COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

November 26, 2014

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

FROM: Jerry E. Powers JP
Chief Probation Officer

SUBJECT: **EGGLESTON YOUTH CENTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Eggleston Youth Center in April 2014. Eggleston Youth Center has six (6) contracted homes within Los Angeles County: Eggleston Youth Center, Sites I, II, V and Eggleston Transitional Group Home, which are located in the First Supervisorial District of Los Angeles; and Eggleston West Covina Group Home and Eggleston Emancipation Group Home, which are located in the Fifth Supervisorial District of Los Angeles. Eggleston Youth Center provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS) children. According to the Eggleston Youth Center program statement, its purpose is to treat boys who have behavioral, social and emotional difficulties.

Eggleston Youth Center's six (6) Group Homes have a capacity of six (6) beds at each site, and the agency provides care for boys 13 - 17 years of age. At the time of the review, Eggleston Youth Center was providing care for 15 Probation children and 26 DCFS children. The placed children's overall average length of stay was seven (7) months, and their average age at the time of inspection was 17 years old.

Seven (7) children, five (5) Probation children, and two (2) DCFS children, were randomly selected for the interview sample. Four (4) children were on psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required 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 Eggleston Youth Center, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Eggleston Youth Center was in compliance with six (6) of the 10 areas of the Contract Compliance Review: "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".

However, deficiencies were noted in the areas of "License/Contract Requirements", in that there were minor repair issues in one of their facility vehicles; "Facility and Environment", in that there were minor cosmetic deficiencies in the homes and graffiti in several bedrooms; "Maintenance of Required Documentation Service Delivery", in that they did not obtain required signatures or include child specific goals and comprehensive content when developing their Needs and Services Plan; and "Education and Workforce Readiness", in that children were unaware of any vocational training.

REVIEW OF REPORT

On May 6, 2014, Probation PPQA Monitor Joseph Ninofranco held an Exit Conference with Eggleston Youth Center Administrator Clarence Brown. Eggleston Youth Center representative agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Eggleston Youth Center provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued 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:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Karen D. Richardson, Out-of-Home-Care Management, DCFS
Leticia Torres-Ibarra, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Clarence Brown, Eggleston Youth Center Administrator
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

EGGLESTON YOUTH CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Eggleston Youth Center I
13135 Waco St.
Baldwin Park, CA 91706
License # 197806346
Rate Classification Level: 12

Eggleston Youth Center II
13133 Waco St.
Baldwin Park, CA 91706
License# 197806348
Rate Classification Level: 12

Eggleston West Covina
1526 S. Saint Malo St.
West Covina, CA 91790
License# 197806374
Rate Classification Level: 12

Eggleston Emancipation Group Home
340 N. Westridge Ave.
Covina, CA 91724
License# 197806369
Rate Classification Level: 12

Eggleston Youth Center V
215 W. La Verne Ave.
Pomona, CA 91767
License# 197806347
Rate Classification Level: 12

Eggleston Transitional Group Home
889 Diana Ave.
Pomona, CA 91766
License# 197806370
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2014**
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. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
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 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 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. Full Compliance 5. Improvement Needed
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 Meals and Snacks	Full Compliance (ALL)

	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)	
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	Full Compliance (ALL)

EGGLESTON YOUTH CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Eggleston Youth Center's compliance with the County contract and State regulations and include a review of the Eggleston Youth Center 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 randomly selected for the interview sample, five (5) Probation children and two (2) DCFS children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess Eggleston Youth Center's compliance with permanency efforts. At the time of the review, four (4) placed children were prescribed psychotropic medication, and those case files were reviewed 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 four (4) areas were out of compliance.

Licensure/Contract Requirements

- An inspection was done of Eggleston Youth Center's vehicles that transport residents to and from school, to drug therapy, to religious services, to home passes, and regular outings, and it was found that one of the vehicles had the upholstery torn and ripped. All other vehicles were in good working condition.

Recommendation

Eggleston Youth Center management shall ensure that:

1. All vehicles shall be in good repair for the safety of the Group Home children.

Facility and Environment

- A walkthrough inspection was conducted in and around all six (6) facility sites. All facilities are in good condition; although, there were numerous deficiencies found to the exterior of the West Covina Group Home, in the common area of Eggleston Youth Center I and Emancipation House; and in children's bedrooms of all six (6) facilities.

  - At the West Covina Group Home, in the backyard, the non-working satellite dish needs to be removed from the side and loose bricks need to be remove from the backyard wall.

  - At Eggleston Youth Center I, there is graffiti in the recreation room closet.

  - At the West Covina Group Home, the drawer on the desk under the TV in the living room needs repairing.

  - At the Emancipation House, the sliding door blinds need to be repaired and are missing blinds.

  - At Eggleston Youth Center II, the door of bedroom #1 needs painting as does the closet due to graffiti. Also, the light switch cover in bathroom #1 needs replacing.

  - At Eggleston Youth Center I, the graffiti in bedroom #1 needs to be removed. The bed risers in bedroom #2 need to be removed due to being unstable. Also in bedroom #2, the painting with gang writing needs to be removed.

