# County of Los Angeles
# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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PHILIP L. BROWNING
Director



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March 16, 2012

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

**DAVID AND MARGARET GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

David and Margaret Group Home is located in the 5th Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation Department youth. According to David and Margaret Group Home's program statement, its goal is to "provide a safe and structured environment for remediation and treatment of presenting symptoms of adolescent girls who have histories of abuse, neglect, or delinquent behavior." David and Margaret is licensed to serve a capacity of 40 girls, ages 11 through 17.

The Out-of-Home Care Management Division (OHCMD), conducted a review of David and Margaret Group Home in December 2010, at which time the group home had one 40-bed site and 19 placed DCFS children. All 19 children were females. For purpose of this review, 15 placed children's case files were reviewed; thirteen of these 15 children were interviewed as two were replaced prior to being interviewed. The sampled children's overall average length of placement was 16 months and their average age was 16. Fifteen staff files were reviewed for compliance with the Title 22 regulations and contract requirements.

Nine children were on psychotropic medication. We reviewed their case files to assess the timeliness of psychotropic medication authorizations and to confirm that the medication logs documented correct dosages and that medications were being administered as prescribed.

## SCOPE OF REVIEW

The purpose of this review was to assess David and Margaret Group Home's compliance with the contract and State regulations. The visit included a review of the Agency's program statement, administrative internal policies and procedures, 15 children's case files, and a random sampling of personnel files. A visit was made to the site 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

Generally, the David and Margaret Group Home was providing the services as outlined in its program statement. The children's case files and personnel files were well organized and professionally maintained. The children interviewed stated they felt safe at the Group Home.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSP).

David and Margaret Group Home was receptive and willing to make the necessary corrections regarding the deficiencies highlighted to improve its compliance with regulations and the Group Home Foster Care Agreement. The Executive Director and his management staff were accessible and cooperative during the review.

## NOTABLE FINDINGS

- Wood and other debris were piled up outside the north side of the dining and kitchen areas, electricity was not working on the north section of Wynn cottage, and the gas burner in the Tarr cottage was bent and needed to be repaired or replaced. Drawers were missing in several rooms in the Turner, Mueller and Tarr cottages. The Residential Director notified OHCMD that the clean-up and repairs were completed, and this was verified by the DCFS Monitor prior to the Exit Conference.

  Fifteen initial and 16 updated NSPs were reviewed. Of these, seven initial and 11 updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. Some NSPs did not have adequate details regarding the Group Home contacts with Children's Social Workers (CSWs), sufficient details on visits with family members, court dates for the authorization for psychotropic medication, and school enrollment dates. The Residential Director stated that the Group Home contacts with the CSWs were documented in the Progress Notes and submitted copies of the progress notes to the Monitor.

- One child said that she was not given opportunities to participate in extra-curricular activities. The Group Home representative said the children were allowed to participate in extra-curricular activities and that they would encourage the child to participate in extra-curricular activities of her choice.

- An initial dental examination documentation was not found for four children. The Residential Director agreed with the findings, but noted that the children had their dental exams shortly before being placed at David and Margaret Group Home. The Group Home's Director of Operations said that insurance would not allow the children to receive dental exams if they had received an exam within six months of placement at David and Margaret's Group Home. Documentation was provided for three of the four who had their dental exams within six months prior to being placed at David and Margaret Group Home. For the fourth child, no documentation of a recent dental exam prior to placement at David and Margaret was found.

- Four children reported not being satisfied with the meals and snacks. The Residential Director said that the Group Home makes every effort to try and satisfy individual food choices and accommodate different ethnic/cultural food preferences, however, there are sometimes residents who do not enjoy the food provided.

