County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

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August 14, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

PERFECT IMAGE YOUTH CENTER GROUP HOME PROGRAM 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 the Perfect Image Youth Center Group Home (GH) in December 2010, at which time they had one six-bed site and five placed DCFS children. Perfect Image Youth Center is licensed to serve a capacity of six female children, ages 13 through 18. At the time of the review, the placed children's average length of placement was three months and the average age was 15.

Perfect Image Youth Center is located in Riverside County and provides services to the Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to the Perfect Image Youth Center's program statement, its goal is "to provide a comprehensive array of services in an environment that the youth will experience as being safe, protective, nurturing, appropriately structured, and responsive to their individual needs."

SCOPE OF REVIEW

The purpose of this review was to assess Perfect Image Youth Center's compliance with the contract and State regulations. The visit included a review of the GH's program statement, administrative internal policies and procedures, and a random sampling of personnel files. For the purpose of this review the files of three currently placed children were reviewed, but only two of the children were interviewed, as the third child did not make herself available for an interview. Six staff files were reviewed for compliance with Title 22 Regulations and the contract requirements.

A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

Three children were on psychotropic medication. We reviewed their case files to assess the timeliness of psychotropic medication authorizations (PMA) and to confirm that documentation of psychiatric monitoring was maintained as required.

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

SUMMARY

The Perfect Image Youth Center GH was providing adequate care to DCFS placed children, and the services were provided as outlined in the GH's program statement. The children interviewed stated that staff treated them with respect and dignity and services were made available to them. The direct care staff members who were interviewed stated that the administrative staff always tried to ensure that the needs of the placed children were met.

The deficiencies noted during the monitoring review were in the areas of facility and environment; Needs and Services Plans (NSPs); education and workforce readiness; psychotropic medication; personal needs/survival and economic well-being; and personnel records. The GH needed to address a few physical plant deficiencies, none of which posed a safety hazard to any placed children. The GH also needed to develop comprehensive NSPs and ensure that the DCFS Children Social Workers' (CSW) authorizations to implement the NSPs were documented. Further, the GH needed to ensure that all children were provided with the opportunities to participate in developmentally appropriate youth development and vocational programs; ensure that psychotropic medication authorizations were timely submitted for each child; encourage and assist children in creating and maintaining photo albums/life books; ensure all staff members received on-going training as required in accordance with Title 22 regulations and that all staff members received emergency intervention training per the GH's program statement.

Perfect Image Youth Center GH was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- NSPs were not comprehensive and did not have the DCFS CSWs' authorization for implementation.

- Children were not provided with opportunities to participate in emancipation and vocational training programs. Youth Development Services were not provided in accordance to the development of the child.

- Current court authorizations for psychotropic medications were missing for two children.

- The GH did not encourage or assist all children in maintaining photo albums/life books.

- Four reviewed staff members did not have on-going training as required per the Title 22 regulations and three staff members did not have emergency intervention training per the program statement.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held May 27, 2011:

In attendance:

Sandra Cromer, Executive Director, Perfect Image Youth Center and Greta F. Walters, Monitor, OHCMD, DCFS.

Highlights:

The Executive Director expressed an understanding of our findings and recommendations. She stated that she was working on implementing the recommendations.

Perfect Image Youth Center GH provided an approved written Corrective Action Plan (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 in April 2012.

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

PLB:RRS:KR:EAH
PBG:GFW:kkg

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
Bobby Turner, President, Board of Directors, Perfect Image Youth Center
Sandra Cromer, Executive Director, Perfect Image Youth Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

PERFECT IMAGE YOUTH CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

16761 Washington Street
Riverside, CA 92504
License Number: 336408586
Rate Classification Level: 9

	Contract Compliance Monitoring Review	**Findings: December 2010**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. Special Incident Reports 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Log Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (All)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's participation in Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance

V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-curricular, Enrichment and Social Activities	Full Compliance (All)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychotropic Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-up Dental Exams Timely	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	**Personal Rights** (11 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. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Full Compliance (All)

