County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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September 26, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

MURRELL'S FARM AND BOYS HOME GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Murrell's Farm and Boys Home (Murrell's) in February 2012, at which time they had a total population of 12 DCFS placed boys, four of whom were also under the joint supervision of the Probation Department.

Murrell's is located in the Fifth Supervisorial District and provides services to DCFS foster youth. According to Murrell's program statement, its stated goal is, "to insure that each client has a clear understanding of the expectations for success." Murrell's has two six-bed group home sites. Each site is licensed to serve a capacity of six males, ages 12 through 17.

For the purpose of this review, five currently placed children were interviewed and their case files were reviewed. The placed children's overall average length of placement was three months and the average age was 16. Three discharged children's case files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged according to their permanency plan. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

One of the five sampled children was prescribed psychotropic medication. We reviewed his case file to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Murrell's compliance with the County contract and State regulations. The visit included a review of Murrell's program statement, administrative internal policies and procedures, eight children's case files, and a random sampling of personnel files. Visits were made to the sites to assess the quality of care and supervision provided to children, and we conducted interviews with five children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Overall, the children interviewed reported feeling safe, being provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity.

Our review revealed the need for Murrell's to address some deficiencies, including a few physical plant deficiencies, some of which were addressed during the time of the review. None of the noted deficiencies posed a safety hazard or impacted the well-being of the placed children. There were some documentation deficiencies in the updated NSPs. Deficiencies were also noted regarding the timely enrollment of children in school within three days of placement; providing children with adequate quantities of clothing; and assisting and encouragement to maintain Life Books/Photo Albums.

Murrell's management was receptive to implementing some systemic changes to improve their compliance with Title 22 Regulations and the County contract requirements. They agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- CCL had cited Murrell's as a result of findings during CCL investigations. On April 18, 2011, CCL cited Murrell's for not documenting why a child had not received his prescribed medication for several days. A CAP was completed and included retraining of staff.

On June 21, 2011, CCL cited Murrell's while investigating a referral of physical abuse of a child by staff. The referral was made by the OHCMD Monitor, who was at the time, conducting the 2010-2011 Monitoring Review. DCFS investigated the allegation and deemed it "inconclusive". However, CCL deemed the allegation "substantiated" as staff violated the rights of the client when he placed the child in a one-person hold and escorted him out of a building while on an outing. Per CCL's request for a CAP, the staff was retrained. OHCMD received a copy of the agency's response to the CAP, which appropriately addressed the finding. The staff has since been retrained and the victim child is no longer placed at Murrell's.

On September 24, 2011, CCL substantiated an allegation of a food fight in the presence of staff without their intervention. Murrell's management completed a CAP that included retraining of staff on supervision and appropriate intervention.

On November 6, 2011 the staff-to-child ratio was out of compliance. Murrell's completed a CAP that included development and implementation of procedures regarding staff responsibility to notify management ahead of time of absences to afford lead time for management to obtain appropriate staffing ratios.

- We noted deficiencies at both group home sites. There was insufficient lighting in two of the children's bedrooms, as three light bulbs were missing in a ceiling fan fixture at the Shannon House, and one bulb was missing at the Hanstead House. These bulbs were replaced at the time of the review. The carpeting was frayed in bedrooms two and three in the Hanstead House. The carpeting in both bedrooms has since been replaced with vinyl flooring and area rugs. In addition, two beds were lacking a complete complement of linen in the Hanstead House, one missing a top sheet and the other a mattress pad. These were replaced at the time of the review.

- None of the required updated NSPs were comprehensive, each being identical to their initial NSPs, with no noted adjustments, progress, or changes. The Monitor discussed this with the Social Worker who indicated that he had a misunderstanding regarding the purpose and intent of the fields in the NSPs. Further, he indicated that when a goal has been achieved, a new goal will be developed if needed in that area. If modification is needed, the modification, purpose, and reasoning for the modification and adjustments will be documented. It should be noted, however, that the NSPs reviewed were developed prior to the OHCMD NSP training for providers; Murrell's representatives attended the NSP training on January 20, 2012. It is anticipated that future updated NSPs will be comprehensive.

