County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

Board of Supervisor
GLORIA MOLIN
First Distric
MARK RIDLEY-THOMA
Second Distric
ZEV YAROSLAVSK
Third Distric
DON KNAB
Fourth Distric
MICHAEL D. ANTONOVIC
Fifth Distric

June 19, 2012

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

From: Philip L. Browning
Director

TURMONT HOME FOR BOYS AND GIRLS CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Turmont Home for Boys and Girls (Turmont) in December 2011, at which time they had two six-bed sites and 12 DCFS placed children. Turmont is licensed to serve a capacity of 12 children, male and female, ages 13 through 17.

Turmont has two sites that provide services to DCFS foster youth. The Carson site is located in the Second Supervisorial District, and the Lancaster site is located in the Fifth Supervisorial District. According to Turmont's program statement, its stated goal is "to provide 24-hour, non-medical care and supervision to residents placed by the Department of Children and Family Services."

For the purpose of this review, a sample of five currently placed children were selected, their case files were reviewed and the children were interviewed. At the time of the review, the placed children's overall average length of placement was six months, and the average age was 15. The files of three discharged children were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of

discharge. Five staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

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

SCOPE OF REVIEW

The purpose of this review was to assess Turmont's compliance with its County contract and State Regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, five children's case files, and a random sampling of personnel files. A visit was made to the two facilities to assess the quality of care and supervision provided to children, and we conducted interviews with the 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 indicated that they were provided with good care and appropriate services, were comfortable in their environment and were treated with respect and dignity. The direct care staff stated they had open communication with the placed children and did their very best to address the children's needs in a timely manner.

There were deficiencies noted during the monitoring review. Turmont needed to ensure sign-in/sign-out logs were completed and that Special Incident Reports (SIRs) were cross-reported timely to OHCMD and CCL. Additionally, Turmont needed to develop comprehensive NSPs, which included all the required information in accordance with the County contract, as well as to ensure identified goals on the NSPs are realistic, measurable and attainable, allowing children the opportunity to make progress. Turmont needed to make timely efforts to obtain the DCFS Children's Social Workers' (CSWs) authorizations to implement the NSPs, as well as assist children in maintaining important relationships. Turmont also needed to ensure that placed children attend school, as required, and make academic progress. Additionally, Turmont needed to ensure that staff members who have direct contact with children receive timely health-screenings.

The few aforementioned deficiencies revealed the need for more thorough documentation and ensuring placed children attend school as required and are making academic progress. Turmont also needs to develop a plan to ensure that children make progress toward and attain their NSPs goals prior to discharge from placement. Overall, however, Turmont is providing good care and services to placed children.

Turmont was receptive to implementing some systemic changes to improve compliance with regulations and the contract. The Executive Director and his management staff were cooperative and agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- The resident sign-in/sign-out log was not always adequately completed. The Executive Director stated all staff will be trained by their facility manager by February 15, 2012, as to the procedure for signing residents in and out of the facility, including mandatory staff signatures, dates and the out-and-in times.

- Not all SIRs were cross-reported to OHCMD and CCL. Additionally, not all the SIRs were submitted timely. The Executive Director stated Turmont will immediately ensure that all SIRS are completed in a timely manner and cross-reported to the appropriate agencies.

- One initial NSP was e-mailed to the DCFS CSW five business days late, which is not in compliance with the County contract requirement for obtaining the DCFS CSW's authorization to implement the NSP. The Executive Director stated that Turmont will ensure that the placed children, and their authorized representatives are offered the opportunity to participate in the development of and any modifications to the NSPs and that the CSW gives written approval of the NSP and any modifications in accordance with Title 22 Regulations.

- None of the 12 required NSPs were comprehensive in that all the required elements were not completed in accordance with the NSP template. The Executive Director stated that Turmont representatives attended the DCFS NSP training on January 20, 2012. Effective immediately, the Turmont Group Home Social Worker (GHSW) would begin developing more detailed and comprehensive reports. The GHSW will also complete a review of all chart documentation, report cards, visitation logs and SIRs on the child for the documented period. This will ensure the GHSW is able to address all areas required in the NSP report, including but not limited to, more detailed information regarding the child's progress for the updated NSP reports, quality of family visits and documentation of all medical treatment received and all follow-up visits.

- During the review of the children's case files it was discovered one child did not have family visits, and the child was interested in having a mentor. The Executive Director stated that the facility manager will work with the child's CSW to research all possible family sources and assist in building positive relationships. If no family is available, the facility manager will see to it the resident is connected with a mentor.