VIII	**Children's Clothing and Allowance** (8 Elements) 1. Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowance 7. Management of Allowance 8. Encouragement and Assistance with Life Book	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
	Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training) (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. Child Abuse Central Index's Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First-Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Improvement Needed

PERFECT IMAGE YOUTH CENTER PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

Perfect Image Youth Center
16761 Washington Street
Riverside, California 92504
License Number: 336408586
Rate Classification Level: 9

The following report is based on a "point in time" monitoring visit and addresses findings noted during the December 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of three children's files and six staff files, Perfect Image Youth Center GH was in full compliance with three of the nine sections of our contract compliance review: Licensure/Contract Requirements, Recreation and Activities Requirements' and Personal Rights Requirements. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review, Perfect Image Youth Center fully complied with four of the six elements in the area of Facility and Environment.

While the GH provided a home-like environment, the interior had some deficiencies, none of which posed any safety risks to placed children. Specifically, the carpet in the living room and hallway were dirty and the living room sofa cushion was torn. We also noted the bedroom dressers were broken. In bedroom number one, the lamp was broken and in bedroom number two, there was insufficient lighting.

The GH Administrator provided documentation to OHCMD that the identified site deficiencies were corrected.

Recommendations:

Perfect Image Youth Center management shall ensure:

1. The common areas are well maintained.

2. The children's bedrooms are well maintained.

PROGRAM SERVICES

Based on our review of three children's case files and/or documentation from the provider, Perfect Image Youth Center GH fully complied with six of the eight elements reviewed in the area of Program Services.

We found that one child's NSP was not comprehensive, did not include all elements, the goals were not comprehensive and were not approved by the DCFS CSWs for implementation. The Administrator stated that she will meet with the GH Licensed Clinical Social Worker (LCSW) to ensure the NSPs are child-specific and accurate. The Administrator also stated that the GH staff members will increase their communication with the LCSW to ensure children's NSPs accurately document their progress. Furthermore, the Administrator stated that if the DCFS CSW is unable to attend the NSP, the GH will forward the NSP to the CSW within five days, requesting authorization to implement or to modify the NSP. The GH representatives attended the NSP training conducted by OHCMD in January 2012.

Recommendations:

Perfect Image Youth Center management shall ensure:

3. The NSPs are approved by the DCFS CSWs for implementation.

4. The NSPs are comprehensive, including all required elements.

EDUCATION AND YOUTH DEVELOPMENT

Based on our review of three children's case files, and interviews with two children, Perfect Image Youth Center GH fully complied with two of the four elements reviewed in the area of Education and Youth Development Services (YDS). Youth Development Services was not applicable for one child due to her age.

One child reported that she was not enrolled in YDS and no documentation was found that she had been referred to YDS by her CSW, or that YDS/vocational programs were provided in accordance with developmental expectations of the child. The Administrator reported that the GH is hiring a staff member to conduct YDS classes for the children.

Recommendations:

Perfect Image Youth Center management shall ensure:

5. The children are provided with opportunities to participate in YDS and vocational training programs.

6. YDS are provided in accordance with the development of the child.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of three children's case files, and/or documentation from the provider, Perfect Image Youth Center GH fully complied with eight of nine elements in the area of Children's Health-Related Services, including Psychotropic Medication.

Two of the three children who were on psychotropic medication did not have a current psychotropic medication authorization (PMA) in file. After several requests by the OHCMD Monitor, the GH attempted to obtain current authorizations. The GH provided documentation of attempted contacts with DCFS CSWs and the Psychotropic Desk to obtain the authorizations. According to the GH, one child was placed without a PMA and attempts to obtain the PMA during her one-month placement were unsuccessful. They reported that the other child's PMA was not updated due to missed psychiatrist appointments during the youth's frequent incidents of running away during her last few months of placement.

Recommendation:

Perfect Image Youth Center management shall ensure:

7. All children have current court authorizations for psychotropic medications.

CLOTHING AND ALLOWANCE

Based on our review of three children's case files, and interviews with two of the children, Perfect Image Youth Center GH fully complied with seven of the eight elements in the area of Clothing and Allowance.

