



PATRICIA S. PLOEHN, LCSW  
Director

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

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

June 3, 2010

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

From: Patricia S. Ploehn, LCSW  
Director

Board of Supervisors  
GLORIA MOLINA  
First District  
MARK RIDLEY-THOMAS  
Second District  
ZEV YAROSLAVSKY  
Third District  
DON KNABE  
Fourth District  
MICHAEL D. ANTONOVICH  
Fifth District

**HILLSIDES GROUP HOME PROGRAM 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.

Hillsides Group Home (Hillsides) has three sites located in the 5<sup>th</sup> Supervisorial District and one site located in the 1st Supervisorial District. The group home provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Hillsides' program statement, its stated goal is to "stabilize the children, to re-educate the families and reunify the children with their families as soon as possible." Hillsides is licensed to serve a capacity of 66 children, ages 6-17, at its four sites.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Hillsides in September 2009 at which time they had 24 DCFS placed children. Thirteen of the children were males and eleven were females. For the purpose of this review, 15 sampled children were interviewed and their case files were reviewed. The sampled children's overall length of placement was 27 months and the average age was 13. Fifteen staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All 24 placed children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that the medication logs documented correct dosages were being administered as prescribed.

## **HILLSIDES GROUP HOME**

**June 3, 2010**

**PAGE 2**

### **SCOPE OF REVIEW**

The purpose of this review was to assess Hillside's compliance with the Contract and State regulations. The visit included a review of Hillside's program statement, administrative internal policies and procedures, the 15 sampled children's case files, and random sampling of personnel files. A visit was made to all of the sites 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.

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

### **SUMMARY**

Generally, Hillside was providing good quality care to DCFS placed children, and the services were provided as outlined in its program statement. The children interviewed stated that they want to continue residing at the placement and that the staff is genuinely concerned about them.

At the time of the review, the Group Home needed to address the issue of children not participating in the planned recreational activities. The Group Home must also address the personal rights of the children as they relate to receiving second helpings of food and access to their weekly allowance.

Hillside 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:

- All 15 of the children reported that they enjoyed the recreational activities, however, they also reported that they were not given the opportunity to participate in the planning of these activities.
- One of the 24 children's medication log indicated that she was taking a higher dosage of Seroquel, than was authorized on the approved psychotropic medication authorization (PMA) form.
- Five of the 15 children reported that they were satisfied with meals and snacks. However, ten children reported some dissatisfaction because they were not allowed second helpings of food.

## HILLSIDES GROUP HOME

June 3, 2010

PAGE 3

- Fourteen of the 15 children reported that they received a weekly allowance. However, one child age 16 reported that she was not permitted to spend her weekly allowance because she was not compliant with the program guidelines. The OHCMD Monitor immediately reviewed the accounting records for all of the 24 DCFS placed children and discovered that this one child had a significant balance in her account, confirming that her allowance was not being spent.

The detailed report of our findings is attached.

### EXIT CONFERENCE

The following are highlights from the exit conference held October 30, 2009:

#### **In attendance:**

Susanne Crummey, Administrator, Hillside; Tom Johnson, Director of Program Services, Hillside; Jean Williams, Clinical Director, Hillside; and Christine Spooner, Monitor, OHCMD, DCFS.

#### **Highlights:**

The Administrator was in agreement with our findings and recommendations. She stated that Hillside is constantly looking for ways to improve its program, and she felt that the review was fair.