The facility manager will log all attempts and efforts made to maintain family relationships or to develop mentor relationships.

- None of the discharged children were successfully meeting all of their NSP goals prior to their discharge.

- Three staff members did not receive timely initial health screenings. The Executive Director stated that Turmont would correct this issue immediately.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held December 23, 2011:

In attendance:

Victor Bradley, Executive Director, Turmont Home for Boys and Girls; Jui-Ling Ho, Monitor, DCFS, OHCMD.

Highlights:

The Executive Director was in agreement with our findings and recommendations. He shared that the review was helpful as it provided them opportunity to improve their documentation on SIRs and NSPs, as well as encouraged the staff to ensure the discharged children were successfully meeting all of their NSP goals prior to discharge.

Turmont 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.

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

PLB:RS:KR
EAH:PBG:jlh

Attachment

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
Victor Bradley, Executive Director, Turmont Home for Boys and Girls
Jean Chen, Regional Manager, Community Care Licensing
Leonora Scott, Regional Manager, Community Care Licensing

TURMONT HOME FOR BOYS AND GIRLS
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

Turmont Home for Boys
741 East Turmont Street
Carson, CA 90746
License Number: 191600783
Rate Classification Level: 8

Turmont Home for Girls
1519 E. Thomas Drive
Lancaster, CA 93535
License Number: 197600325
Rate Classification Level: 8

	Contract Compliance Monitoring Review	**Findings: December 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. Special Incident Reports 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Log Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies 9. Sign In/Out Logs	 1. Full Compliance 2. Full Compliance 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Needs Improvement
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	 Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement. 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff	 1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance

	5. Progressing Toward Meeting the NSP Case Goals 6. Timely Initial NSP 7. Comprehensive Initial NSP 8. Therapeutic Services Received 9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated NSPs 13. Comprehensive Updated NSPs	5. Needs Improvement 6. Full Compliance 7. Needs Improvement 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Needs Improvement 12. Full Compliance 13. Needs Improvement
IV	**Education and Workforce Readiness** (8 Elements) 1. Timely Enrollment 2. Attend School As Required 3. Facilitate Educational Goals 4. Academic Performance and/or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Emancipation/Vocational Programs Provided 8. Facilitate ILP Emancipation Planning	1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Needs Improvement 5. Full Compliance 6. Full Compliance 7. Not Applicable 8. Not Applicable
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 Medications** (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 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. Consequences Fair 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 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation 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 Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP goals 3. Stabilize Placement Prior the Removal	1. Needs Improvement 2. Needs Improvement 3. Full Compliance

X	**Personnel Records** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 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. Child Abuse Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Needs Improvement 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Not Applicable 14. Full Compliance

TURMONT HOME FOR BOYS AND GIRLS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

Turmont Home for Boys
741 East Turmont Street
Carson, CA 90746
License Number: 191600783
Rate Classification Level: 8

Turmont Home for Girls
1519 E. Thomas Drive
Lancaster, CA 93535
License Number: 197600325
Rate Classification Level: 8

The following report is based on a "point in time" monitoring visit and addresses findings noted during the December 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Turmont Home for Boys and Girls (Turmont) was in full compliance with five of ten sections of our contract compliance review: Facility and Environment; Health and Medical Needs; Psychotropic Medication, Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

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

We noted that the resident sign-in/sign-out log was not always completed properly. Additionally, not all Special Incident Reports (SIRs) were cross-reported to the Out-Of-Home Care Management Division (OHCMD) and Community Care Licensing (CCL), and some of the SIRs were not submitted timely. The Executive Director stated all staff will be trained by the facility managers to the procedures for signing residents in-and-out of the facility, including mandatory staff signatures, dates and the out-and-in times by February 15, 2012.

Recommendations:

Turmont's management shall ensure:

1. The resident sign-in/sign-out log is always properly completed.

2. All SIRs are appropriately documented and cross-reported timely.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICES DELIVERY

Based on our review, Turmont fully complied with eight of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We noted that one initial NSP was e-mailed to the DCFS CSW five business days late, which is not in accordance with the County contract. Further, one of five sampled children were not progressing toward meeting their NSPs' goals.

Additionally, none of the 12 NSPs reviewed were comprehensive in that they did not include all the required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals as they related to permanency, life skills and visitation. Some NSP quarterly sections lacked detailed information regarding the child's progress toward the identified treatment goals, or the child's status was not updated. Also, two NSPs included wrong Individualized Education Plans (IEP) information, and some initial NSPs included quarterly updated information, which should not be included in an initial NSP. The Executive Director stated that Turmont representatives attended the DCFS NSP training on January 20, 2012. Effective immediately, the Turmont Group Home Social Worker (GHSW) will begin developing more detailed and comprehensive reports.

