County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

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June 30, 2010

To: Supervisor Gloria Molina, Chair
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From: Patricia S. Ploehn, LCSW
Director

ETTIE LEE HOMES D.B.A ETTIE LEE YOUTH AND FAMILY SERVICES 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.

Ettie Lee Homes has nine sites. The Oak Knolls and John Eccles sites are located in the 1st Supervisorial District. The North Hollywood site is located in the 3rd Supervisorial District. The Mt. Jurupa, Fontana, Robertson Memorial and Diamond L Ranch sites are located in San Bernardino County. The Santa Ana site is located in Orange County, and the Waterflow Ranch site is located in Riverside County. Ettie Lee Homes provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation Department youth. According to Ettie Lee Homes' program statement, their stated goal "is to treat youth with severe emotional and behavioral problems who require ongoing case management, mental health services, behavioral intervention and intense supervision." Ettie Lee Homes is licensed to serve 88 children, ages 8 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Ettie Lee Homes in November 2009 at which time they had nine sites and two DCFS placed children. Both of the children were male and were placed at the Fontana site. For the purpose of this review, both of the placed children were interviewed and their case files were reviewed. The placed children's overall average length of placement was 53 months and the average age was 16. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Both DCFS 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.

SCOPE OF REVIEW

The purpose of this review was to assess Ettie Lee Homes' compliance with the Contract and State regulations. The visit included a review of Ettie Lee Homes' program statement, administrative internal policies and procedures, both children's case files, and a random sampling of personnel files. A visit was made to all nine 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 are receiving.

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

SUMMARY

Generally, Ettie Lee Homes was providing adequate care to DCFS placed children, and the services were provided as outlined in their 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, each Group Home site needed to address a few physical plant deficiencies, none of which posed a safety hazard to any of the placed children. A review of the two DCFS placed children's clothing indicated that they did not have an adequate quantity of clothing.

Ettie Lee Homes was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement. The report was sent to the Executive Director for review and comments. The Group Home Administrator responded that it is their desire to implement the 2008 Corrective Action Plan (CAP) based on the prior review conducted by the Auditor-Controller, which included replacing the carpets at seven of their sites and landscaping their North Hollywood site. However, due to the State cut backs it has been financially difficult to achieve 100% of the goals. The OHCMD has some concerns regarding the timeline that Ettie Lee included in their CAP for implementing the recomendations related to the physical plant deficiencies, identified by the Auditor Controller in their report issued in 2009. Those deficiencies included replacement of the carpeting and landscaping. Given that these physical plant deficiencies do not pose a safety hazard to any placed children, DCFS approved the CAP dated January 15, 2010 and the written correspondence dated March 9, 2010. In that documentation, Ettie Lee has committed to completing the deficiencies within specific timeframes. In that the majority of children placed in Ettie Lee's facilities are supervised by the Probation Department, the OHCMD will coordinate efforts with their staff to confirm implementation of the repairs.

NOTABLE FINDING

The following is the notable finding of our review:

- Neither child had an adequate supply of clothing. Both of the children needed jackets, dress outfits and bathrobes.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held December 17, 2009:

In attendance:
Karen Turner, Administrator Ettie Lee Homes; Nola Jones, Administrator Ettie Lee Homes; and Christine Spooner, Monitor, Out-of-Home Care Management Division, DCFS

Highlights:
The Administrator, Karen Turner was in agreement with most of the findings and recommendations. She stated that obtaining a copy of the review instrument was very helpful because she had information of the scope of what was being reviewed, and she felt the review was fair.

As agreed, Ettie Lee Homes provided a timely written 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 any 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
Ronald Bateman, Chairman, Board of Directors, Ettie Lee Homes
Clayton Downey, Executive Director, Ettie Lee Homes
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

ETTIE LEE HOMES
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

SITE LOCATIONS

Mt. Jurupa
13942 Jurupa Avenue
Fontana, California 92335
License Number: 360900703

Fontana Home
7637 Citrus
Fontana, California 92336
License Number: 360900339

Oak Knolls Home
620 N. Cerritos
Azusa, California 91702
License Number: 191502141

John Eccles Home
3526 Big Dalton
Baldwin Park, California 91706
License Number: 191501961

Robertson Memorial Home
28721 Live Oak Canyon Rd.
Redlands, California 92373
License Number: 360900845

Diamond L Ranch
11282 Spruce
Bloomington, California 92316
License Number: 360900272

Waterflow Ranch
1119 W. 7th Street
San Jacinto, California 92583
License Number: 330909207

Santa Ana
1612 & 1616 Palm
Santa Ana, California 92701
License Number: 300603084

North Hollywood Home
12345 Chandler Blvd.
North Hollywood, California 91607
License Number: 191201157