As agreed, Hillside provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved 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 further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG

EAH:BB:cs

#### Attachments

- c: William T Fujioka, Chief Executive Officer  
Wendy Watanabe, Auditor Controller  
Donald H. Blevins, Chief Probation Officer  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Deborah L.S. Booth, President, Board of Directors, Hillside  
Joseph M. Costa, Executive Director, Hillside  
Jean Chen, Regional Manager, Community Care Licensing  
Lenora Copeland, Regional Manager, Community Care Licensing

**HILLSIDES GROUP HOME PROGRAM  
CONTRACT COMPLIANCE MONITORING REVIEW**

**SITE LOCATIONS**

Main Campus  
940 Avenue 64  
Pasadena, California 91105  
License Number: 191200313  
Rate Classification Level: 12

On-Campus Satellite  
940 Avenue 65  
Los Angeles, California 90042  
License Number: 191801995  
Rate Classification Level: 12

Girls Satellite Home  
873 North Hill Avenue  
Pasadena, California 91104  
License Number: 191290639  
Rate Classification Level: 12

Boys Satellite Home  
873 North Hill Avenue  
Pasadena, California 91001  
License Number: 191200838  
Rate Classification Level: 12

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: September 2009</b>
1	Licensure/Contract Requirements 9 Elements	Full Compliance
2	Program Services 8 Elements	Full Compliance
3	Facility and Environment 6 Elements	Full Compliance
4	Educational and Emancipation Services 4 Elements	Full Compliance
5	Recreation and Activities 3 Elements	2 Elements Full Compliance, Planning Participation Needs Improvement
6	Children's Health-Related Services (including Psychotropic Medications) 9 Elements	8 Elements Full Compliance, Medication Needs Improvement
7	Personal Rights 11 Elements	8 Elements Full Compliance, Food Quantity Needs Improvement, Provision of Medication Rights Needs Improvement (2)
8	Children's Clothing and Allowance 8 Elements	6 Elements Full Compliance, Access to Allowance (2)
9	Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training) 12 Elements	9 Elements Full Compliance, Staff Training Needs Improvements (3)

## HILLSIDES GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

### SITE LOCATIONS

Main Campus  
940 Avenue 64  
Pasadena, California 91105  
License Number: 191200313  
Rate Classification Level: 12

On-Campus Satellite  
940 Avenue 64  
Pasadena, California 91105  
License Number: 191801995  
Rate Classification Level: 12

Girls Satellite Home  
873 North Hill Avenue  
Pasadena, California 91104  
License Number: 191290639  
Rate Classification Level: 12

Boys Satellite Home  
873 North Hill Avenue  
Pasadena, California 91104  
License Number: 191200838  
Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the September 2009 monitoring review.

### CONTRACTUAL COMPLIANCE

Based on our review of fifteen children's case files and fifteen staff files, Hillside was in full compliance with four out of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Program Services; Facility and Environment; and Education and Emancipation Services. The following report details the five areas found to be out compliance.

### SITE VISITS INCLUDING CHILD INTERVIEWS

#### RECREATION AND ACTIVITIES

Based on our review of fifteen sampled children's case files and interviews with all 15 children, Hillside fully complied with two of the three elements in the area of Recreation and Activities.

The Group Home provided the children with recreational activities and transportation to and from activities. However, all of the sampled children reported that they had not been given the opportunity to participate in planning activities. The Administrator stated that organized activities are planned by the Recreation Staff members. However, the children are given the opportunity to participate in extra-curricular activities that they choose. Hillside has appropriately addressed this finding in the attached CAP.

#### **Recommendation:**

Hillside's management shall ensure that:

*"To Enrich Lives Through Effective and Caring Service"*

## HILLSIDES GROUP HOME

June 3, 2010

PAGE 2

1. All children are given the opportunity to participate in planning recreational activities.

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

Based on our review of all 24 children on psychotropic medication, and interviews with 15 of these children, Hillside fully complied with eight of the nine elements in the area of Children's Health Related-Services, including Psychotropic Medication.

The Group Home had ensured that all children's initial and follow-up physical examinations were conducted in a timely manner and were documented in their case files. There was also a current psychiatric evaluation/review for each child on psychotropic medication, and children were routinely seen by the prescribing psychiatrist.