Through the review of the five children's case files, it was discovered that one child did not have family visits. The child was interested in having a mentor. The Executive Director stated that the facility manager will work with the CSW to research all possible family sources and to help build positive relationships. If no family is available, the facility manager will see to it that a mentorship is formed with the resident. The facility manager will log all attempts and efforts made to maintain family relationships or to develop mentor relationships.

Recommendations:

Turmont's management shall ensure:

3. Turmont staff obtains or documents efforts to obtain the DCFS CSWs' authorizations to implement the NSPs.

4. Children are progressing toward meeting their NSP goals.

5. Needs and Services Plans/Quarterly Reports are comprehensive and include required information.

6. Children are assisted in maintaining important relationships.

EDUCATION AND WORKFORCE READINESS

Based on our review, Turmont fully complied with four of six elements reviewed in the area of Education and Workforce Readiness. Youth Development Services were not applicable to this review because none of the reviewed children were eligible for the services.

We noted that one child did not attend school as required and did not make progress in the areas of academic performance and/or attendance. The Executive Director stated that Turmont will make every effort to increase residents' school attendance by developing an incentive program. Each child will take an attendance sheet to school daily and return it to the facility manager when they return home. This program will be in place no later than March 15, 2012. This will allow time for the development of the program, presentation to the residents and training for all staff.

Recommendation:

Turmont's management shall ensure:

7. All children attend school regularly, as required.

8. The treatment team works with both public and non-public schools to increase academic performance and/or attendance of the children.

DISCHARGED CHILDREN

Based on our review, Turmont fully complied with one of three elements reviewed in the area of Discharged Children.

We found that one of the discharged children was not discharged according to his permanency plan, and none were successful in meeting all of their NSP goals prior to their discharge. The Executive Director stated that Turmont will work closely with CSWs to ensure all residents are discharged according to their permanency plan. In addition, an incentive plan was developed to encourage children to work toward their goals and follow their plan for discharge.

Recommendations:

Turmont's management shall ensure:

9. Turmont staff work with the CSWs to ensure children are discharged according to the permanency plan and/or document their efforts.

10. The children are assisted with making progress toward meeting their NSP goals prior to their discharge.

PERSONNEL RECORDS

Based on our review, Turmont fully complied with 12 of 13 elements in the area of Personnel Records. Receiving timely required annual on-going training was not applicable to this review, because all of the staff members reviewed were current for this requirement. However it was found that three staff members did not receive timely initial health screenings.

Recommendation:

Turmont's management shall ensure:

11. All staff members receive timely initial health-screenings.

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 issued on April 27, 2011.

Results

The OHCMD's prior monitoring report contained three outstanding recommendations. Specifically, Turmont management was to ensure NSPs are comprehensive, including all required elements in accordance with the NSP template; all age-appropriate children were allowed to fully participate in the development of their NSPs, as well as sign the NSPs indicating their participation; and documentation verifying that DCFS CSWs authorized the implementation of NSPs was maintained.

Based on our follow-up of these recommendations, Turmont fully implemented one of three recommendations. Turmont did not implement the OHCMD recommendations regarding development of comprehensive Needs and Services Plans, and timely NSPs which include the DCFS CSW's authorization to implement the NSP. Corrective action was requested of Turmont to further address these recommendations.

Recommendation:

Turmont's management shall ensure:

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

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller (A-C) conducted a fiscal review of Turmont's fiscal operations from January 1, 2009 to December 31, 2009. The fiscal report dated May 9, 2012 states Turmont had $76,377 in disallowed expenditures. Turmont submitted a fiscal CAP, which is monitored by DCFS Fiscal Monitoring Section.

TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

February 9, 2012

County of Los Angeles
Dept. of Children and Family Services
Out of Home Care Management Division
Attn: Patricia Bolanos-Gonzalez
9320 Telstar Avenue
El Monte, Ca. 91731

Dear Ms. Bolanos-Gonzalez:

I am submitting a Corrective Action Plan developed for the deficiencies for the 2011 Monitoring Review conducted by Jui Ling Ho.

1. **Licensure/contract requirements**

Element #3

Not all SIRS were submitted timely and cross-reported to OHCMD and CCL

The plan for this is as follows:

Turmont will ensure immediately that all SIRS are completed in a timely manner and crossed reported to the appropriate agencies (OHCMD and CCL) according to the DCFS Contract. Managers will immediately review policies for reporting requirements in title 22, division 6 Chapter 1, section 80061 and chapter 5, section 84061 to assure that SIR's are completed timely, accurately and crossed reported properly. [redacted], Administrator will review all incidents and SIR's to assure that they have been completed timely, accurately and cross reported to the appropriate agencies. SIR's will be retained in the residents file for review.