- Three children disclosed during their interviews that they had not been provided at least $50 per month clothing allowance from the time they were placed at David and Margaret. Four children said their ongoing clothing inventories were not of adequate quantity; this was verified by the Monitor, who with the assistance of a Group Home staff member assessed the children's clothing inventory. The Group Home Residential Director said that DCFS Children's Social Workers (CSW), had not provided the three children with their clothing allowance since placement at David and Margaret, but did acknowledge that the Group Home is contractually obligated to provide the minimum amount of clothing as outlined in the Group Home contract. They indicated they would ensure that the children whose clothing inventories did not meet the minimum requirements would be provided with the required amount of clothing. The CSWs have ensured that the children received their clothing allowances. This finding was implemented by the Follow-up Evaluation Review.

- Nine children disclosed during their interviews that they did not have a life book/photo album. The Group Home indicated that life books/photo albums are presented to cottages for all the children in the cottage who may need a life book/photo album. These presentations are made at different times for different cottages. They assured that children missing life books/photo albums would receive them when their cottage was due to receive life books/photo albums. During the Exit Conference, this finding was re-addressed and the Residential Director said that the Group Home had already made plans to change the distribution process and ensure that each child receives a life book/photo album shortly after placement in the home.

The detailed report of our findings is attached.

## EXIT CONFERENCE

The following are highlights from the Exit Conference held March 3, 2011.

**In attendance:**

Michael Miller, Director of Operations, and Andrew Lavender, Residential Director, David and Margaret Group Home; and Kirk Barrow, Monitor, DCFS OHCMD.

**Highlights:**

The Director of Operations and the Residential Director were in agreement with many of the findings and recommendations. The Residential Director stated that the physical plant deficiencies had been corrected, and this was verified by the Monitor prior to the Exit Conference.

The Residential Director stated that staff members were trained regarding the comprehensiveness of the Needs and Services Plans (NSP), and that he would ensure that the staff members preparing the NSPs documents include more detailed information regarding the visits the children have with their families, and the Group Home contacts with DCFS CSWs. The Residential Director noted that the Group Home contacts with CSWs are documented in progress notes, but in future he agreed that staff would include detailed information in the NSPs. The David and Margaret Group Home will continue to encourage its staff to ensure that NSPs are comprehensive.

The Residential Director made it clear that all the children were allowed opportunities to be involved in the planning of activities, and that the outings are planned in advance during business meetings with the children.

Four children's initial dental examinations were late. According to the Group Home's Director of Operations, insurance would not cover the costs of dental exams if a child had received an exam within six months of placement at David and Margaret's Group Home. Verification of recent dental exams was provided for three of the four children.

The draft report was sent to the Group Home Administration for comments. As OHCMD did not receive a response in the allotted timeframe, the report was finalized. As agreed, David and Margaret Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

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:DC:kb

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
Cindy Walkenback, President, Board of Directors, David and Margaret
Charles Rich, Executive Director, David and Margaret
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