We found that children were not encouraged or assisted in creating and maintaining their photo albums/life books. The GH representative stated they would assist the children with creating their photo album/life books by having the children take pictures on outings and place them in their photo album/life books.

Recommendation:

Perfect Image Youth Center management shall ensure:

8. All children are encouraged and assisted in creating and maintaining photo albums/life books.

PERSONNEL RECORDS

Based on our review of six staff personnel files, Perfect Image Youth Center GH fully complied with 10 of the 12 elements in the area of Personnel Records.

We noted that four staff members had no documentation of the required on-going training in their files. Three staff members were missing documentation that they received emergency intervention plan training per the GH's program statement. The Administrator stated that she would ensure training would be provided to all staff members and subsequently provided documentation that the staff members received the required emergency intervention plan training.

Recommendations:

Perfect Image Youth Center management shall ensure:

9. All staff members receive the required on-going training.

10. All staff members receive the required emergency intervention plan training.

FOLLOW-UP FROM THE PRIOR OHCMD MONITORING REPORT

Objective

Determine the status of the recommendations reported in the 2009 OHCMD monitoring review for Perfect Image Youth Center.

Verification

We verified whether the outstanding recommendations from the December 13, 2010 monitoring review report were implemented.

Results

The DCFS prior monitoring report contained 14 outstanding recommendations, which included 25 findings and one follow-up recommendation. Perfect Image Youth Center GH was to ensure that the GH was maintained in good repair; that procedures for reporting runaway incidents were adhered to; that comprehensive allowance logs were maintained; and that sufficient recreational equipment was available. The GH was also to obtain the CSW's authorization to implement NSPs; ensure children participated in the development of NSPs; that implemented NSPs were discussed with staff members; that children received all therapeutic services; that children's recommended assessments and evaluations were implemented; that DCFS CSW's monthly contacts were documented; and that NSPs were comprehensive. Furthermore, the GH was to ensure that the child's current IEPs and report cards were maintained; that children received the required $50 monthly clothing allowance; that children received the required minimum weekly monetary allowance and were encouraged and assisted in creating and maintaining photo albums/life books. Staff members were to have timely submission of criminal fingerprint cards; timely CACI clearance; and timely signed criminal background statements. Additionally, authorized drivers were to have a valid California Driver's License and personnel files were to contain signed copies of the GH

policies and procedures. Lastly, staff members were to receive the required on-going training as well as timely certification in CPR, First-Aid and the emergency intervention plan.

Based on our follow-up of these recommendations, Perfect Image Youth Center GH implemented the recommendations for 19 of the 26 findings. As noted, corrective action was requested of Perfect Image Youth Center to further address the recommendations that were not implemented.

Recommendation:

Perfect Image Youth Center management shall ensure:

11. They fully implement the outstanding recommendations from the December 13, 2010 monitoring report, which are noted in this report as Recommendations 1, 2, 3, 4, 9, 10 and 11.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller did not conduct a fiscal review of Perfect Image Youth Center.

Perfect Image Youth Center
16761 Washington Street
Riverside, CA 92504
Phone (951) 776-0465
Fax (951) 776-9367

Compliance Monitoring Review-2010

Facility and Environment

Recommendation 1 The Group Home site is maintained and in good repair in accordance with Title 22 regulations

Status: The Perfect Image Youth Center has incorporated the recommendations on the carpet has been thoroughly cleaned in the living room and hallway the facility. The broken dresser has been removed and replaced with special crafted dressers for all rooms. In bedroom#2 there is now have sufficient lighting, and the broken lamp in bedroom#1 has been removed and replaced. The coach with the torn seat cushion on the sofa has been removed from the facility. PIYC has created a work order checklist and maintenance repair list.

Plan to prevent reoccurrence: PIYC staff will inspect all rooms, carpet, closets, and drawers and will note any concerns on the maintenance log on a daily basis. The maintenance log will be submitted to maintenance in a timely manner. PIYC will have the carpet cleaned every three to six months as recommended by carpet cleaners. Maintenance logs will be checked daily for any service that is needed. PIYC will check furniture and lighting often to ensure that it is in working condition.

