COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **DELILU ACHIEVEMENT HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Delilu Achievement Home (Delilu) in April 2013. Delilu has one site located in the Second Supervisorial District and provides services to Los Angeles County Probation and Department of Children and Family Services (DCFS) foster children and youth. According to Delilu's program statement, its purpose is to increase the likelihood for children to demonstrate an increase in academic and social skills and a decrease in maladaptive behaviors that will enable them to adjust successfully as adults.

Delilu has one eight (8)-bed site and is licensed to serve a capacity of eight (8) girls, ages 12 - 17. At the time of review, Delilu was serving seven (7) Probation children, and there were no DCFS children placed at the Group Home. The placed children's overall average length of placement was 3.58 months, and their average age was 15.77 years. The randomly selected interview sample size was seven (7) Probation youth due to the fact that there were no DCFS children placed at the Group Home at the time of this review. Three (3) children in the sample were prescribed psychotropic medication, and those case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations or sufficient documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Probation and one (1) DCFS, were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children reported feeling safe at Delilu and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Delilu was in compliance with four (4) of the 10 areas of the Contract Compliance Review: Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

However, deficiencies were noted in the areas of Licensure/Contract Requirements; Facility and Environment; Maintenance of Required Documentation and Service Delivery; Educational and Workforce Readiness; Health and Medical Needs; and Personnel Records.

The Delilu facility vehicle was missing proof of car insurance. The home pass log was missing a few staff signatures/initials. Additionally, there was one (1) substantiated Community Care Licensing (CCL) complaint made in January 2013 related to pest control. Delilu also had some minor deficiencies within the Group Home; such as, a leaky bathroom faucet, cracked bedroom ceiling and a broken glass window. Under Maintenance of Required Documentation of Services and Delivery, the Needs and Services Plans lacked detailed information and were not personalized for each child. There were deficiencies noted related to one child's academic progress; as well as, another child's progress with school attendance. Regarding Medical Needs, there was one (1) child who received a late dental appointment without any documentation to show the reason for the late appointment. Lastly, deficiencies noted under Personnel Records were untimely health screenings, an unsigned Group Home Policy and Procedures manual and expired First Aid and CPR. Delilu Administration was instructed on the significance of enhancing monitoring in all areas; as well as, fully completing all documents, in order to eliminate the abovementioned issues.

REVIEW OF REPORT

On May 08, 2013, the Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Delilu Executive Director Mary Davis, and Group Home Administrator Lisa Seibel. During the Exit Review, Delilu Administration stated that they repaired several deficiencies in the area of Facility and Environment. It should be noted that Delilu Administration did provide proof of First Aid and CPR for an employee at the Exit Review. Delilu representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their 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.

Delilu provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Mary Davis, Administrator, Delilu Achievement Home
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

DELILU GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1564 West 36th Place Los Angeles, CA 90018
License # 198203559
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2013**
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. Full Compliance
	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. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	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 Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Improvement Needed
	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 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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 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 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. 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 Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in 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	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 License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Improvement Needed

DELILU GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Delilu's compliance with the County contract and State regulations and include a review of Delilu's program statement, as well as internal administrative policies and procedures. The monitoring 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
- Personnel Records

For the purpose of this review, seven (7) placed children were selected for the sample, and all seven (7) were Probation children. No DCFS children were placed at the Group Home at the time of this review. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services being received. Additionally, three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess Delilu's compliance with permanency efforts. At the time of review, three (3) placed children were prescribed psychotropic medication. PPQA/GHM reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM reviewed five (5) staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following six (6) areas were out of compliance.

Licensure/Contract Requirements

- Delilu has one (1) van that transports children to school and to appointments that was inspected. The van was found to be in good repair; it was clean with working seatbelts; as well as, working break lights and taillights. However, during the inspection, Delilu was unable to provide proof of car insurance. Within an hour of inspection, Delilu provided proof of car insurance.

- Visitor logs and home pass logs were reviewed, and it was found that Delilu is maintaining logs of all visitors coming into the Group Home to meet with the children, as well as, signing children out when they leave for home passes and signing them in when they return from home passes. However, a few logs were incomplete, since they were missing Group Home staff signatures.