One of the 24 children's July medication log indicated that she began taking a higher dosage of her Seroquel than was authorized on the approved psychotropic medication authorization (PMA) form. Upon discovering this discrepancy, the OHCMD Monitor immediately contacted the provider to discuss this matter. During the discussion, the Nursing Office Manager explained that at the time of the psychiatrist's July visit to the facility, he ordered an increase in the child's dosage of Seroquel and noted that increase on the child's July 30, 2009 Psychiatrist Medication Evaluation sheet. Based on the psychiatrist's note, the provider began administering the higher dosage and submitted the PMA request form on the next due date, which was September 25, 2009, rather than immediately. Hillside has appropriately addressed this finding in the attached CAP, and there is now an updated PMA on file.

#### **Recommendation:**

Hillside's management shall ensure that:

2. The dosage of medication being administered to the children is within the range allowed on the current psychotropic medication authorization form.

### **PERSONAL RIGHTS**

Based on our review of fifteen children's case files and interviews with all 15 children, Hillside fully complied with five of eleven elements in the area of Personal Rights.

All 15 sampled children reported that they were assigned chores that are reasonable and not too demanding. The 15 interviewed children also reported that they were allowed to make and receive personal telephone calls, send and receive unopened mail, and have private visitors. The 15 interviewed children reported that they attend the religious services of their choice. There was an adequate supply of perishable and nonperishable food at each site during the review. However, ten of the 15 children interviewed stated that they were not allowed a second serving of food. The provider

## **HILLSIDES GROUP HOME**

**June 3, 2010**

**PAGE 3**

has agreed to allow children to have a second helping unless there is a medical restriction. All 15 children reported that they were free to receive or reject voluntary medical, dental and psychiatric care. Ten of the 15 children reported that they were not informed of the reason that they were taking psychotropic medication. Additionally, nine of the 15 children reported that they were not aware of their right to refuse psychotropic medication.

The provider stated that it was the responsibility of the prescribing psychiatrist to explain the details of the medication that he prescribed. However, Hillside's will now have their social workers review information about medication with the children on a monthly basis. Hillside's has appropriately addressed these findings in the attached CAP.

### **Recommendations:**

Hillside's management shall ensure that:

3. All children are allowed a second serving of food, unless they are medically restricted.
4. Social workers conduct monthly reviews with the children to educate them about their rights regarding psychotropic medications.

### **CLOTHING AND ALLOWANCE**

Based on our review of fifteen sampled children's case files, and interviews with all 15 children. Hillside's fully complied with six of eight elements in the areas of Clothing and Allowance.

All 15 children reported that they received the required \$50.00 per month clothing allowance. Clothing provided to children is of good quality and of sufficient quantity. The clothing allowance logs and inventories confirmed that the requirements were being met.

Fourteen of the 15 children reported that the Group Home provides them with the required minimum weekly allowance and that they are allowed to spend the allowance as they choose. One of the 15 children reported that she was not allowed access to her weekly allowance. The child reported that she was not given permission to spend her allowance until she reached a level that permitted her to shop off site. A review of the group home bookkeeping records confirmed that there was a significant balance on her account compared to the other 23 placed residents. Hillside's program statement does not indicate this practice as part of their discipline policy. Therefore, when this deficiency was noted, the provider agreed to correct this immediately. The child has been given access and allowed to spend her allowance. Hillside's has appropriately addressed this finding in the attached CAP.

## **HILLSIDES GROUP HOME**

**June 3, 2010**

**PAGE 4**

### **Recommendation:**

Hillsides' management shall ensure that:

5. All children are allowed access to their weekly allowance.

### **PERSONNEL RECORDS**

Based on our review of fifteen sampled personnel files, Hillsides fully complied with nine of 12 elements in the area of Personnel Records.

All 15 staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards and Child Abuse Index Clearances (CAI) and signed criminal background statements in a timely manner. They also received timely initial health screenings, signed copies of the Group Home's policies and procedures, had a valid driver's license, and completed First-Aid and initial training as required per the Group Home's program statement. However, one staff employed for five years did not complete the annual CPR training. Another staff member did not complete the annual training as required per Title 22 and Hillsides' program statement. The same staff member was missing 11 of the required 20 annual training hours. Three staff members did not complete the emergency intervention refresher training as required per the Group Home's program statement. Hillsides has appropriately addressed these findings in the attached CAP.