- One child had not been enrolled in school within the first three days of placement. No reasons for the delayed enrollment were documented in the child's NSP or case file. The Administrator indicated the Facility Manager and staff will ensure that each child placed at Murrell's will be enrolled within three days of placement or reasons will be documented in the child's case file and NSP.

- Two children's clothing inventories did not meet the DCFS Clothing Standards for quantity. Both children were lacking sufficient pairs of pants. Documentation was sent to OHCMD that reflect both children had since purchased additional pants to meet DCFS Clothing Standards for quantity.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held March 22, 2012:

In attendance:

Emmett B. Murrell, Executive Director; Lupe Maldonado Rascon, Administrator; Jerry Dominguez, Murrell's Group Home Social Worker; and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

The Executive Director, Administrator and Social Worker were in agreement with the findings and recommendations. During the Exit Conference, they indicated that they welcomed suggestions that assist in improving in areas where needed. Murrell's provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of recommendations during our next review.

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

PLB:RRS:KR:
EAH:PBG:dl

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Earl Wilson, Chairman, Board of Directors, Murrell's Farm and Boys Home
Emmett B. Murrell, Executive Director, Murrell's Farm and Boys Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MURRELL'S FARM AND BOYS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Shannon House
823 Pillsbury Street
Lancaster, CA 93535
License Number: 197606874
Rate Classification: 11

Hanstead House
44423 Hanstead Avenue
Lancaster, CA 93534
License Number: 197606254
Rate Classification: 11

	Contract Compliance Monitoring Review	**Findings: February 2012**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. Special Incident Reports	3. Full Compliance
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies	8. Improvement Needed
	9. Detailed Sign In/Out Logs for Placed Children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms/Interior Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non-Perishable Food	6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Full Compliance
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance

	5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Initial/Updated NSPs	5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Educational and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourage Children's Participation in YDS	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams 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** (15 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)

X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (All)

MURRELL'S FARM AND BOYS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

Shannon House
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Lancaster, CA 93535
License Number 197606874
Rate Classification: 11

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44423 Hanstead Avenue
Lancaster, CA 93534
License Number 197606254
Rate Classification: 11

The following report is based on a "point in time" monitoring visit and addresses findings during the February 2012 monitoring review.

CONTRACTUAL COMPLIANCE

We reviewed five current children's files, three discharged children's files and three staff files, and/or documentation from the provider. Murrell's Farm and Boys Home (Murrell's) complied with five of 10 sections of our Contract Compliance Review: Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENT

Based on our review of five children's case files and/or documentation from the provider, Murrell's fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

Community Care Licensing (CCL) had cited Murrell's as a result of findings during CCL investigations. On April 18, 2011, CCL cited Murrell's for not documenting why a child had not received his prescribed medication for several days. A CAP was completed, including retraining of staff.

On June 21, 2011, CCL cited Murrell's while investigating a referral of physical abuse of a child by staff. The referral was made by the OHCMD Monitor who was at the time conducting the 2010-2011 Monitoring Review. DCFS investigated the allegation and deemed it "inconclusive". However, CCL deemed the allegation "substantiated" as staff violated the rights of the client when he placed the child in a one-person hold and escorted him out of a building while on an outing. Per CCL's request for a CAP, the staff was retrained. OHCMD received the CAP to CCL, which appropriately addressed the finding. The staff has since been retrained and the victim child is no longer placed at Murrell's.

On September 24, 2011, CCL substantiated an allegation of a food fight in the presence of staff without their intervention. Murrell's management completed a CAP that included retraining of staff on supervision and appropriate intervention.

On November 6, 2011 the staff-to-child ratio was out of compliance. Murrell's completed a CAP that included development and implementation of procedures regarding staff responsibility to notify management ahead of time of absences to afford lead time for management to obtain appropriate staffing ratios.

Recommendation:

Murrell's management shall ensure:

1. All sites are in compliance with Title 22 Regulations and County contract requirements.

FACILITY AND ENVIRONMENT

Based on our review and a walk-through of the facilities, Murrell's complied with five of six elements reviewed in the area of Facility and Environment.