Persons responsible for implementing corrective action: Administrator, Sandy Cromer, Facility Manager, Monrosea, and Maintenance staff will ensure all repairs completed in a timely manner.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Administrator, Sandy Cromer and Facility manager, Monrosea Allen

Program Services

Recommendation 2 PIYC will ensure to obtain the DCFS CSWs' authorization to implement the NSP

Status: Upon discussing NSP with LCSW, CSW, and the child after intake, PIYC will obtain the DCFS CSWs' authorization to implement the NSP in a timely manner. If CSW is unable to attend NSP, the CSW will receive within 5 days the NSP requesting the CSW's signature CSW's signature authorizing the implementation or modification of the NSP.

Plan to prevent reoccurrence: PIYC LCSW Adrienne Chadwick will ensure that the NSP. Have proper authorization obtained so that the NSP may be implemented, after the child's arrival into the facility administration.

Persons responsible for implementing corrective action: LCSW Adrienne Chadwick and Administrator Sandy Cromer and Staff

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Administrator, Sandy Cromer

Recommendation 3 PIYC will ensure that the NSP's are comprehensive and modified in a timely manner

Status: PIYC will ensure that all elements of the NSP are completed. Upon discussing NSP with LCSW, CSW and the child after intake. PIYC will ensure that each child's NSP is modified in a timely basis. Each NSP will be reviewed and modified if needed every three months to ensure that each child is reaching an achievable and measurable goals. Staff will have monthly meetings with the LCSW to discuss the child and their NSP's to ensure that. To ensure that the NSP is comprehensive the NSP will be completed and modified in a timely manner after the review.

Plan to prevent reoccurrence: PIYC LCSW Adrienne Chadwick will ensure that the NSP's are comprehensive, including case plan goals, educational and treatment plan (all sections) by reviewing each child's NSP. PIYC staff will meet with the

LCSW to discuss each child and their NSP to ensure that goals are being met by communicating with the LCSW. Every three months the LCSW, CSW, the child, and Administration will meet and update the NSP to ensure that the child is meeting an attainable and achievable goal. PIYC will ensure that the LCSW has the NSP done in a timely manner.

Persons responsible for implementing corrective action: LCSW Adrienne Chadwick and Administrator Sandy Cromer and Staff

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Administrator, Sandy Cromer

Educational and Emancipation Services

Recommendation 4 PIYC will provide children with the opportunity to participate in use development services (YDS or equivalent services)

Status: PIYC has ensured that all children are given the opportunity to participate in YDS or equivalent. PIYC has incorporated mobile tutors, "why try" motivational training, numerous trainings that are offered in the facility (see attachments). A calendar has been created and place in the common area of the facility. Each child will be notified of all trainings. Each child will also be given the opportunity to suggest any programs of there interest. Programs/training will be implemented into each child's daily schedule.

Plan to prevent reoccurrence: PIYC will ensure that all children in the facility will receive the opportunity to participate in emancipation and vocational training programs. Trainings for emancipation and vocational will be scheduled weekly and placed on a calendar for each child to view. Programs/trainings will be implemented into each child's daily schedule.

Persons responsible for implementing corrective action: Administrator Sandy Cromer and Facility Manager, Monrosea Allen, and Staff

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Administrator, Sandy Cromer

Recommendation 5 PIYC will provide YDS or equivalent in accordance with the developmental expectations of each child

Status: PIYC has incorporated in-house and out-house training. PIYC will ensure that each child may develop the proper ILP and emancipation skills needed in accordance with each child's developmental expectations (see attachments). Examples: learning how to budget, fill out job applications, apartment searching.

Plan to prevent reoccurrence: PIYC has incorporated programs to improve the quality of care for each child in accordance with the developmental expectations. Each child will learn the skills needed to transition into emancipation. Skills such as, money management, job applications, etiquette, ect.