### **Recommendations:**

Hillsides' management shall ensure that:

6. All required staff complete the annual CPR training.
7. All required staff complete the required 20 hours of annual training.
8. All required staff complete the emergency intervention refresher training.

### **PRIOR YEAR FOLLOW-UP FROM THE AUDITOR CONTROLLER'S REPORT**

#### **Objective**

Determine the status of the recommendations reported in the Auditor Controller's (A-C) prior monitoring review.

#### **Verification**

We verified that the outstanding recommendations from the A-C's report issued on October 14, 2008 were implemented.

**HILLSIDES GROUP HOME**

**June 3, 2010**

**PAGE 5**

**Results**

The prior monitoring report contained two outstanding recommendations. Specifically, Hillisides Group Home was to ensure that the mildew in the bathroom showers was removed and that a window screen was repaired. Based on our follow-up of these recommendations, Hillisides has fully implemented both of the Auditor-Controller's recommendations.



# Hillsides

Creating safe places for children

940 AVENUE 64, PASADENA, CALIFORNIA 91105-2711  
PHONE: 323.254.2274 FAX: 323.254.0598 WWW.HILLSIDES.ORG

- JOHN M. HERRING, LICSW  
EXECUTIVE DIRECTOR
- STEPHEN J. CHAMBERS, LICSW  
ASSISTANT EXECUTIVE DIRECTOR
- JOHN E. STORRE  
CHIEF FINANCIAL OFFICER
- NANCY L. GASKY  
DIRECTOR OF DEVELOPMENT
- LAWA KELLY  
DIRECTOR OF COMMUNITY RELATIONS
- RETIREE OF DIRECTORS  
JOHN A. PAUL  
CHAIR
- WILLIAM H. GEORGE  
FIRST VICE CHAIR
- GEOFFREY KELLER  
SECOND VICE CHAIR
- MARK A. MERTENS  
TREASURER
- BRADLEY N. HANSON  
SECRETARY
- REN READING  
YOUTH MOVING CHAIR
- CAROL ARBET  
EDDY BERRY  
ROBERT BERRY  
DONALD L.S. BERRY  
THE REVEREND JANE BERRY  
JOHN R. BERRY BERRY  
MARGARET A. CAMPBELL  
SUSAN B. CAMPBELL  
TERESA C. CARLSON  
DOMINIC P. CARLSON  
DANIEL DAVIS  
MARGIE K. DAVIS  
CHRISTINE GARCIA BENTON, LICSW  
MARY DUNN  
SUSAN HARRIS  
ANITA H. HARRIS  
RENEE HARRISON  
NANCY A. HARRIS  
MARY ELLEN KADMAN  
MARGARET L. KELLY  
PAUL KELLER  
MIMI T. KENNEDY MARY  
SHELY MARLON  
ROBERT H. MILLER  
KARLA O'NEILL  
CARRIE RAYSON  
BARBARA RAYSON  
ELISE C. SAFFER  
SUSAN S. SAFFER  
EDWARD M. SIMON, M.D.  
CAROL SIMON  
TIMOTHY SIMON  
PAUL J. VICK  
EDWARD W. WALKER  
MELISSA B. WALKER  
THE REVEREND C. WOODWARD

11/30/09

Department of Children and Family Services  
Out of Home Care Management Division

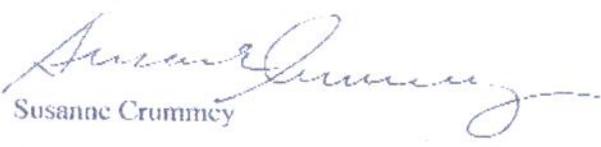
Attention: Christine Spooner  
Re: Compliance Monitoring Review

I am enclosing a Corrective Action Plan for the site visit of September 10, 2009.