**DAVID AND MARGARET GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY**

**1350 Third Avenue**
**La Verne, CA 91750**
**License Number: SAMPLE 191500192**
**Rate Classification Level: 12**

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

| | | |
|---|---|---|
| V | **Recreation and Activities** (3 Elements) | |
| | 1. Participation in Recreational Activity Planning | 1. Full Compliance |
| | 2. Participation in Recreational Activities | 2. Full Compliance |
| | 3. Participation in Extra-Curricular, Enrichment and Social Activities | 3. Improvement Needed |
| VI | **Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) | |
| | 1. Current Court Authorization for Administration of Psychotropic Medication | 1. Full Compliance |
| | 2. Current Psychiatric Evaluation Review | 2. Full Compliance |
| | 3. Medication Logs | 3. Full Compliance |
| | 4. Initial Medical Exams Conducted | 4. Full Compliance |
| | 5. Initial Medical Exams Timely | 5. Full Compliance |
| | 6. Follow-up Medical Exams Timely | 6. Full Compliance |
| | 7. Initial Dental Exams Conducted | 7. Improvement Needed |
| | 8. Initial Dental Exams Timely | 8. Improvement Needed |
| | 9. Follow-Up Dental Exams Timely | 9. Full Compliance |
| VII | **Personal Rights** (11 Elements) | |
| | 1. Children Informed of Group Home's Policies and Procedures | 1. Full Compliance |
| | 2. Children Feel Safe | 2. Full Compliance |
| | 3. Satisfaction with Meals and Snacks | 3. Improvement Needed |
| | 4. Staff Treatment of Children with Respect and Dignity | 4. Full Compliance |
| | 5. Appropriate Rewards and Discipline System | 5. Full Compliance |
| | 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care | 6. Full Compliance |
| | 7. Children Allowed Private Visits, Calls and Correspondence | 7. Full Compliance |
| | 8. Children Free to Attend Religious Services/Activities | 8. Full Compliance |
| | 9. Reasonable Chores | 9. Full Compliance |
| | 10. Children Informed about Psychotropic Medication | 10. Full Compliance |
| | 11. Children Aware of Right to Refuse Psychotropic Medication | 11. Full Compliance |
| VIII | **Children's Clothing and Allowance** (8 Elements) | |
| | 1. $50 Clothing Allowance | 1. Improvement Needed |
| | 2. Adequate Quantity of Clothing Inventory | 2. Improvement Needed |
| | 3. Adequate Quality of Clothing Inventory | 3. Full Compliance |
| | 4. Involvement in Selection of Clothing | 4. Full Compliance |
| | 5. Provision of Personal Care Items | 5. Full Compliance |
| | 6. Minimum Monetary Allowances | 6. Full Compliance |
| | 7. Management of Allowance | 7. Full Compliance |
| | 8. Encouragement and Assistance with Life Book | 8. Improvement Needed |

| | | |
|---|---|---|
| IX | **Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)**<br>(12 Elements)<br><br>1. Education/Experience Requirement<br>2. Criminal Fingerprint Cards Timely Submitted<br>3. CACIs Timely Submitted<br>4. Signed Criminal Background Statement Timely<br>5. Employee Health Screening Timely<br>6. Valid Driver's License<br>7. Signed Copies of GH Policies and Procedures<br>8. Initial Training Documentation<br>9. CPR Training Documentation<br>10. First-Aid Training Documentation<br>11. Ongoing Training Documentation<br>12. Emergency Intervention Training Documentation | Full Compliance (ALL) |

**DAVID AND MARGARET GROUP HOME PROGRAM**
**CONTRACT COMPLIANCE MONITORING REVIEW**

**1350 Third Avenue**
**La Verne, California 91750**
**License Number 191500192**
**Rate Classification Level 12**

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 15 children's files, 15 staff files, and/or documentation from the provider, David and Margaret Group Home was in full compliance with three of nine sections of our Contract Compliance Review: Licensure/Contract Requirements, Educational and Emancipation Services and Personnel Records. The following report details the results of our review.

## FACILITY AND ENVIRONMENT

Based on our review of 15 children case files and/or documentation from the provider, David and Margaret Group Home fully complied with three of six elements reviewed in the area of Facility and Environment.

The Group Home maintained a sufficient supply of perishable and non-perishable foods, as well as age-appropriate accessible recreational equipment in good condition and on-site educational resources.

The mattresses on the children's beds were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate, and the Group Home provided a home-like environment. Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped, and common quarters were well maintained, however, wood and other debris were piled up outside the north side of the dining area. This did not pose any safety risks to placed children, and according to the Residential Director, the Group Home was undergoing repairs, and the area would be cleared of wood and debris upon completion.

In Wynn cottage, clothes were not neatly arranged in closets and lights were not working in one bedroom and the dining area. Several bedroom dressed drawers were missing in Mueller, Turner and Tarr cottages. The gas range in Tarr cottage needed repairs or to be replaced. These findings were observed during the site inspection and brought to the attention of the Residential Director, who directed his staff to make the necessary repairs and tidy up immediately.