Persons responsible for implementing corrective action: Administrator Sandy Cromer and Facility Manager, Monrosea Allen

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Administrator, Sandy Cromer

Child Health Related-Services, Including Psychotropic Medication

Recommendation 6 PIYC will provide current approved authorization for the administration of psychotropic medication

Status: PIYC will provide current approved authorization for administration of psychotropic medication. PIYC will receive the medication declaration upon each child's arrival and every 6 months. Each child's medication will be reviewed monthly to ensure that it updated in a timely manner. PIYC will request authorization within 5 days when not received from the CSW from placement. If not we will contact the court for the psych med desk to get a court approved copy.

Plan to prevent reoccurrence: PIYC will ensure that the medication declaration is received in a timely manner every 6 months. Administration will review each

child's records monthly to ensure that each child's medication declaration is up to date.

Persons responsible for implementing corrective action: Administrator Sandy Cromer

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Administrator, Sandy Cromer

Clothing and Allowance

Recommendation 8 All children are encouraged and assisted in creating and maintaining photo albums/ life books

Status: All children will be assisted and encouraged to make a photo album/ life book from the time that they are first placed at PIYC. Upon placement into the facility each child will receive a life book. After an outing or activity staff will assist each child with putting new items into their life books. Cameras will be given to the child on a monthly basis.

Plan to prevent reoccurrence: Administration will ensure that each girl receives the opportunity and is encouraged and assisted with creating a photo album/ life books. The children will update photo albums/life books on a monthly basis. Each child will receive a life book during intake process. Each child will put there life books together with staff after and outing/activity. Camera's will be purchased for activities.

Person responsible for implementing corrective action: Administrator, Sandy Cromer, Facility Manager, Monrosea Allen, and PIYC staff

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Administrator, Sandy Cromer

Personnel Records

Recommendation 9 Perfect Image Youth Center employees will receive Annual training and Emergency Intervention Training

Status: Perfect Image Youth Center has provided Annual Training and Emergency Intervention Training from an outside license trainer for all PIYC staff. PIYC will place training on the calendar and staff will be notified of all trainings. Administration will review each staff file to ensure that training are up to date. Certificates and sign in sheets will be obtained and filed properly.

Plan to prevent reoccurrence: Administration will ensure all staff training and certifications are current by reviewing staff folders on a monthly basis and document progress. Copies of certificates and sign in sheets will be maintained in all staff files.

Person responsible for implementing corrective action: Administrator, Sandy Cromer and Facility Manager, Monrosea Allen

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Administrator, Sandy Cromer

_____ _____

Administrator Date

PERFECT IMAGE YOUTH CENTER

05/10/2011

Greta Walters

This is to inform that Perfect Image Youth Center has incorporated the following changes to our program in order to improve the quality of care.

- "Why Try" is a motivational program for youth that helps deal with Truancy in school, anger and behavioral issues facing our youth. The program is sponsored by Riverside County Office of Education and will be instructed by Loma Linda University staff members. [redacted] Clinical Training Coordinator (909)558-9552 ext 34201 will meet with the girls weekly for 2 hours.

- "Mobile Tutors" (951)897-4334 is an accredited tutoring program that will tutor on grounds twice a week or more if needed, they will assist in Math, English, Vocabulary and Reading.

- Per your request the couch was removed from Perfect Image Youth Center, the carpet throughout the house was cleaned and will soon be replaced with hardwood flooring.

Sincerely,

Sandy Cromer

Sandy Cromer
Administrator
Perfect Image Youth Center

Independent Living Program (In-House)

Instructor: Tamika Cromer

Qualifications: Bachelor of Art in Communications/ Business Administration

ILP Training Topics:

1) Open a Bank Account/ Financial Management
2) Basic Skills of Cooking
3) Organizational Skills
4) The Meaning of Etiquette
5) Improper Etiquette Behavior
6) Common Courtesy
7) Telephone Etiquette
8) Electronic Etiquette (cell phones, game boy, MP3/IPod.. etc)
9) Proper Introductions
10) Communication skills
11) Interactions among Friends & Family Members
12) How to Behave in Public Places
13) Dining
14) Grooming
15)Being a Good Sport
16) Cultural Diversity
17) How to Deal With Rude People
18) Public Speaking
19)Obtain California Id Card

BEST DEAL STORE INC.