Element #9

Sign-in/Sign-out Log was not always adequately completed.

The Plan for this is as follows:

All staff will be trained by their facility manager by 2-15-12 as to the procedure for signing residents in and out of facility, including mandatory staff signatures, dates/times out and in. Once the training is completed a copy of the attendance sheet(s) will be sent to our monitor. If any of the staff misses the initial training, make-up training will be scheduled to ensure that all staff is re-trained. Beginning immediately child care staff will be responsible for completing all sign in/out log sheets for each resident. The Facility manager at each facility will review the log sheets for each resident each morning in order to make sure there have not been any omissions. On Monday morning, the Facility manager will review the weekend entries by staff. When an omission/error/question occurs the facility manager will talk with the staff responsible in person or by phone in order to update/correct the log sheets.

[redacted], Administrator and [redacted], Program Director will ensure that SIR's will be completed timely and cross- reported according to DCFS contracts and that sign in/out Logs are adequately completed and maintained and that the corrective action plan remains implemented and is working as intended.

TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

3. **Maintenance of required documentation and service delivery**

Element #17

Obtaining the DCFS CSW's authorization to implement the NSPs

The plan for this is as follows:

[redacted], Director, [redacted], Manager, [redacted] and [redacted] (Therapist) all from Turmont, attended the NSP training on 1/20/2012, to better understand the language contained in the NSP and Quarterly Report and to have a collaborative approach to developing comprehensive NSP/Quarterly reports

Turmont will make continuous efforts to assure a signature from the DCFS Placement Social Worker is obtained at the completion of each NSP.

Turmont will ensure that the placed child, and his authorized representative are offered the opportunity to participate in the development of and any modifications to the Needs and Services Plan in accordance with Title 22, Division 6, Chapter 5, Section 84068.2(d) and 84068.3(b) and that the CSW gives written approval of the NSP and any modifications thereto in accordance with title 22.

DCFS Placement Social Worker will be contacted immediately by the Facility Manager upon the completion of the NSP if he/she does not attend the NSP meeting. A copy of the NSP will be forwarded to his/her office via e-mail or postal service. Once the DCFS Placement social worker has reviewed the NSP and it requires no changes, we will request that the signature page be sign and returned. If the NSP has been Emailed, Turmont will assure that the CSW acknowledges receipt and implementation of the report and the responding email will be attached to the completed NSP. All attempts via telephone, email and mail will be accurately logged and included in the clients file. [redacted], Director will review each NSP for accurancy, completion and signatures authorizing implementation.

Element #20, 22 and 28

Not progressing toward meeting the NSP case goals

NSP not comprehensive

The plan for this is as follows:

[redacted], Director, [redacted], Manager, [redacted] and [redacted] (Therapist) all from Turmont, attended the NSP training on 1/20/2012, to better understand the language contained in the NSP and Quarterly Report and to have a collaborative approach to developing comprehensive NSP/Quarterly reports

Turmont will immediately assure that the Quarterly Section of the NSP will include detailed information regarding progress toward the identified treatment goals and an update to the child's last status.

Turmont will implement the "SMART" goals to ensure that goals are reasonable.

Smart goals will be: Specific knowledge the behaviors being targeted for change

TURMONT HOME FOR BOYS/GIRLS
A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

Measurable and that can be observed and counted and the means by which behaviors are to be exhibited and measured are stated.

Attainable and which the client can reasonably be expected to accomplish, commit to and perform

Result Oriented: the planned client services, which will result in the Service Objectives Being accomplished.

Time Limited by the dates set for accomplishing the service objective and steps.

The facility Manager will work closely with the resident to ensure that the Quarterly section for Permanency Case Plan Goal will include the detailed information regarding how the agency worked with the placed child to pursue the permanency case goals and what efforts were made during the past quarter regarding the feasibility of the child's return to his home, placement in another facility or move into independent living.

Turmont will assure that detailed visitation plans are set up and included in the NSP

Turmont will assure that Psychological and counseling information are included in the NSP

Turmont will assure that all identified treatment goals or broken down into small task in order to be accurately implemented and assessable for future evaluations. These goals will also be measureable and child specific.