**Recommendations:**

David and Margaret Group Home Management shall ensure that:

1. The exterior and grounds are well maintained.

2. Common quarters are well maintained.

3. Children's bedrooms are well maintained.

## PROGRAM SERVICES

Based on our review of 15 children's case files and/or documentation from the provider, David and Margaret Group Home fully complied with six of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement, assessed for needed services within 30 days, and received required therapeutic services.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSP), with the participation of age-appropriate children, as well as discussed with the Group Home staff. However, seven initial and eleven updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. The NSPs did not have adequate details on Group Home contacts with CSWs and children's visits with family members. In addition, one NSP was missing the court date for the authorization for psychotropic medication and the school enrollment date. The Residential Director stated that the Group Home contacts with the CSWs were documented in the progress notes and submitted copies of the progress notes to the Monitor.

**Recommendations:**

David and Margaret Group Home Management shall ensure that:

4. NSPs are comprehensive.

5. Contacts with DCFS CSWs are appropriately documented in the NSPs.

## RECREATION AND ACTIVITIES

Based on our review of 15 children's files and/or documentation from the provider, David and Margaret Group Home fully complied with two of three elements in the area of Recreation and Activities.

Children were given opportunities to participate in planning activities and participate in activities at the Group Home, in the community and at school. However, one child disclosed that she was not given opportunities to participate in age-appropriate extra-curricular, enrichment and social activities in which she had an interest. The Director of Operations said

that the child was involved in an extra-curricular activity and chose to stop being involved. He indicated that all age-appropriate children were given opportunities to be involved in extra-curricular activities of their choice; however, no documentation was provided showing this child was participating in extra-curricular activities.

**Recommendation:**

David and Margaret Group Home Management shall ensure that:

6. Children are given opportunities to be involved in extra-curricular activities of their choice.

## CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 15 children's files and/or documentation from the provider, David and Margaret Group Home fully complied with seven of nine elements in the areas of Children's Health-Related Services, including Psychotropic Medication.

The Group Home maintained current court-approved authorizations for the administration of psychotropic medication and medication logs were properly maintained. All nine children on psychotropic medication had current psychiatric evaluations/reviews with their psychiatrist. Initial medical examinations were conducted timely for all 15 children's files reviewed. Follow-up medical/dental examinations were timely for those applicable children. Eleven children did not require follow-up medical and 12 children did not require follow-up dental exams. However, the initial dental exam was not found for four children. The Residential Director agreed with the findings, but noted that the children had their dental exams shortly before being placed at David and Margaret Group Home. Documentation was found for three of the four who had their dental exams within six months prior to being placed at David and Margaret Group Home. No documentation was found that one child receive a recent dental exam prior to placement at David and Margaret.

**Recommendations:**

David and Margaret Group Home Management shall ensure that:

7. Children's initial dental examinations are conducted.

8. Children's initial dental examinations are timely.

## PERSONAL RIGHTS

Based on our review of 15 children's files and/or documentation from the provider, David and Margaret Group Home fully complied with 10 of 11 elements in the area of Personal Rights.

Thirteen children were interviewed as two were unavailable at the time of the review. All 13 reported that they were informed of the Group Home policies and procedures, they felt safe in the group home, staff treated them with respect and dignity and the rewards and discipline system was appropriate. All 13 children reported that they were allowed private visits, to make

and receive telephone calls, and to send and receive unopened correspondence. They reported that they had rights to voluntarily receive or reject medical, dental and psychiatric care. Those interviewed children who were taking psychotropic medication said that they were informed about their psychotropic medication and made aware of their right to refuse psychotropic medication. All 13 children reported that they were free to attend religious services and activities of their choice and that their chores were reasonable.

While we noted sufficient meals and snacks during our review and nine of the 13 children interviewed stated that they were satisfied with the meals and snacks, four of the interviewed children stated that they were not satisfied with the meals and snacks. The Residential Director noted that some children would never be satisfied with the food and snacks and stated that the agency ensured that the meals and snacks were nutritious. He agreed the agency would continue to make efforts to improve the meals and snacks so that all the children are satisfied.