We noted deficiencies at both group home sites. There was insufficient lighting in two of the children's bedrooms, as three light bulbs were missing in a ceiling fan fixture at the Shannon House, and one bulb was missing at the Hanstead House. These bulbs were replaced at the time of the review. The carpeting was frayed in bedrooms two and three at the Hanstead House. The carpeting in both bedrooms has since been replaced with vinyl flooring and area rugs. In addition, two beds were lacking a complete complement of linen in the Hanstead House, one missing a top sheet and the other a mattress pad. These were replaced at the time of the review.

Recommendations:

Murrell's management shall ensure:

2. The children's bedrooms have sufficient lighting.

3. Carpeting and flooring are maintained in good repair.

4. All children's beds are supplied with full complements of clean linen, mattress pads, and pillows.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review, Murrell's fully complied with 12 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

None of the required updated Needs and Services Plans (NSPs) were comprehensive, each being identical to their initial NSPs, with no noted adjustments, progress, or changes. The Monitor discussed this with the Group Home Social Worker who indicated that he had not fully understood the purpose and intent of the fields in the

NSPs. Further, he indicated that when a goal has been achieved, a new goal is developed if needed in that area. If modification is needed, the modification, purpose, and reasoning for the modification or adjustment will be documented.

It should be noted, however, that the NSPs reviewed were developed prior to the OHCMD NSP training for providers; Murrell's representatives attended the NSP training on January 20, 2012. It is anticipated that future updated NSPs will be comprehensive.

Recommendation:

Murrell's management shall ensure:

5. The treatment team develops comprehensive updated NSPs with the child.

EDUCATION AND WORKFORCE READINESS

Based on our review, Murrell's fully complied with seven of eight elements reviewed in the area of Education and Workforce Readiness.

One child had not been enrolled in school within the first three days of placement. No reasons for the delayed enrollment were documented in the child's NSP or case file. The Administrator indicated the Facility Manager and staff will ensure that each child placed at Murrell's will be enrolled within three days of placement, or reasons will be documented in the child's case file and NSP.

Recommendation:

Murrell's management shall ensure:

6. All children are enrolled in school within three days of placement or maintain documented efforts and attempts.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review, Murrell's fully complied with six of eight elements reviewed in the area of Personal Needs/Survival and Economic Well-Being.

Two children's clothing inventories did not meet DCFS Clothing Standards for quantity. Both children were lacking sufficient pairs of pants. Documentation was sent to OHCMD that reflect both children had since purchased additional pants to meet the DCFS Clothing Standards for quantity.

Four children reported they had never heard of or had been provided the opportunity, nor had they been encouraged to create or maintain a Life Book/Photo Album. The Administrator stated she will ensure all placed children receive a life book. The Facility Managers purchased life books, and on April 12, 2012, they were distributed to each

child. Life Books/Photo Albums will be provided to each newly placed child as they enter the program. Further, staff will assist and encourage the children with developing and maintaining the Life Books/Photo Albums.

Recommendations:

Murrell's management shall ensure:

7. All children have sufficient clothing to meet DCFS standards for quantity.

8. All children are encouraged and assisted in creating and maintaining a Life Book/Photo Album.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was dated September 27, 2011.

Results

The OHCMD's prior monitoring report contained 13 outstanding recommendations. Specifically, Murrell's was to ensure that the rear wall of the Hanstead House was repaired; the stove top at the Shannon House was repaired; area carpets were provided and maintained in bedrooms with linoleum flooring; computers for the children were maintained and in good repair; documentation of CSWs' approvals to implement NSPs; children are active participants in development and implementation of their NSPs; documentation of monthly contacts to Children's Social Workers (CSWs) in NSPs; NSPs are comprehensive and contain all required elements; initial dental examinations are conducted within 30 days of placement; current court authorizations are obtained and maintained for each child prescribed psychotropic medication; all children are and feel safe and staff receive on-going training on appropriate and positive interaction and discipline techniques; all children are encouraged and assisted in creating and maintaining a Life Book/Photo Album; and all applicable staff receive the required initial training within the first 90 days of employment. Based on our follow-up of these recommendations, Murrell's fully implemented 10 of the 13 recommendations. Corrective action was requested to further address the remaining three recommendations.