Turmont will assure that accurate IEP information is reported in the NSP

Turmont will assure that initial NSP's do not include Quarterly information

[redacted], Administrator and [redacted], Program Director will ensure that NSP's will be completed properly and Treatment Services are provided according the Program Statement that was designed for Turmont Home for Boys and that the corrective action plan remains implemented and is working as intended.

Element #26

Assist in maintaining important relationships.

The plan for this is as follows:

Turmont's will assure that residents that do not have family visitations and relationships are encouraged to participate in a mentoring program. Turmont will also assure that all efforts are made to maintain family relationships or mentor involvement. The facility manager will work with the CSW to research all possible family sources and to help build positive relationships. If no family is available, the facility manager will see to it that a mentorship is formed with the resident. The facility manager will log all attempts and efforts made to maintain family and mentor relationships.

4. **Education and workforce readiness**

Element #30 and 32

School attendance

TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

Academic performance and/or attendance not increased

The plan for this is as follows:

Residents not attending school 100% of the time, lack of improvement in grades.

In order to increase residents' school attendance to 100% of the time the treatment team will develop an incentive program. This program will reward children for getting up and going to school each day. Additional incentives will be added when the child also stays at school and attends all classes for the day. Each child will take an attendance sheet to school daily and return it to the facility manager when they return home. This program will be in place no later than March 15, 2012. This will allow time for the development of the program, presentation to the residents and training for all staff.

The incentive program will also be used to improve resident grades. Also, the facility manager, or their designee, will make regular visits to the school one to two times a month. They will make contact with the school counselor and/or the teachers. They will ask teachers what the child can do to improve their grades including possibilities for extra credit. The group home will also work with the LAUSD Neglected & Delinquent Program beginning 2/16/2012 to enlist their assistance in obtaining IEPs, credits from previous schools and collaboration with teachers regarding any problems with attendance or grades. All school contacts by phone and in person will be documented in the child's record on a school log.

The group home continues to offer on-site tutoring twice a week to all of the children and the treatment team will include working with the tutor as part of the above mentioned incentive program.

[redacted], Administrator and [redacted], Program Director will ensure that Treatment Services are provided according the Program Statement that was designed for Turmont Home for Boys and DCFS Contract. Turmont will also assure that the corrective action plan remains implemented and working as intended

9. **Discharged Children**

Element #70

Not discharged according to permanency plan

The plan for this is as follows:

Turmont will work closely with CSWs to ensure all residents were discharged according to their permanency plan. [redacted], Director, [redacted], Manager, [redacted] and [redacted] (Therapist) all from Turmont, will maintain monthly contact with CSWs. Each child will review their discharge case plan and begin NSP goal development within two weeks of admission with the GHSW. Thereafter the review will be done on a monthly basis to discuss progress and address all concerns. GHSW will make a note of this review with the child in their resident file, including any barriers preventing them from being successful. If a discharge plan/NSP goal needs to be modified, the minor and GHSW will develop a draft. The proposed changes will be submitted to the treatment team for approval. The CSW will be notified of any change in NSP goals/discharge plan and their approval will be documented and the CSW contact will be noted on the CSW Log.

Element #71

TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

Not successfully meeting NSP goals

The plan for this is as follows:

[redacted], Director, [redacted], Manager, [redacted] and [redacted] (Therapist) all from Turmont, attended the NSP training on 1/20/2012, to better understand the language contained in the NSP and Quarterly Report and to have a collaborative approach to developing comprehensive NSP/Quarterly reports

Turmont will immediately assure that all identified treatment goals or broken down into small task in order to be accurately implemented and assessable for future evaluations. These goals will also be measureable and child specific to help each resident successfully meet his/her NSP goals.

[redacted], Administrator and [redacted], Program Director will ensure that NSP's will be completed properly and Treatment Services are provided according the Program Statement that was designed for Turmont Home for Boys and DCFS Contract. Turmont will also assure that the corrective action plan remains implemented and working as intended.

10. Personnel Records

Not receiving timely health screenings

The plan for this is as follows:

Turmont will assure that all employees receive a timely health screening. Turmont has developed a plan that will be implemented by 2/15/2012 in which an employee check list will be maintained and monitored on a monthly basis to assure that all require documentation has been obtained at the time of employment and that documents in need of renewal can be completed in a timely manner. This information will be kept in the employees file for review.

[redacted], Administrator, [redacted] will be in charge of reviewing these documents for timeliness and completeness.

Thank you for allowing Turmont to make these corrections.

Yours truly,

Victor Bradley, Program Director

Victor Bradley Director

741 E. TURMONT STREET, CARSON, CA 90746 310.532.5606 / 661.948.2634