**Recommendations:**

David and Margaret Group Home Management shall ensure that:

9. Children are satisfied with the meals and snacks.

## CLOTHING AND ALLOWANCE

Based on our review of 15 children's files and/or documentation from the provider, David and Margaret Group Home fully complied with five of eight elements reviewed in the area of Clothing and Allowance.

Based on our review, children were provided with opportunities to select their own clothes, and the clothing provided was of good quality. The children reported that the Group Home provided them with the required minimum weekly allowance and that they spent their allowance as they choose.

The Group Home provided children with adequate personal care items appropriate to their ethnic needs, and the items were readily accessible. However, three children said that they were not given their $50 monthly clothing allowance, and four said that their ongoing clothing inventories were not of adequate quantity. The Residential Director said that the DCFS CSW had not provided the clothing allowance for two who were recently placed, however the Group Home would make sure that all residents have at least the minimum amount of clothing required. Furthermore, the CSWs have made sure that the children received their clothing allowance before the Follow-up Evaluation Review. This finding was implemented.

Nine children did not have a life book/photo album. The Residential Director said that the children were encouraged to have a life book/photo album, but the system that was in place to distribute the life book/photo albums was inadequate. During the Exit Conference, this finding was re-addressed and the system was subsequently revised such that children are now issued life books/photo album soon after placement at David and Margaret.

**Recommendations:**

David and Margaret Group Home Management shall ensure that:

10. All children are provided at least $50 per month for clothing allowance.

11. All children's on-going clothing inventories are of adequate quantity.

12. All children are encouraged and assisted with maintaining life books/photo albums.

## FOLLOW-UP FROM THE 2009 MONITORING REVIEW

### Objective

Determine the status of the recommendations reported in the 2009 monitoring review.

### Verification

We verified whether the outstanding recommendations from the 2009 review issued August 19, 2010 were implemented.

### Results

The previous Out-of-Home Care Management Division (OHCMD) monitoring report contained 14 outstanding recommendations. Specifically, David and Margaret was to ensure that it developed comprehensive NSPs and obtained DCFS Children's Social Workers' (CSW) authorization to implement NSPs. All cottages were to be well maintained and broken window screens replaced. Age–appropriate children were to be provided Youth Development Services, and IEPs were to be current and maintained for all applicable children. Children were to receive initial medical and dental exams timely, and children with a current court authorization must continue to have timely psychiatric reviews and/or documentation must be maintained documenting why children were not having routine psychiatric reviews. All children must be treated with respect and dignity, and rewards and discipline systems must be appropriate. All children must be allowed to have private visits, phone calls and correspondence. All direct care staff members must sign copies of the Group Home's policies and procedures and all direct care staff must receive current emergency intervention training and have a current PRO-ACT or CPI certifications on file. Based on our follow-up of these recommendations, David and Margaret fully implemented 12 of the 2009 monitoring review recommendations. However, the agency did not implement the recommendations regarding development of comprehensive NSPs, maintenance of cottages, and timely initial dental exams. As noted, four recommendations were not implemented and corrective action was requested of David and Margaret Group Home to further address these findings.

**Recommendation:**

David and Margaret Group Home Management shall ensure that:

13. It fully implements the three outstanding recommendations from the 2009 monitoring report dated August 19, 2010, which are noted in this report as Recommendations 3, 4, and 9.

## MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER (A-C)

A fiscal review of David and Margaret Group Home has not been posted by the A-C.

Approved 5/13/11

David & Margaret
Youth and Family Services
1350 Third Street, La Verne, CA 91750 (909) 596-5921

**Group Home Contract Compliance Review Field Exit Summary (AC)**
**Addendum #2**

May 3, 2011

Department of Children and Family Services
Out of Home Care Management Division
ATTN: Dorothy Channel
425 Shatto Place
Los Angeles, CA 90020
Fax (626) 572-2368

Dear Ms. Channel:

This letter will serve as an addendum to the original CAP.