Please review and let me know if any additional information may be needed for any area of the Evaluation Results.

Thank you very much for the collaborative manner in which you have worked with the staff and for your sensitivity to the children. It is a pleasure to work with you.

Sincerely,

  
Susanne Crumney

- HONORARY MEMBERS
- BOB BENJAMIN
- ALAN BROWN
- JOHN BROWN
- DAVID HYDE PARKER
- CHUCK PARKER, M.D.
- STEPHEN MARKS, ESQ.
- FRANK THY
- VERLON WILSON
- MEMBER OF THE  
CHILD WELFARE  
LEAGUE OF AMERICA



## **V. Recreation and Activities:**

Fifteen children reported that they were not given opportunities to participate in planning activities.

In addition to encouraging individual participation in community-based activities, we will increase client involvement in rec planning by re-introducing clubs. Children will be able to sign up for small groups led by rec staff that focus upon specific themes or activities, such as biking, running, cooking, cartooning, etc., etc. The children will be able to change clubs, and new themes will be introduced at intervals throughout the year. The Rec Director, or designee, will solicit client suggestions and complaints from individual and cottage groups on a weekly basis. A program supervisor will monitor on an on-going basis.

Compliance to be monitored by both the Recreation Director and the Director of Program Services, Tom Johnson

## **VI. Children's Health Related-Services, Including Psychotropic Medication**

Corrective Action –  
Kim Welebra, RN  
11/11/09

Infraction: Client noted to be on medication dose higher than authorized on clients current psychotropic medication authorization form (PMA)

Plan of Correction: Effective immediately, at the time of DRs written orders for medications, transcribing nurse will refer to court authorization form to determine if this medication dosage is still within the approved range indicated on PMA.

If it is within range, nurse will transcribe and order medication increase from the pharmacy as per protocol.

If the dosage increase ordered by psychiatrist puts the dose outside the authorized range, nurse will contact Dr. and request a new PMA be created and sent for approval prior to implementation of dosage increase.

Nursing supervisor will instruct Psychiatrist, LVNs and Office Manager regarding plan of correction and place written policy in "Nursing Office Policy and Procedure Manual."

Nursing supervisor will oversee and monitor compliance and will spot check records at least quarterly to insure that policy is being followed.

Nurses will check the clients current approved PMA whe DR has ordered a dosage increase. If the increase in dosage is still within the dosing range indicated on PMA, order can be processed.

If this dose increase puts the total dosage outside of the approved dose range, nurse will contact psychiatrist. Dr. will need to complete a new PMA indicating expanded dosing range and justification. PMA will be submitted. Order can be instituted as soon as approval is obtained.

## **VII. Personal Rights**

- Ten of the fifteen children reported that they were not allowed a second helping of food.

Unless they are medically restricted, children will be allowed second helpings of food. Supervisors and line staff who actually serve the children will be instructed accordingly. We will ensure compliance with this policy by soliciting comments on food, including portions, from the daily, and review them with key staff at the weekly residential quality improvement meeting.

Compliance to be monitored by both the Nursing Supervisor and the Director of Program Services.

- Five of the children included in the audit interview reported that “they were not informed about their psychotropic medication.”

Currently as a part of the program it is the responsibility of the prescribing psychiatrist, Dr. Moon, to explain to the children the significant details about the medication that he is prescribing for them including the nature of the medication every day and the clinical social workers who see the children at least three times per week are expected to monitor for side effects and assist in answering questions and addressing issues that may come up regarding medication. This process may not be sufficient information or perhaps did not remember or understand the information.

Effective January 1, 2010, the social workers are expected to review with each child once each month, all relevant and specific information about the medication they are on, the reason for it, asking specific questions about the experience the child is having including the child's right to refuse medication. This will be handled in a manner that does not encourage refusal. Children do, as a matter of course, already periodically refuse to take their medication and they are no negative consequences for this refusal. In summary, the psychiatrist will continue to explain in some detail all pertinent information to the children about any and all medication he may prescribe including the child's right to refuse. In addition, the social worker will, once each month, remind each child about the reason for the medication, the desired effects (how it is expected to be beneficial to the child), possible side effects, as well a reminder of the child's refusal.