- Community Care Licensing reported that Delilu had one (1) substantiated allegation from January 2013. The allegation was that the Group Home had roaches. It should be noted that Delilu Administration took care of the problem immediately, by hiring a Pest Control Company.

Recommendation

Delilu management shall ensure that:

1. The vehicle is maintained in good repair.
2. Detailed Sign In/Out Logs are maintained.
3. CCL complaints on safety and plant deficiencies are corrected.

Facility and Environment

- Delilu had maintained the appearance of the exterior of the Group Home. There was only one (1) exterior deficiency noted which was the peeling black safety tape on the backyard steps. Delilu Administration stated that new safety tape has been purchased.

- Delilu had minor deficiencies in the common quarters of the Group Home. The common quarter deficiencies included the upstairs computer room having dirty windowsills and a popped out window screen, a leaky faucet in bathroom #1, a scratched toilet seat in bathroom #2, and a dirty toilet seat in bathroom #3.

- Delilu had deficiencies in the children's bedrooms, which included, a broken dresser drawer in bedroom #1, an "odor" in bedroom #2, as well as, a cracked, bubbled ceiling, a broken piece of window glass in bedroom #3, paint needed near smoke detector in bedroom #4, and a trash can needed in bedroom #5.

Recommendation

Delilu management shall ensure that:

1. The exterior of the Group Home is well maintained.
2. The common quarters of the Group Home are well maintained.
3. The children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- At the time of this review, there were seven (7) children placed at Delilu, and two (2) of those children were placed less than 30 days. Therefore, only five (5) initial NSPs were reviewed. Additionally, only four (4) updated NSPs were

reviewed, since three (3) were not due to be completed at the time of review. Of all NSPs reviewed, one (1) NSP was missing a Group Home staff signature.

- Of all the NSPs reviewed, there was no documentation to show that the Group Home has had contact with the County workers. In discussing this matter with Delilu Administration, they made it clear that Delilu has had contact with County Workers by telephone and/or email, as well as, in person.

- Regarding initial NSPs, all five (5) were completed in a timely manner. Of the five (5) initial NSPs reviewed, only one (1) did not include the child's signature. The initial NSPs lacked pertinent information; such as, concurrent case plans, school enrollment dates, and Life Skills Training information. Additionally, several Case Plan Goals were quite similar to each other and Reason for Goals did not note the problem to be addressed, subsequently, making it impersonal for each child.

- Regarding the updated NSPs, only four (4) were reviewed. Three (3) of four (4) NSPs were timely; however, they did not include children's signatures to show that they participated in the development of their case plan goals. The updated NSPs also lacked pertinent information, in that mental health session dates were not documented. Most importantly, regarding the Outcome Goals, even though there were Modified Dates documented, there was no reason for the modifications documented.

Recommendation

Delilu management shall ensure that:

1. NSPs implemented are discussed with Group Home staff.
2. Group Home's monthly contact with County Workers is documented by providing dates of contact on the NSPs.
3. Initial NSPs are comprehensive and include child's participation by acquiring their signatures.
4. Updated NSPs are developed timely, are comprehensive and include child's participation by acquiring their signatures.

Educational and Workforce Readiness

- Two (2) updated NSPs reviewed showed that one (1) child was not improving academically at school indicating that her school progress is less than average and that she displays little effort to improve at school. For the other child, it is indicated that, even though she is receiving decent grades and on her way to graduate from high school, she has not increased her school attendance.

Recommendation

Delilu management shall ensure that:

1. Children's academics and/or attendance is increased.

Health and Medical Needs

- All seven (7) children received dental exams. However, one (1) of the seven (7) was untimely. There was no information documented to show the reason for the untimeliness of the dental exam.

Recommendation

Delilu management shall ensure that:

1. Dental exams are conducted in a timely manner; within 30 days of placement. and shall ensure that they document their efforts to provide timely dental exams.