  - At the West Covina Group Home, graffiti in the master bedroom near bathroom mirror needs to be removed. Also, graffiti on closet rod in bedroom #2 needs to be removed.

  - At the Emancipation Group Home, in Bedroom #1, the drawer on dresser needs repairing. Also in bedroom #2, the drawer set has lots of graffiti that needs to be removed.

  - At Eggleston Youth Center V, the cable cord in bedroom #2 needs securing.

- At the Eggleston Youth Center Transitional Home, in bedroom #3, the desk handle is in need of repair.

Recommendation

Eggleston Youth Center's management shall ensure that:

1. The aforementioned deficiencies cited for the Exterior will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children at Eggleston Youth Center's Group Homes.

2. The aforementioned deficiencies cited for the Common Areas will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children at Eggleston Youth Center's Group Homes.

3. The aforementioned deficiencies cited for the Children's Bedrooms will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children at Eggleston Youth Center's Group Homes.

Maintenance of Required Documentation and Service Delivery

- A review was done of Eggleston Youth Center children's files. Seven (7) placed children's Need and Service Plans (NSPs) were reviewed to assess the care and services they received, and each child was interviewed. The following deficiencies were found:

  - On four (4) of the children's NSPs, the signature of the CSW/DPO was missing.

  - On three (3) of the children's Updated NSPs, the Quarterly goals were cut and pasted from the previous NSPs, which made each plan not specific and tailored to each child's unique needs in order to show progress.

  - On one (1) of the children's NSPs, the Educational goals were exactly the same as the previous NSP, with no updated information to show that the goal was achieved or whether there was any progress made.

Recommendation

Eggleston Youth Center's management shall ensure that:

1. All signatures shall be obtained for all NSPs.

2. All NSPs are developed to be tailored to each child's specific needs so that child's progress towards goals.

3. All NSPs contain information and goals that are updated and/or modified if child makes no progress to prior goal, with a complete explanation.

Education and Workforce Readiness

- Interviews were conducted with seven (7) children, and two (2) children stated that they were unaware of any vocational training; although, they were both eligible due to age. The children expressed interest in a trade or some type of vocational training.

Recommendation

Eggleston Youth Center's management shall ensure that:

1. All children who are age-appropriate shall have the opportunity to take vocational classes or training. Eggleston Youth Center Group Home staff will ensure that all children are made aware of vocational classes and/or training available.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM did not complete a contract compliance review for Eggleston Youth Center the previous year. The review was conducted by DCFS. During last year's contract compliance review for Eggleston Youth Center, the noted deficiency was no carbon monoxide detectors were installed. At all Eggleston Group Homes, the carbon monoxide detectors were installed and were in compliance.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Eggleston Youth Center from the Department of Auditor-Controller is dated June 5, 2009, for the fiscal period of 2007-2008. The report dated June 5, 2009, indicated that Eggleston Youth Center had question/disallowed costs. Eggleston Youth Center submitted a timely, approved fiscal Corrective Action Plan, which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

EGGLESTON YOUTH CENTERS INC.
A NON-PROFIT CORPORATION
13001 RAMONA BLVD., SUITE E.
IRWINDALE, CA 91706
PHONE# (626) 480-8107
FAX # (626) 480-7688

I. LICENSURE/CONTRACT REQUIREMENTS

1. Does the group home maintain vehicle in which the children are transported in good repair? (SAFETY)

Deficiency Sited: Van #089 has ripped upholstery.
Status: (Implemented) The upholstery in van #89 has been fixed.
Plan to prevent reoccurrence: Administrators will ensure that the group home vehicles in which children are transported in are in good repair by conducting weekly inspections of the vans.
Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.
Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:
Administrators will be responsible for ensuring that this procedure takes place on a weekly basis to and that we remain in compliance. (see attachment)

II. FACILITY AND ENVIRONMENT

10. Are the exterior and the grounds of the group home well maintained? (Front and backyards clean, and adequately landscaped; condition of home exterior, driveway, walkways and fences; window screens) (SAFETY)

Deficiency Sited:

a. West Covina house needs satellite dish removed from backyard and remove loose bricks from wall in backyard.

Status: (implemented)

a. West Covina: The satellite dish and loose bricks have been removed from the backyard.

Plan to prevent reoccurrence: Administrator will conduct daily morning inspections to ensure that the exterior and the grounds are well maintained.

Executive Director, Mr. Clarence Brown Clarence Brown Date 9/29/14

Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:

Administrators will be responsible for ensuring that this procedure takes place on a daily basis and that we remain in compliance. (see attachment)

11. Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age appropriate decorations; and appropriate sleeping arrangements) (SAFETY)

Deficiency Sited:

a. West Covina: Repair drawer on desk under TV; remove graffiti in master bedroom near bathroom mirror, remove graffiti on closet rod in bedroom #2
b. EYC I (13135): Graffiti in bedroom #1, remove bed risers in bedroom #2, remove painting with gang writing. Graffiti in recreation room closet
c. EYC II (13133): Paint door of bedroom #1, replace light switch cover in bathroom #1, paint over graffiti in closet #1.
d. Emancipation House: Missing blinds. Bedroom #1 drawer on dresser needs fixing, bedroom #2 drawer set has lots of graffiti. Sliding door blinds need repair
e. EYC V: Secure coaxial cord in bedroom #2
f. EYC Transitional: Desk handle is needed in bedroom #3.