15250 Bear Valley Rd. Victorville, CA 92392
Tel. (760) 881-3700 Fax (760) 881-3701

INVOICE No. [illegible]
SALES REP. Cece
DATE: 03-28-11

SALES, INVOICE & A SPECIAL ORDER AGREEMENT

CUSTOMER NAME Sandy Cromer / Dan Harris
ADDRESS 16761 Washington ST APT. ☐ YES ☐ NO 2nd FLOOR ☐ YES ☐ NO
CITY Riverside STATE Ca ZIP 92504
PHONE (DAY) 951-454-0378 PHONE (EVENING) _____ (CELL) _____

☐ DELIVERY DATE _____ ☐ SOLD AS IS ☐ CUSTOMER PICK-UP ASSEMBLY ☐ YES ☐ NO
☐ FLOOR MODEL ☐ CLEARANCE ITEMS ☐ IN STOCK ☐ SPECIAL ORDER ☐ SALES & SPECIAL ITEMS

MGF	ITEM #	DESCRIPTION	SIZE	COLOR	NOTE	QUANTITY	PRICE	AMOUNT	
Fernando		5drw chest		Thinker	net	3			

ALL FINANCE PAPER WORK CHECKED BY

☐ STATE PHOTO ID/COPY
☐ APPROVAL PAPER
☐ SIGNED APPLICATION
☐ SIGNED CONTRACT
☐ PAY STUBS
☐ UTILITY BILLS
☐ COMPLETE ALL FINANCE PAPERWORK
☐ BEFORE DELIVERY

☐ $20 CHARGE FOR CREDIT CHECK & PAPER WORK TO BE ADDED TO ALL FINANCING AMOUNT APPROVED

ALL SALES ARE FINAL
NO CANCELLATIONS
NO REFUNDS

PAYMENTS

☐ CASH ☐ CHECK #
☒ CREDIT CARD #
☐ ATM #
☐ FINANCED #

ALL MATTRESSES, SOFAS AND LOVE SEATS HAVE MFG. WARRANTIES, ALL OTHER MERCHANDISE; CARRIES NO WARRANTIES, EXCEPT FOR MFG. DEFECTS (3DAYS FROM DATE DELIVERED)

SUB TOTAL		
SALES TAX		
DELIVERY CHARGE	Pick-up	
ASSEMBLY CHARGE		
TOTAL	490	00
1st. DOWN DATE	200	00
BALANCE	290	00
2nd. PAYMENT DATE 4/15	290	00
BALANCE	0	
3rd. PAYMENT DATE		
BALANCE		
FINANCED APPROVED		

Chest will be special order

- I agree to all above & the following terms:
- A $25.00 fee will apply on all return check.
- A customer request from Best Deal Store, Inc. To order all items in invoice No._____, as a special order.
- Minimum non-refundable deposit is 33.333% of the total purchase price including any tax or shipping.
- Payment in full shall be paid within three (3) months from the date this agreement is signed.
- Ordered merchandise must be paid in full to remove it from the store.
- If merchandise is no longer available or discontinued the customer may:
  1. Choose the floor model (if available), "as is" without adjustment to the purchase price.
  2. Apply your deposit toward another selection or merchandise of an equal or greater value.
  3. Deposited amounts will be refunded without interest.
- Ordered merchandise is not assembled or delivered without an additional charge.
- All sales for the special order are final (no refund or exchange) except for discontinued merchandise.
- Customer must bring the original invoice with state photo ID whenever he/she makes payments or to pick-up merchandise.
- Ordered will be held by the store for one (1) week (free of charge) after delivery to the store. Each additional week will be charged at thirty-five dollars ($35.00) a week for storage fees at a maximum of three (3) weeks.
- All storage fees must be paid before merchandise may be picked up or delivered.
- Ordered merchandise will be made available two(2) to four (4) weeks after the merchandise is paid in full.
- After that if ordered merchandise is not picked-up or paid in full including storage fees the Best Deal Store, Inc. May return or re-sell ordered merchandise and customer will lose his or her deposit.
- Customer should call the store at least two (2) weeks in advance before he/she is to pick up the merchandise.
- Most orders take 1 to 2 weeks, however sometimes may take up to 6 weeks.
- It is the customer responsibility to transport any defected merchandise.