This process will be overseen by the Director of Treatment Services.

### **VIII. Clothing and Allowance**

Issue: One of the girls at the Girls Satellite group home, Sabrina, was not permitted to spend her weekly allowance for an extended time during which her allowance was placed in her savings account for her to receive when she had achieved a level that permitted shopping off site.

Corrective plan:

The Level System is an important part of the emancipation program at Girl's Satellite group home. The purpose of the level system is to provide the structure as well as the incentive for the girls to work on their individual goals. As each girl moves up a level, she is able to take on increased independence and master the challenge of greater freedom.

Phase one of the corrective plan: Sabrina will be given her back allowance and permitted to spend it.

Phase two of the corrective plan: Effective November 10, 2009 each Level has been adapted to insure that children receive a minimum allowance of \$7.00. Each client has the option to save or spend her allowance. Girls are encouraged to save a portion of each allowance toward a larger goal however; they may also choose to spend the entire amount each week.

This policy will be monitored by the Group Home Director and the Associate Executive Director with periodic audit of the accounts no less often than quarterly. (Please see the attachment I)

### **IX. Personnel Records**

Hillsides must ensure that employees complete 20 hours of training annually, CPR training every three years and First Aid training annually, and Emergency Intervention Plan re-fresher training annually.

Hillsides has taken the following steps to ensure that all staff training requirements are met, including:

- Tracking training by individual staff.
- Calculating year to date totals monthly, and hours still needed to meet requirement.
- Review of this information monthly with program supervisors.
- Increased expectations placed upon individual staff. All staff subject to a mandatory yearly training standard are informed of their obligation, and that they will be subject to disciplinary action, including suspension and termination, if they fail to keep current with all specified training.

- Program supervisors are required to monitor staff training hours and re-certification deadlines, keep their employees informed and establish accountability for failure to meet expectations.
- Increased availability of on-site CPR, First Aid and ProAct training, and availability of training opportunities for overnight staff.
- A standardized email alert system, requiring supervisor notification of up coming mandatory training dates, and staff acknowledgement in return.
- Twice-yearly ProAct re-fresher training. The last session was conducted on (see attachment II).
- On-going monitoring of compliance and identification of current and potential deficiencies by program supervisors.

CPR Training – One Staff, Alfredo Sanchez did not have a record of CPR training on file. Alfredo has been scheduled for training in February of 2010. By February 27<sup>th</sup>, his training will be current.

During the past two months, the trainer in charge of Emergency Intervention has done several Refresher courses on Emergency Intervention and ProAct procedures. At this time, a total 70 staff have completed the Refresher training. He has another Refresher Course scheduled for January 20, 2010 to train staff that has been unable to attend the previous sessions. On an ongoing basis, he will provide at least two training courses per year to keep all staff current and trained.

The challenge of the training courses has been to keep training current for all staff, with widely varying schedules including on-call staff who may work another job or have school trainers with a complete list of all staff who require First Aid, Emergency Intervention and CPR. This will not only keep the records current and up-to-date, it will also allow the trainers to identify any staff who may have been overlooked.

Training compliance and records to be monitored by the Director of Program Services Tom Johnson.

## Girls Satellite Home: Allowances

Allowances are to be distributed to the children every Saturday morning. This portion of the program should offer to the children the idea of being paid, depositing money into an account, withdrawing money from an account, balancing their account, as well as maintaining transaction records.