Status: (implemented)

a. West Covina: The drawer on the desk under the TV was replaced with 2 small shelves; graffiti was removed with graffiti cleanser from the master bedroom and from the closet rod in bedroom #2.
b. EYC I (13135): Graffiti in bedroom #1 was removed with graffiti cleanser; bed risers were removed from bedroom # 2; the painting with gang writing was removed entirely from the bedroom and the graffiti in the recreation room closet was removed with graffiti cleanser.
c. EYC II (13133): The door in bedroom #1 was painted, light switch cover in bathroom #1 was replaced and the graffiti in closet #1 was painted over.
d. Emancipation House: Sliding door blinds were put up in the living room, the drawer on the dresser in bedroom #1 was fixed, graffiti was removed with graffiti cleanser from the drawer in bedroom #2 and sliding door blinds in the living room were fixed.

Executive Director, Mr. Clarence Brown Clarence Brown Date 9/24/14

e. EYC V: The coaxial cord in bedroom #2 was secured.

f. EYC Transitional: A handle was placed on the desk drawer in bedroom #3.

Plan to prevent reoccurrence: Administrator will conduct daily morning inspections to ensure that the exterior and the grounds are maintained. All needed repairs will be forwarded to maintenance personnel. All repairs will be completed immediately or within 24 hours.

Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Administrators will be responsible for ensuring that this procedure takes place on a daily basis and that we remain in compliance. (see attachment)

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

16. Did the group home obtain or document efforts to obtain the County Worker's authorization to implement the Needs and Service Plan? (WELL-BEING)

Deficiency Sited: Missing CSW signature on 4 NSP reports and CSW contact log for one resident was missing.

Status: (implemented) CSW and DPO signatures have been received for NSP reports and the CSW Contact Log was located.

Plan to prevent reoccurrence: A Case Manager has been assigned to conduct monthly audits to ensure that we obtain the County Worker's authorization to implement the Needs and Service Plan. Group Home Social Worker will collaborate on the Needs and Service Plan with CSW/DPO of record and email or fax the report to the CSW/DPO for review and signature. If the report is not returned signed by the CSW/DPO, the report will be faxed or emailed to the SCSW/SDPO. If no response is returned we will go further up the chain of command to obtain the CSW/DPO signature.

Person responsible for implementing corrective action plan: Group Home Social Worker and Case Manager will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Group Home Administrator and Group Home Social Worker will be responsible for ensuring that this procedure takes place monthly and that we remain in compliance. (see attachment)

Executive Director, Mr. Clarence Brown Clarence Brown Date 9/29/18

24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child ? (WELL-BEING)

Deficiency Sited: Proper modification of goals was missing on 2 NSP reports.
Status: (implemented) Modification of goals was made to the NSP reports.
Plan to prevent reoccurrence: Group Home Social Worker will be responsible for conducting monthly audits on NSP reports to ensure that the NSP reports are developed timely and comprehensive with the participation of the developmentally age-appropriate child.
Person responsible for implementing corrective action plan: Group Home Social Worker is responsible for implementing the plan.
Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Group Home Administrator and Group Home Social Worker will be responsible for ensuring that this procedure takes place monthly and that we remain in compliance. (see attachment)

IV. EDUCATION AND WORKFORCE READINESS

29. Does the GH facilitate (encourage) the age-appropriate children's participation in YDS or equivalent services, and vocational training programs or document barriers to obtaining such services and efforts to resolve issues, when applicable? (SELF SUFFICIENCY)

Deficiency Sited: One youth stated that his GPA went from .83 to 1.02. Youth says no vocational training classes offered; Youth is planning to go to LA Trade Tech, but found out about it himself. Staff has not ever mentioned it to him.
Status: (implemented) The Group Home has an Education/Vocational Coordinator who assists youth with these services. In this particular case the youth was assisted by school staff at his high school.
Plan to prevent reoccurrence: The Group Home Education/Vocational Coordinator and the Administrator will assist and encourage the age-appropriate children's participation in YDS or equivalent services, and vocational training programs or document barriers to obtaining such services and efforts to resolve issues, when applicable.
Person responsible for implementing corrective action plan: The Group Home Education/Vocational Coordinator and the Administrator are responsible for implementing the plan.

Executive Director, Mr. Clarence Brown Clarence Brown Date 9/29/14

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Group Home Administrator and Education/Vocational Coordinator will be responsible for ensuring that this procedure takes place and that we remain in compliance.

V. HEALTH AND MEDICAL NEEDS
No deficiencies noted

VI. PSYCHOTROPIC MEDICATION

VII. No deficiencies noted.

VIII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING
No deficiencies noted

IX. DISCHARGED CHILDREN
No deficiencies noted.

Executive Director, Mr. Clarence Brown Clarence Brown Date 9/29/14