	Contract Compliance Monitoring Review	Findings: November 2009
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (ALL)
II	**Program Services** (7 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs	Full Compliance (ALL)

	3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented	
III	**Facility and Environment** (6 elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Full Compliance
IV	**Educational and Emancipation Services** (4 Elements) 1 .Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities.	Full Compliance (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow Up Dental Exams Timely	Full Compliance (ALL)
VII	**Personal Rights** (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks	Full Compliance (ALL)

	4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education /Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Full Compliance 11. Improvement Needed 12. Full Compliance

ETTIE LEE HOMES PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

SITE LOCATIONS

Mt. Jurupa
13942 Jurupa Avenue
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Diamond L Ranch
11282 Spruce
Bloomington, California 92316
License Number: 360900272

Waterflow Ranch
1119 W. 7th Street
San Jacinto, California 92583
License Number: 330909207

Santa Ana
1612 & 1616 Palm
Santa Ana, California 92701
License Number: 300603084

North Hollywood Home
12345 Chandler Blvd.
North Hollywood, California 91607
License Number: 191201157

The following report is based on a "point in time" at the time of the monitoring visit. This compliance report addresses findings noted during the November 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of two children's files and five staff files, Ettie Lee Homes was in full compliance with six out of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Program Services; Educational and Emancipation Services; Recreation and Activities; Children's Health Related-Services, Including Psychotropic Medication; and Personal Rights.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of Ettie Lee Homes and interviews with the two DCFS placed children, Ettie Lee Homes fully complied with two of the six elements in the areas of Facility and Environment.

Comments:

The Group Home maintained age appropriate and accessible recreational equipment in good condition.

The Group Home maintained a sufficient supply of perishable and non-perishable foods.

There were some deficiencies to the exterior of the homes. There was graffiti that needed be removed from the rear of the home at one of the sites. All of the sites needed to remove or trim the shrubbery in front of the bedroom windows because in the event of an emergency, the children would have difficulty exiting the bedroom windows. The window screens at six of the nine sites needed to be replaced or repaired. Also the landscaping for one site was to be completed, based on the Auditor-Controller's (A-C) August 18, 2009 report, and it remains unfinished.

While the common quarters were generally well maintained, there were physical plant deficiencies noted at seven of the nine sites. The chairs needed to be sanded and restained due to scratches and graffiti. The mirrors in the bathrooms were etched with graffiti and needed to be replaced. The baseboards and shower stalls at three sites needed to be cleaned. The toilet tissue holders were missing at two sites. The lighting and light covers in the bedrooms and bathroom needed be replaced at one site. Due to the carpeting being very worn at seven of the nine sites, the A-C's August 18, 2009 report recommended that the carpeting be replaced. This recommendation was not completed. The provider stated that the carpet cannot be replaced at this time due to budget constraints.

The bed baseboards and storage cubicles in the bedrooms at all of the sites needed sanding and painting, due to graffiti and scratches. The vertical blinds at two of the sites needed to be replaced or repaired, as the blinds did not open properly. The wall that was patched needed to be painted and the dresser needed to be refinished at one site. The chipped bookcase needed to be replaced and the door threshold repaired.

All of the nine sites had an appropriate quantity and quality of reading materials. However, the computer was not working at the Mt. Jurupa site and needed to be repaired or replaced.

Recommendations:

Ettie Lee Homes management shall ensure that:

1. The Group Home sites are maintained in good repair in accordance with Title 22 regulations.

CLOTHING AND ALLOWANCE

Based on our review of both placed children's case files and interviews with both of them, Ettie Lee Homes fully complied with six out of the eight areas of Clothing and Allowance.

Comments:

The children are provided with the required $50.00 a month clothing allowance. The quality of the clothing for the placed children was adequate, however, the quantity was not. The children needed winter jackets, bathrobes, dress outfits and dress shoes. Additionally, neither child is being encouraged or assisted with creating their life book/photo album. These issues were immediately brought to the attention of the Administrator and she stated that the group home parents would be responsible for ensuring that clothing meets all DCFS contractual standards and that photos are updated regularly.

Recommendations:

Ettie Lee Homes management shall ensure that:

2. All placed children have an adequate supply of clothing.

3. All placed children are encouraged and assisted with creating and updating a life book/photo album.

PERSONNEL RECORDS

Based on our review of five staff personnel files, Ettie Lee Homes fully complied with ten out of twelve elements in the areas of Personnel Records.