Recommendation:

Murrell's management shall ensure:

9. Full implementation of the outstanding recommendations from OHCMD's prior Monitoring Report, which are noted in this report as Recommendations 3, 5, and 8.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller (A-C) conducted a fiscal review of Murrell's for the period January 1, 2004 to December 31, 2004. The fiscal report dated April 8, 2008 identified $7,360 in unallowable expenditures and $129,858 in unsupported/inadequately supported expenditures. Murrell's is making payments through an approved repayment plan of $3,811.62 monthly, and as of June 11, 2012 has a remaining balance of $23,262.87.

Murrell's Farm & Boys Home, Inc.

mentoring matters

To: Patricia Bolanos-Gonzalez, Manager
Children Service's Administrator II
Los Angeles County Department of Children and Family Services
9320 Telstar Avenue, Suite 216
El Monte, CA, 91731

From: Murrell's Farm & Boys Home
823 Pillsbury St.
Lancaster, CA 93535

Re: **Corrective Action Plan**

2011 Compliance Report Results/Corrective Action Plan

The Corrective Action Plan (CAP) has been implemented as follows for the Murrell's Farm and Boys Home located at:

(1) Shannon Site
823 Pillsbury St., Lancaster, Ca., 93535 - License #197606874

(2) Hanstead Site
44423 Hanstead Ave., Lancaster, Ca., 93534 - License #197606254

I. Licensure/Contract Requirements

8) Are there no Community Care Licensing citations, OHCMD Investigation Unit reports on safety and physical plant deficiencies?

At the Hanstead site:

On 4/18/11 an allegation of staff not appropriately documenting in medication logs the reasons for child not receiving several days of prescribed medication; substantiated by CCL.

Corrective Action
Staff was retrained on administration of medication and documentation procedures.

On 6/14/11 an allegation of child reporting being hurt by staff was substantiated by CCL.

Corrective Action
The Staff in question was retrained on MFBH "Hands off Policy"

Murrell's Farm & Boys Home, Inc. mentoring matters

On 9/24/11 allegation of food fight occurred with staff present but without staff intervention: substantiated by CCL.

Corrective Action
Staff was retrained regarding lack of supervision and the importance of providing mandatory and adequate supervision at all times.

On 11/6/11 staffing was out of staff-client ratio (1-5): substantiated by CCL.

Corrective Action
All staff was retrained on the importance and urgency of calling in at least 2 to 4 hours if possible, prior to their scheduled shift.

II. Facility And Environment

12) Are children's bedrooms well maintained?

Site 1 Shannon House: 3 light bulbs missing in #2 ceiling fan fixture; Replaced at the time of review.

Corrective Action Plan
Facility Manager and staff will be extra cautious, when conducting an inspection of the facility to ensure that all light bulbs are in good working order.

Site 2 Hanstead House: 1 bulb missing in fixture in bathroom in #3

Corrective Action Plan
Facility Manager and staff will be extra cautious, when conducting an inspection of the facility to ensure that all light bulbs are in good working order.

Carpet frayed in room #2 & #3.

Corrective Action Plan
Frayed carpeting in room #3 was replaced with vinyl tile floor on 3/23/12 and room # 2 was replaced with vinyl tile on 7/18/12. Area rugs have been placed at the side of each bed in rooms with vinyl tile flooring.

Top sheet missing on bed under window in room #2.

Corrective Action
Facility Manger and staff will be extra cautious when conducting an inspection of the facility and beds, to ensure that all required beddings are on all beds on a daily basis

Mattress pad missing on bed in room #1.

Corrective Action
The missing linen and light bulbs were replaced at the time of the review. Facility Manager and staff will be extra cautious when conducting an inspection of the facility and beds to ensure that all required beddings are on all beds on a daily basis.

III. Maintenance Of Required Documentation and Service Delivery

28. Did the treatment team develop comprehensive updated Needs and Services Plans (NSP) with the child?

Corrective Action Plan
Discrepancies that were found regarding the "Modified/Review Date" versus the "Projected Completion Date" fields were a byproduct of a fundamental misunderstanding regarding the purpose and intent of these fields. The Out-of-Home Care Monitor provided valuable insight and information during a recent audit exit meeting that fully clarified the purpose and these fields.