Indian & Beck St.

215 N to 60 E exit Heacock St. 90 (R) (L) Sunnymead Blvd

24384 Sunnymead Blvd. is on the Left

Immaculate Care Center, Inc.
24384 Sunnymead Blvd, Suite 240
Moreno Valley, CA. 92553
Phone: (951) 243-0303

Dear Provider,

We are writing to inform you that Immaculate Care Center, Inc., of Moreno Valley, California is certified by the state of California as Drug/Medi-Cal (DMC) substance Abuse Clinic for men, women, pregnant and postpartum, and children 10 years to 21 years of age for Early Screening, Diagnosis and Treatment (ESDT) services.

We are in a unique position as our caseload is still quite small, and in need of referrals. Scope of work presentation by Immaculate Care Center, Inc. includes, but not limited to:

I. Orientation
II. Substance Use / Refusal Techniques
III. Sexually Transmitted Diseases
IV. Abstinence / pregnancy Prevention
V. Goal Planning
VI. Conflict Resolution
VII. Anger Management
VIII. Alcohol Abuse
IX. Family Communication
X. HIV / AIDS Education
XI. Decision Making
XII. Teen Parenting / Pregnancy
XIII. Independent Living
XIV. Self Esteem
XV. Peer Pressure / Gangs
XVI. GRADUATION EXIT INTERVIEW

Enclosed please find our brochure. We would appreciate your help in soliciting clientele who will be interested in our program services.

Sincerely,

Program Staff

Independent Living Program (In-House)

Instructor: Tamika Cromer

Qualifications: Bachelor of Art in Communications/ Business Administration

ILP Training Topics:

1) Open a Bank Account/ Financial Management
2) Basic Skills of Cooking
3) Organizational Skills
4) The Meaning of Etiquette
5) Improper Etiquette Behavior
6) Common Courtesy
7) Telephone Etiquette
8) Electronic Etiquette (cell phones, game boy, MP3/IPod.. etc)
9) Proper Introductions
10) Communication skills
11) Interactions among Friends & Family Members
12) How to Behave in Public Places
13) Dining
14) Grooming
15)Being a Good Sport
16) Cultural Diversity
17) How to Deal With Rude People
18) Public Speaking
19)Obtain California Id Card

05/20/2011

Ms. Greta Walters

We have made several attempts to locate copies of [redacted] and [redacted] PMA, but we have been unsuccessful.

On several occasions calls were made to [redacted] CSW Christina Muttukamaru @ (909) 868-4522 but no calls were returned. Also regarding [redacted] calls were made requesting a copy of her current PMA to CSW Lilit Khachatryan @ (661)233-5971 also no calls were returned.

Due to the fact that both Social Workers have not returned our phone calls it was decided to call the DCFS Child Welfare Mental Health Services Division to request the copies. On several occasions Toby Williams @ (213)351-5737 attempted to locate or find out information regarding the PMA's and he could not help, so he referred us to Tina Mosley @ (213)351-5734 she also had no information to give. Jessica Blackwood @ (562)903-5394 who is over the office was contacted and she stated that she had no current records on file for either client [redacted] and [redacted] it appears that the doctors did not request a new one.

Sincerely,

Sandy Cromer
Administrator
Perfect Image Youth Center

PERFECT IMAGE YOUTH CENTER

3/22/2012

Kristine Krapoke-Gay

[redacted] was placed at PIYC with psychotropic medication and at the time of placement was not provided a copy of her PMA, several attempts were made contacting the Social Worker but due to [redacted] only being placed for no more than a month we were unsuccessful in obtaining a copy for our records.