Comments:

In general, the personnel records are well maintained. All five staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index Clearance (CAI) and signed a criminal background statement in a timely manner. They also received timely initial health-screenings, signed copies of the Group Home policies and procedures, had a valid driver's license, First-Aid, emergency intervention training and initial training as required per the Group Home's program statement. However, one of the five staff records reviewed did not have a current CPR certificiate. Additionally, two staff members did not complete their annual training as required per Title 22 and Ettie Lee's program statement. One staff was missing twelve hours and the other staff member was missing all 20 of the required training hours. The Administrator stated that the facility managers would be responsible for ensuring that all personnel attend agency trainings in a timely manner.

Recommendations:

Ettie Lee Homes management shall ensure that:

4. All of the staff have current CPR training certificates.

5. All of the staff are receiving the required training per Title 22 regulations and the Group Home's program statement.

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

Objective

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

Verification

We verified whether the outstanding recommendations from the A-C report issued August 18, 2009 were implemented.

Results

The A-C's prior monitoring report contained three outstanding recommendations. Specifically, Ettie Lee Homes was to ensure that Needs and Services Plans are current, that the Group Home is maintained in good repair in accordance with Title 22 regulations, and that they provide the children with the minimum weekly allowance.

Based on our follow up these recommendations, Ettie Lee Homes fully implemented the A-C's recommendation that Needs and Services be current and that children are provided with a minimum weekly allowance. The A-C's recommendation that the facility be maintained in good repair in accordance with Title 22 regulations was partially implemented, in that the carpeting has not been replaced at seven of the sites and the landscaping at one site. Since we noted this one recommendation was not fully implemented, corrective action was requested of Ettie Lee Homes to further address these findings.

Recommendation:

Ettie Lee Homes management shall ensure that:

6. They fully implement the one outstanding recommendation from the A-C's monitoring report dated August 18, 2009, that the Group Home sites be maintained in good repair in accordance with Title 22 regulations which are noted in this report as Recommendation 1.

ETTIE LEE
Youth & Family Services

Saving lives. Changing lives. Building hope for children and families in family-like settings.

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Barbara Butler
Out of Home Care
Management Division
9320 Telstar
El Monte, CA 91731

March 9, 2010

Dear Ms. Barbara Butler,

Ettie Lee Youth and Family Services would like to take this opportunity to comment on the 2009 Program Contract Compliance Monitoring Review. Our auditors have been respectful and fair and continue to support our agencies goal to provide quality treatment for the youth we serve. It is our desire to implement the 2008 corrective action plan and to replace the carpets throughout some of our homes. Due to the on-going financial difficulties of the state and the cut backs we are all faced with we would hope that you will understand these constraints that make it difficult for us to achieve 100% of our goals immediately.

Sincerely Yours,

Karen A. Turner

Karen A. Turner, Group Home Administrator

MAIL: PO Box 339 OFFICE: 5146 North Maine Avenue Baldwin Park, CA 91706-0339 TEL: 626.960.4861 FAX: 626.3372621 www.ettielee.org

Ettie Lee Youth and Family Services
North Hollywood Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Landscape the backyard
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
  - Status: Not Implemented.
    - Will be implemented by July 30, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Bedroom #3 and #5 – Clean the bedroom carpets.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner
Karen A. Turner Group Home Administrator

1-15-10
Date

Ettie Lee Youth and Family Services
Santa Ana Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Bedrooms #2– Replace the screen.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Bathroom – Replace the screen
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Remove the shrubbery from in front of all bedroom windows.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner — 1-15-10

Karen A. Turner Group Home Administrator — Date

Ettie Lee Youth and Family Services
Oak Knolls Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Bedrooms – Replace six screens on pantry, laundry room, staff office, staff bathroom.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
  - Status: Not Implemented.
    - Will be implemented by August 31, 2010.
- Bathroom #2 – Clean shower door track
  - Status: Implemented.
- Bathroom #1 and #2 and #3 – Clean baseboards
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Sand and stain 5 chairs in the living room
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner

Karen A. Turner Group Home Administrator

1-15-10

Date

Ettie Lee Youth and Family Services
Fontana Home
Corrective Action Plan (Compliance)
For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Bedrooms – Replace screens in both bathrooms.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Remove the shrubbery from in front of all bedroom windows.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
  - Status: Not Implemented.
    - Will be implemented by September 31, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Bedrooms #1 and # 3 – replace or repair vertical blinds
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

VIII. Clothing and Allowances

Findings:

- Tarron Reece needs a winter jacket, bathrobe and dress shoes and dress outfit.
- Joseph Taylor needs a winter jacket and bathrobe and dress outfit.
- Tarron Reece and Joseph Taylor need life book photo albums.
  - Status: Not Implemented.
    - Will be implemented by January 31, 2010

Plan to prevent reoccurrence of deficiency:

- The Home Parents are responsible to ensure that clothing meets all contractual standards.
- Clothing inventories will be done quarterly.
- The Home Parents are responsible to ensure that school type photos are done yearly.
- The Home Parents are responsible to take photos at birthdays and other celebrations or awards ceremonies.