When a goal has been achieved, a new goal will be developed if needed in that area. If a goal needs to be modified, the modification, purpose and reasoning for the modification, and the adjustment will be documented.

The Monitor also made suggestions on how to maximize the benefit of the "Goal" section for our clients, while simultaneously enhancing the participation of group home staff. Please find below an examples of how we will now be using and completing these date entry fields:

Examples:

Child's Name: ***Child***				
Identified Treatment Needs / Outcome Goals (1—5)				
Outcome Goal — #1	Start Date	Modified/Review Date	Projected Completion Date	Date Goal Achieved
Personal Responsibility	*12/29/2011*			*1/25/12*
Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible. *GOAL #1: For **Child** to Complying with conditions of Probation* *OBJECTIVE: For **Child** to complete his court ordered 100 hrs. of community service.* *PLAN: For GH staff to work with and support **Child** in budgeting his money to finish paying his restitution.* *MEASURE: **Child** paying all his restitution in the time period prescribed by his*				

Murrell's Farm & Boys Home, Inc. mentoring matters

conditions of Probation.

New objective in same field since previous goal achieved:

Child's Name: ***Child***				
Identified Treatment Needs / Outcome Goals (1—5)				
Outcome Goal — #2	Start Date	Modified/Review Date	Projected Completion Date	Date Goal Achieved
Personal Responsibility	*1/29/12*		*04/29/12*	

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

GOAL #2: Complying with conditions of Probation

*OBJECTIVE: For **Child** to finish paying his restitution.*

*PLAN: For GH staff to work with and support **Child** in budgeting his money to finish paying his restitution.*

*MEASURE: **Child** paying all his restitution in the time period prescribed by his conditions of Probation.*

Modified goal if not achieved and modification is needed to obtain the goal:

Child's Name: ***Child***				
Identified Treatment Needs / Outcome Goals (1—5)				
Outcome Goal — #1	Start Date	Modified/Review Date	Projected Completion Date	Date Goal Achieved
Personal Responsibility	*12/29/2011*	*1/29/12*	*4/29/12*	

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

GOAL #1: Complying with conditions of Probation

*OBJECTIVE: For **Child** to complete his court ordered 100 hrs. of community service.*

MODIFIED: Due to Child's work schedule preventing completion of hours by the Projected Completion Date, court has provided him additional time to complete his court ordered 100 hrs. of community service.

*PLAN: For GH staff to work with and support **Child** in budgeting his money to finish*

*MEASURE: **Child** paying all his restitution in the time period prescribed by his conditions of Probation.*

IV. Education And Workforce Readiness

29. Was the child enrolled in school within three days of placement or did the GH document efforts?

One child was enrolled in school 13 days after he was placed. No explanation documented.

Corrective Action Plan
Facility Manager and staff will ensure that each child, placed at MFBH will be enrolled in school within the first 3 days of placement. If the child is unable to enroll in school, efforts and reasons will be documented in the child's case file, NSP and CSW will be notified.

VIII. Personal Needs/Survival and Economic Well-Being

63. Are children's on-going clothing inventories of adequate quantity?

Two clients were lacking sufficient amounts of pants.

Corrective Action Plan
The children have since received the lacking items in their clothing inventories to meet DCFS Clothing Standards for quantity. Facility Managers and staff will make sure to check the clients clothing inventory list on a monthly basis to ensure that all clients have sufficient clothing in a timely manner.

69. Are children encouraged and assisted in creating and updating a life book/photo album?

Four children have reported they have never heard of or been offered the opportunity to develop or maintain a life book.

Corrective Action Plan
Life books were purchased by Facility Managers on 4/12/12 and were distributed to the children and will be provided to each new child as they enter into the program. Staff will assist and encourage the children with developing and maintaining the life books.

Emmett Murrell, CEO, will be responsible for supervising and enforcing the **Corrective Action Plan**.

Murrell's Farm & Boys Home, Inc. mentoring matters

Signature: _____ Date: 8/2/12
CEO Emmett Murrell

Signature: _____ Date: 8/2/12
Lupe Rascon- Administrator

Corporate Office: 1817 West Ave K, Ste. 207, Lancaster, CA 93534
Office: (661) 942-2035, Fax: (661) 942-2068