10-12. Attached are pictures of the repairs and condition of the campus showing the grounds, common quarters and bedrooms. Previous to this CAP request, all pictures of repairs were submitted to monitor for review. David & Margaret will ensure in the future that all needed repairs and upkeep is done in a timely manner and requests for service will be documented and kept on file for review.

22. David & Margaret will continue to ensure that in the future all CSW correspondence and documentation will be comprehensive and supported by CSW contact log reports that all Case Managers are responsible for completing and reviewing with their supervisor.

David & Margaret will ensure that all required documentation related to NSPs is fully communicated in NSP reports. The plan to ensure compliance will include the Residential Office Manager Jessica Martin keeping comprehensive tracking forms for each NSP. Further, Residential Program Manager Cheryl Kroll will work with all Case Managers during group supervision to review NSP sections ensuring comprehensive documentation related to residents visits with relatives and keep ongoing communication logs referencing contact with CSW's.

24. Annabel A. was not enrolled in YDS per CSW Tamara Campbell's recommendation (Attachment). CSW would not submit the paperwork until Annabel was stable. Annabel is just now doing well in multiple areas of her programming and in therapy and CSW is in the process of making required referral for YDS. Case Managers representing the five campus cottages are responsible with the support and supervision of Residential Program Manager Cheryl Kroll for ensuring that all attempts are made and documented with regards to CSW enrollment. David & Margaret will continue to provide residents in our care appropriate, developmentally indicated life skills like budgeting, shopping, cooking, clothing shopping, relationship development, safety classes related to dating, boundaries, etc.

29. As agreed during the exit interview with Mr. Barrow, David & Margaret satisfactorily met the requirement to provide age appropriate extra-curricular activities, enrichment and social activities. All efforts will be made in the future to engage Brianna T. in the planning and enrollment in extra-curricular activities on a weekly and monthly basis. Brianna T. continues to have the ability and support of staff and Case Manager in her cottage to participate in activities. Brianna is engaged daily in attending activities in recreation, academic enrichment, socialization activities, weekend outings, etc. (attachment showing activities she can participate in and is encouraged to participate in) This engagement will follow the existing procedure for all residents during weekly Cottage Meetings where recreation activities and special events are discussed and signed up for. Brianna T. like other residents who might refuse participation are actively engaged and told that they can change their mind and sign up at any time. All youth participation in planning activities is the responsibility of cottage Case Managers and supervised by Residential Program Manager Cheryl Kroll.

36-37. In the future David & Margaret will ensure to the best of our ability and within Medi-Cal guidelines that all placed youth have dental examinations as indicated in Statement of Work. LVN Laura Russell is responsible to ensure all youth placed at David & Margaret has their required medical and dental evaluations.

41. David & Margaret will ensure that we continue to strive to ensure that all youth placed have an opportunity to participate in menu selection. Case Managers in each cottage are responsible under the supervision of Residential Program Manager Cheryl Kroll.

50-51. Youth placed at David & Margaret will continue to receive their monthly clothing allowance and will be supported by staff and Case Manager in each cottage ensuring that residents have appropriate clothing (Attachment copies of clothing inventories). Case Managers in each cottage are responsible under the supervision of Residential Program Manager Cheryl Kroll.

57. Life book/photo albums are part of the treatment program at David & Margaret and all residents have the ongoing opportunity to create a life book in cottage life book groups. Residents have the choice however, to not participate but always have the option of joining in whenever they choose. If a resident does not want to create a life book they are given the opportunity to create a story of their life in other artistic, therapeutic and recreational opportunities. Case Managers in each cottage are responsible under the supervision of Residential Program Manager Cheryl Kroll and in the future all Life Book groups will have a sign in sheet documenting youth who participated or who refused participation. This document will be available for review at the request of Director of Residential Services or DCFS monitor.

Please find all attachments in this packet, which are labeled and sorted according to requests for documentation.

Please feel free to phone or email with any questions.

Respectfully,

Andrew Levander, LMFT, M.A.C.
Director
David & Margaret Youth and Family Services
(909) 596-5921 x3191
Email: www.levandera@davidandmargaret.org