Personnel Records

- Five (5) employee files were reviewed. Of the five (5), three (3) had untimely health screenings. One (1) employee did not have documentation of a physical or TB test filed. Another employee had proof of receiving a physical, but no proof of a TB test. The third employee had both, a physical and TB test; however, they were both dated two (2) months after their hire date.

- Of the five (5) employee files reviewed, only one (1) did not include a signed Group Home Policies and Procedures manual.

- Of the five (5) employee files reviewed, one (1) had First Aid and CPR that was expired.

Recommendation

Delilu management shall ensure that:

1. All employees receive timely health screenings and TB tests and that the information is maintained in the employee file.
2. All employees sign the Group Home Copies of Group Home Policies and Procedures.
3. All employees receive required training including First Aid and CPR.

PRIOR YEAR FOLLOW-UP FROM PROBATION's PPQA GHMU's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA GHM's last compliance report dated October 1, 2012, identified 22 recommendations.

Results

Based on our prior year follow-up, Delilu fully implemented 13 previous recommendations for which they were to ensure that:

1. Group Home providing sufficient recreation equipment
2. Initial NSPs included DPO signatures

3. Children making progress towards their NSP goals
4. Children enrolled in school timely, and if not, the information was documented
5. Children are attending school
6. Children participating in daily living skills and/or ILP
7. Group Home encouraging children to participate in ILP
8. Children receiving timely medical examinations, and if not, the information was documented
9. Dental follow-up exams (N/A)
10. Children report being treated with dignity and respect
11. Children report planning activities
12. Children report participating in activities
13. Group Home providing all children with Life Books

The following nine (9) recommendations from the previous year were not corrected:

1. The exterior of the Group Home needed safety tape on the backyard steps
2. Several areas of the common quarters needed repair
3. Several areas of the children's bedrooms needed repair
4. One (1) NSP was missing a Group Home staff signature
5. There was no documentation to show Group Home contact with the Caseworker
6. Updated NSPs were not comprehensive
7. One (1) child needed increased academics and another child increased attendance
8. There was one (1) untimely dental exam
9. Three (3) employees had untimely health screenings

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Delilu from the Department of Auditor Controller is dated May 9, 2012, for the fiscal period of July 1, 2008, to June 30, 2009. The report dated May 9, 2012, indicated that Delilu had questioned/disallowed costs. Delilu submitted a timely approved fiscal Corrective Action Plan (CAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

DeLILu Achievement home
1564 W. 38th Pl.
Los Angeles, CA 90018
Off (323) 788-9415 Fax (323) 788-1710 Email: delilucle@aol.com
License # 196208559
"A non profit organization investing in the future of our youth."

Ms. Lori Tchakerian
Placement Service Bureau
Los Angeles County, Probation Department
Lynwood Regional Justice Center
11701 So. Alameda, Second Floor
Lynwood, CA 90262

June 7, 2013

(CAP)
Corrective Action Plan

I. LICENSURE/CONTRACT REQUIREMENTS

Recommendations:

- Delilu management shall ensure that their vehicle is maintained in good repair.
- Delilu management shall ensure that detailed Sign In/Out Logs are maintained.
- Delilu management shall exhibit proactive measures to be free of substantiated CCL complaints.

Plan of Action:

- Drivers will report any deficiency's to management for repairs, and also registration, Insurance will be kept current and due dates will be reported in Communication Log.
- DelILu Management will ensure that detailed sign in/out logs will be maintained and completed. Facility Managers will check logs at end of each shift. Administrator will check logs at the end of each week. Director of Quality Assurance will check logs at the end of the month.
- On 5/2/13, CCL/OD reported that on 1/01/13, a complaint was made that the GH had roaches. The allegations was Substantiated, GH corrected the problem by 1/9/13. Exterminator now comes out monthly to prevent further issues.

DeliLu Achievement home
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Los Angeles, CA 90018
Off (323) 766-9415 Fax (323) 766-1710 Email: delilucile@aol.com
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II. FACILITY AND ENVIRONMENT

Recommendations:

- Delilu management shall ensure that the exterior deficiency of the Group Home is repaired.
- Delilu management shall ensure that the deficiencies in the common areas of the Group Home are repaired.
- Delilu management shall ensure that the children's bedroom deficiencies are repaired.