Staff must first determine the amount of money that should be issued to each child. This determination is based on a set level system. The level system is as follows:

Level: Solid 1 or High 1	\$7.00
Level: Low 2,	\$9.00
Level: Solid 2,	\$10.00
Level: High 2	\$11.00
Level: Low 3	\$12.00
Level: Solid 3	\$14.00

After determining the correct amount of money to issue a child for their allowance staff must do as follows:

1. Count the money in the presence of the child.
2. Make sure the child fills out the 'Allowance Balance Sheet' form.
3. Make sure the child has **added** the total correctly.
4. After checking the 'Allowance Balances Sheet' form initial next to the transaction.
5. Put the child's money in their personal money pouch.
6. Make sure the child signs a receipt for receiving the money from House Funds.

If a child chooses to keep their money rather than save it staff must do as follows:

Steps 1-5 above must first be followed. Remember these rules are implemented in this program to provide for the children the skills and knowledge they will need to engage with the bureaucracies within the community. When receiving money from a personal account one must first deposit money before withdrawing money.

1. Take out only the amount of money requested by the child.
2. Make sure the child fills out the 'Allowance Balance Sheet' form.
3. Make sure the child has **subtracted** the total correctly.
4. After checking the 'Allowance Balance Sheet' form initial next to the transaction.
5. Give the child their money.

# Hillsides

Creating safe places for children

940 AVENUE 64, PASADENA, CALIFORNIA 91105 2/11  
PHONE: 323.254.2214 FAX: 323.254.0598 WWW.HILLSIDES.ORG

JOHN M. OLLIVIER, LICSW  
EXECUTIVE DIRECTOR

SUSANNE E. CRUMMEY, LICSW  
ASSOCIATE EXECUTIVE DIRECTOR

JAMES NEFFSEN  
CHIEF FINANCIAL OFFICER

FRANK P. GARGO  
DIRECTOR OF DEVELOPMENT

LORRA KETNER  
DIRECTOR OF COMMUNITY RELATIONS

BOARD OF DIRECTORS  
JUDITH A. COPELAND  
CHAIR

WILLIAM H. COHEN  
FIRST VICE CHAIR

STEVEN F. KELLER  
SECOND VICE CHAIR

MARIE S. MERRINS  
TREASURER

BRENDAN M. HANCOCK  
SECRETARY

BECK REINHOLD  
YOUTH SERVICES COORDINATOR

CAROL ANKLEY  
LINDA BARNES  
DENISE BARNES

EMERSON L. BOWEN  
LUCY DE RUIZ JIM BROWN

JUDITH ALPHEUS BROWN  
MARGARET A. BRONKHORST

SONIA R. CAMINO  
TOMMIE CARROLL

CHRISTOPHER CARRIK  
CLOVEY CHANG

MARIBEL K. JENSEN  
FERRIS GARCIA FORTIN, LICSW

MARK DEL HARTER  
JUDAN HARRIS

MICHAEL P. HARTY  
JUDY HATHAWAY

DEANNA A. HERRING  
MARY GALE KASTNER

MICHAEL J. KATZ  
TINA MARRAS

MONA THOMAS MARRAS  
STEPH MARRAS

ROBERT D. MAYER  
KARLA CHERRY

CAROL RABINOW  
HEATHER RABINOW

DEMI A. SHELTER  
SUSAN SCHAFER

PATRICK M. SIKORA, M.D.  
CYNTHIA SMITH

LYNNETTE TOR  
PAUL A. VARI

PETER H. W. WALKER  
MELISSA M. WILSON

EMERSON L. BOWEN  
HARRISON ANTONIO  
BRIE BOWEN

MARIE BROWN  
JANIS MARRAS

DAVID THOMAS  
DREW THOMAS, M.D.

SHERI ANN MARLE FLETCHER  
FRANK LEE  
COLLEEN WILLIAMS

ALANNA LEE  
LINDA WILLIAMS  
CHRISTOPHER WILSON

3/10/10

Department of Children and Family Services  
Out of Home Care Management Division

Attention: Christine Spooner

Re: Compliance Monitoring Review

Pro-Act Refresher Training: The last sessions were conducted on  
January 20, 2010 and February 23, 2010.

Please let me know if I can be of any additional assistance.

Sincerely,

Susanne CrummeY

