

FOSTERING THE FAMILY

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Child Welfare  
League of America

Foster Family-Based  
Treatment Association

Learning Disabilities Association

United Way

[www.rosemarychildren.org](http://www.rosemarychildren.org)

October 30, 2015

Linda Lai  
Contract Services Bureau  
Contract Compliance  
Los Angeles County Department of Children and Family Services  
3530 Wilshire Blvd, 4<sup>th</sup> Floor  
Los Angeles, CA 90010

Re: Corrective Action Plan (CAP) 2015 Annual Group Home Monitoring

This document details the Corrective Action Plan being put in place in response to Rosemary Children's Services recent Annual Group Home Monitoring process. This plan will identify the systems and corrections that are being implemented to improve the identified areas of needed improvement.

The attachments section will include documents for your review. Plan elements are identified below:

**I. Licensure/Contract Requirements:**

**Agency vehicle had a non-operational seat belt –**

All agency vehicles are inspected by the Maintenance Supervisor on a structured schedule. The inspection form will be revised to include seatbelts as part of the review process. Identified seatbelt was repaired on 9/16/15.

**Special Incident Reporting-**

Four of 46 SIR's reviewed were not submitted in a timely basis or cross reported to all required parties. The On-Duty Office Supervisor will review the prior day's activity log to verify if there were any reportable incidents. The On-Duty Supervisor will ensure that all reportable incidents are submitted before 5pm, the next business day, and each itrack will include OHCMD, CCL, and the CSW/PO, when applicable.

**Monetary Log Maintenance-**

There was a \$10 discrepancy found in the client allowances. Client allowance reconciliation protocols have been reviewed and the responsible staff member was retrained during his individual supervision. It is an expectation that he applies agency standards to this process.

**Community Care Licensing Citations (2014-2015)-**

**Personal rights violations:**

On October 21, 2015, training on the Foster Youth Bill of Rights was provided to staff. Continuous training will be provided to residential staff to promote sustained improvement in this area.



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Foster Family-Based  
Treatment Association

Learning Disabilities Association  
United Way

[www.rosemarychildren.org](http://www.rosemarychildren.org)

Proper care and supervision of clients:

Increased focus on supervision protocols has been included in recent staff training modules to promote sustained consistency in practices in these areas. The most recent training was held on September 23, 2015.

**II. Facility and Environment:**

**Green House location (Site 3)-**

Shower door was malfunctioning and was repaired by replacing the doors.

Mattress in one of the resident bedrooms had a spring that was wearing out. New mattress was purchased and replaced the identified mattress.

Maintenance staff will visit each home on a quarterly basis to conduct a formal House and Grounds check. In addition, maintenance staff usually visits a home on a weekly basis to fulfill maintenance requests. During these visits, a brief visual inspection will be conducted.

**III. Maintenance of Required Documentation and Service Delivery Needs and Services Plans-**

Efforts to obtain County worker's authorization within 5 days after the NSP due date:

The Administrative Coordinator will send out an NSP, via email or fax, and request that the CSW/PO sign the Signature Page of the document. The Administrative Coordinator will wait two business days before sending out the Signature Page again and will cc the CSW/PO's supervisor. If the signature is not obtained after the second attempt, the Administrative Coordinator will send out the Signature Page for a third time, and cc the Regional Manager of the CSW, two business days after the second attempt.

Monthly contact with county workers

Needs and Services Plans will include dates indicating the days that the agency staff contacted the CSW/PO to discuss client progress. Counseling Team Supervisors and Assistant Supervisors will make semi-monthly efforts to contact CSW/PO.

**IV. Personal Needs/Survival and Economic Well-Being Resident Lifebooks-**

Upon intake, new residents will receive a Lifebook binder from the intake worker, if they do not already have a Lifebook. The intake worker will have the residents sign a form indicating that the Lifebook was received. Residents will be allotted time, on a monthly basis, to work on their Lifebook. Residents will be provided



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**ROSEMARY  
NON-PUBLIC SCHOOL**  
36 S. Kinnelon Ave., Suite 110  
Pasadena, California 91107  
P 626.844.3033  
F 626.844.3039

**MENTAL HEALTH SERVICES**  
36 S. Kinnelon Ave.  
Pasadena, California 91107  
P 626.844.3033  
F 626.844.3034

**RESIDENTIAL OFFICES**  
3244 E. Green St.  
Pasadena, CA 91107  
P 626.795.7218  
F 626.449.9128

**ACCREDITED BY**  
California Alliance of Child  
and Family Services  
Council on Accreditation

**MEMBER OF:**  
Association of Community  
Human Service Agencies

California Association  
of Private Specialized  
Education and Services

Child Welfare  
League of America

Foster Family-Based  
Treatment Association

Learning Disabilities Association

United Way

[www.rosemarychildren.org](http://www.rosemarychildren.org)

with specific team facilitated opportunities to create personalized lifebooks. If youth decline or refuse to participate, this will be duly noted.

Rosemary Children's Services is committed to the delivery of high quality treatment services in full accordance with agency and county standards. We want to be experienced as a positive service option in the support of the youth under our care.

Sincerely,

Tracy Alvarez  
Director of Residential Services  
Rosemary Children's Services

Cc: Jana Trew, MS  
Executive Director  
Rosemary Children's Services

Kong NG, MSW  
Children Services Administrator I  
Out-of-Home Care Management Division  
Department of Children and Family Services  
County of Los Angeles