[redacted] was placed at PIYC and was given a current PMA while in our care however [redacted] PMA expired while in our care. Due to [redacted] being on and off AWOL during her last few months and missing several appointments with the physiatrist PIYC did not receive an updated PMA.

If you have any questions please feel free to call.

Sincerely

Sandy Cromer
Administrator
Perfect Image Youth Center

PERFECT IMAGE YOUTH CENTER

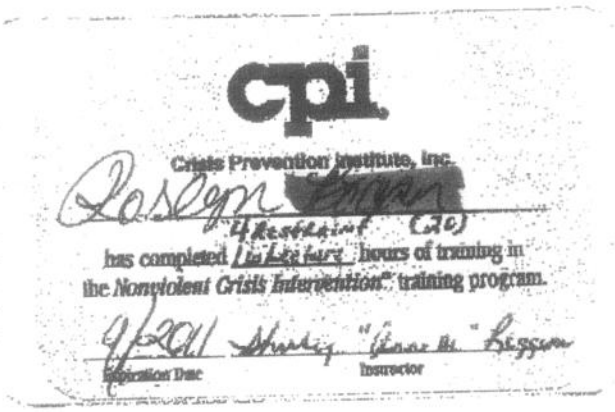
3/22/2012

Kristine Krapoke-Gay

In reference to [redacted] and [redacted] PMA's several attempts have been made requesting updated copies from CSW's and also from PMA Unit Children Welfare Mental Health Services we have been unsuccessful.

Sincerely,

Sandy Cromer
Administrator
Perfect Image Youth Center



cpi

Crisis Prevention Institute, Inc.

Roslyn [redacted]

4 Restraint (20)

has completed Lecture hours of training in the *Nonviolent Crisis Intervention*® training program.

9/2011 Shirley "Anne M." Leggum

Expiration Date Instructor

International Association of
Nonviolent Crisis Intervention
Certified Instructors

October 1, 2010

[redacted]
Perfect Image Youth Center
16761 Washington St
Riverside, CA 92504

Dear Doris [redacted]

This letter is to verify our records indicate that on September 06-10, 2010, you participated in a *Nonviolent Crisis Intervention*® training class.

Shirley [redacted] was the Certified Instructor with Perfect Image Youth Center, The entire course was conducted in 20 hours.

Should you have any questions, please feel free to call our office at 1-800-558-8976.

Respectfully,

Kenneth Young

Associate Director of Documentation
and Warehouse Operations

October 1, 2010

Marjorie [redacted]
Perfect Image Youth Center
16761 Washington St
Riverside, CA 92504

Dear Marjorie [redacted]

This letter is to verify our records indicate that on September 06-10, 2010, you participated in a *Nonviolent Crisis Intervention*® training class.

Shirley [redacted] was the Certified Instructor with Perfect Image Youth Center. The entire course was conducted in 20 hours.

Should you have any questions, please feel free to call our office at 1-800-558-8976.

Respectfully,

Kenneth Young
Associate Director of Documentation
and Warehouse Operations

Subject: FW: Perfect Image 2010 Compliance Report 3.23.12.doc

Shiva,

Attached, please find the 2010 Compliance Report for Perfect Image Group Home.

Please let me know if you have any questions/need additional information.

Thank you.

Patricia Bolanos-Gonzalez,
Children's Services Administrator II

Department of Children and Family Services
Out-of-Home Care Management Division
Group Home Performance Management
9320 Telstar Ave., Suite 216
El Monte, CA 91731

Office: (626) 569-6819
Fax: (626) 572-2363

E-mail: bolanp@dcfs.lacounty.gov

From: Seta COA Bahudian
Sent: Monday, March 26, 2012 12:16 PM
To: Kristine Gay; Elizabeth Howard DCFS; Patricia Bolanos-Gonzalez
Subject: RE: Perfect Image 2010 Compliance Report 3.23.12.doc

Done formatting. Let me know if you need any other formatting.