Person responsible for implementing corrective action:

- The Home Parents

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner — 1-15-10

Karen A. Turner Group Home Administrator — Date

Ettie Lee Youth and Family Services
Mt. Jurupa Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Remove the shrubbery from in front of all bedroom windows.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
  - Status: Not Implemented.
    - Will be implemented by June 31, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Findings #14:

- Provide a computer for the clients
  - Status Not Implemented
    - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker will replace or repair client's computer as needed.

Person responsible for implementing corrective action:

- Senior Child Care Worker.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner
Karen A. Turner Group Home Administrator

1-15-10
Date

Ettie Lee Youth and Family Services
John Eccles Home – Baldwin Park
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Remove the shrubbery from in front of all bedroom windows.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint wall that has been patched
  - Status: Implemented
- Refinish top of dresser
  - Status: Not Implemented
    - Will be implemented by February 28, 2010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner

Karen A. Turner Group Home Administrator

1-15-10

Date

Ettie Lee Youth and Family Services
Waterflow Ranch Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Remove the graffiti on the wall at the rear of the house.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Replace 14 screens.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Remove the shrubbery from in front of all bedroom windows.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
  - Status: Not Implemented.
    - Will be implemented by October 31, 2010
- Mirrors are to be replaced in all bathrooms
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Clean baseboards in all bathrooms
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Install toilet paper holders
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any grafitti.
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Bedrooms #2 – replace chipped bookcase
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Bedroom #3 Paint bulletin board
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner

Karen A. Turner Group Home Administrator

1-15-10

Date

Ettie Lee Youth and Family Services
Robertson Memorial Home - Redlands
Corrective Action Plan (Compliance)
For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Replace screens in living room.
  - Status: Implemented.
    - Will be implemented by February 28, 2010
- Remove the shrubbery from in front of all bedroom windows.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
  - Status: Not Implemented.
    - Will be implemented by November 30, 2010
- Bathroom #1 – replace light
  - Status: Implemented.
- Bathroom #1 – Clean showers
  - Status: Implemented.
- Bathroom #2 – replace mirror
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Bathroom #2 – Install toilet paper holder
  - Status: Not Implemented
    - Will be implemented by February 28, 2010
- Bathroom #2 – Replace light cover.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Bedroom #8 – Clean desk and top of cabinet
  - Status: Implemented.
- Bedroom #5 – repair threshold
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Bedroom #5 – replace light switch cover
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:
Group Home Administrator

Karen A Turner — 1-15-10

Karen A. Turner Group Home Administrator — Date

Ettie Lee Youth and Family Services
Diamond L Ranch Home - Bloomington
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Bedrooms – Replace six screens on bedroom windows.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010
- Bedroom #5 - Ensure that both windows open.
  - Status: Implemented.
- Remove the shrubbery from in front of all bedroom windows.
  - Status: Not Implemented.
    - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
  - Status: Not Implemented.
    - Will be implemented by December 3`, 2010

Findings #12:

- Paint the wooden bed base
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
  - Status: Not Implemented.
    - Will be implemented by February 28, 1010
- Bedrooms #2 and # 3 – replace the lighting
  - Status: Implemented.
    - Will be implemented by February 28, 2010
- Bedrooms #3 and #4 replace the vertical blinds that open in the wrong direction.
  - Status: Implemented.
    - Will be implemented by February 28, 2010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner — 1-15-10

Karen A. Turner Group Home Administrator — Date

Ettie Lee Youth and Family Services
All Homes
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

IX. Personal Records

Findings:

- Erica Thomas – CPR training expired on 11/1/09
  - Status: Not Implemented.
    - Will be implemented by March 31, 1010

- Parisha Martin – Has not completed 20 hours of Annual training.
  - Status: Not Implemented.
    - Will be implemented by March 31, 1010
-
- Anthony Biandino – Has not completed 20 hours of Annual training
  - Status: Not Implemented.
    - Will be implemented by March 31, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to ensure that all Child Care Workers attend Agency Wide trainings in a timely manner.
- Administrative Assistant post Agency Wide Training Schedule yearly.
- Administrative Assistant post current training weekly.

Person responsible for implementing corrective action:

- The Senior Child Care Worker

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A Turner — 1-15-10

Karen A. Turner Group Home Administrator — Date