Plan of Action:

- Back yard steps torn tape has been removed, once painted new tape will be added. Upstairs computer room window and seals have been cleaned and popped out window has been cleaned and repaired.
- Bathroom #1 broken faucet is repaired.
- Bathroom #2 has a scratched up toilet seat that will be replaced by July 31, 2013. Bathroom #3 Toilet seat has been cleaned.
- Bedroom #1 Broken dresser drawer is repaired.
- Bedroom #2 closet did have an "odor" and was cleaned. Bedroom #2 also, has a cracked/bubbled ceiling on the left side of the room. Our maintance man wrote on receipt that the ceiling is safe and will be repairs by July 31.
- Bedroom #3 has a broken piece of glass window and was replaced. Bedroom #4 patchwork near the smoke detector is painted.
- Bedroom #5 has a trashcan now.

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III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Recommendations:

- Delilu management shall ensure that NSPs implemented are discussed with Group Home staff.
- Delilu management shall ensure that the Group Homes monthly contact with County Workers is documented by providing dates of contact on the NSPs
- Delilu management shall ensure that initial NSPs are comprehensive and include children's participation by acquiring their signatures.
- Delilu management shall ensure that updated NSPs are developed timely, are comprehensive and include children's participation by acquiring their signatures.

Plan of Action:

- DeliLu management will ensure that NSP's implemented will be developed in a collaborative fashion and communicated to all stakeholders (group home staff, resident's parents, guardians, probation officers, social workers, etc.)
- DeliLu management will ensure that monthly contacts, (i.e., TDM/MDT meetings) with stakeholders are documented and that dates of contact are on the NSP's.
- Delilu management shall ensure that initial NSPs are comprehensive and include children's participation by acquiring their signatures.
- DeliLu management will ensure that initial NSP's are comprehensive. NSP's will be developed collaboratively with the resident and include the resident's signature on the NSP.
- DeliLu management will ensure that updated NSP's are developed within 90 days of the first initial NSP. NSP's will be developed collaboratively with the resident and that the resident's signature is included on the NSP.
- Case Manager has been fully trained on NSP's.

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IV. EDUCATION AND WORKFORCE READINESS

Recommendations:

- Delilu management shall ensure that the children's academics and/or attendance is increased.

Plan of Action:

- DeliLu will attend parent conferences to discuss student's progress. DeliLu will continue to provide tutoring services in reading and mathematics; and individual tutoring when there is need in specific subjects.
- DeliLu will provide money rewards to our youth for monthly perfect attendance and good grades.
- DeliLu will also provide a study time in their routine schedule.

V. CHILDREN'S HEALTH AND MEDICAL NEEDS

Recommendations:

- Delilu management shall ensure that dental exams are conducted in a timely manner; within 30 days of placement and shall ensure that they document their efforts to provide timely dental exams.

Plan Of Action:

- DeliLu will assure that timely Dental exams are conducted within 30 days and documentation of all efforts and refusal.
- DeliLu has included a form in client files for to documentation of treatment.
- DeliLu Staff has been assigned to maintain client files.

VI. PSYCHOTROPIC MEDICATION

Recommendations:
NONE

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING

Recommendations:
NONE

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL BEING

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Recommendations:
NONE

IX. DISCHARGED CHILDREN

Recommendations:
NONE

X. PERSONNEL RECORDS

Recommendations:

- Delilu management shall ensure that employees receive timely health screenings and TB tests and that the information is maintained in the employee file.
- Delilu management shall ensure that employees sign the Group Home Policies and Procedures manual.
- Delilu management shall ensure that employees receive required training including First Aid and CPR.

Plan of Action:

- DeliLu has implemented that all new staff must have all required documents prior to starting work.
- DeliLu management will ensure that employees receive required training and First Aid and CPR. DeliLu will provide scheduled training for the year.
- DeliLu has assigned a staff to maintain files.

Signature Mary L. Brown Date 6/7/13
Title CEO, Executive Director