State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

G. Mennen Williams Building
P.O. Box 30004
Lansing, Michigan 48909-7504
517-373-1820

August 15, 2000

Gary Randall
Clerk of the House
Michigan House of Representatives
State Capitol Building
Lansing, Michigan 48913

Dear Mr. Randall:

Pursuant to Section 315 of P.A. 122 of 1999, we are enclosing a copies of the following reports:

Type of Report	Facility	License No.
Approval Study	Green Oak Center	CA47022
Interim Evaluation	Olympic Center	CA47019
Special Investigation #0C0201016	Summit Center	CA47020
Special Investigation #0C0208014	Green Oak Center	CA47022
Special Investigation(s) #0C0208009 #0C0208010 #0C0208011	Green Oak Center	CA47022
Special Investigation #0C0201013	Summit Center	CA47020
Special Investigation #0C0207006	Olympic Center	CA47019

These reports were performed in compliance with the requirements of P.A. 116 of 1973 as amended, and the Administrative Rules for Child Caring Institutions. The report may also be viewed on our web site at the following address: http://www.cis.state.mi.us/leg_rep.htm.

If you have any questions regarding this information, please feel free to contact me at 373-3892.

Sincerely,

John R. Suckow, C.P.A.
Director, Finance and Administrative Services

JRS:hab
cc: House Appropriations Committee
Kathleen M. Wilbur
Ronald Basso
Carole Hakala Engle
Paul Reinhart
Bob Schneider
Don Reichle
Enclosure

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

G. Mennen Williams Building
P.O. Box 30004
Lansing, Michigan 48909-7504
517-373-1820

August 15, 2000

Carol Morey Viventi
Secretary of the Senate
Michigan State Senate
State Capitol Building
Room S5
Lansing, Michigan 48913

Dear Secretary Viventi:

Pursuant to Section 315 of P.A. 122 of 1999, we are enclosing a copies of the following reports:

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If you have any questions regarding this information, please feel free to contact me at 373-3892.

Sincerely,

John R. Suckow, C.P.A.
Director, Finance and Administrative Services

JRS:hab
cc: Senate Appropriations Committee
Kathleen M. Wilbur
Ronald Basso
Carole Hakala Engle
Paul Reinhart
Maria Tyszkiewicz
Don Reichle
Enclosure

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

Child Welfare Licensing Division
24155 Drake Road, 2nd Floor
Farmington, Michigan 48335-3168

June 26, 2000

Mr. Derek Hitchcock, Center Director
Green Oak Center
Maxey Boy's Training School
PO Box 349
Whitmore Lake, Michigan 48189

Re: Approval Study Report
CA 47022

Dear Mr. Hitchcock:

Attached is the Approval Study Report resulting from the recent evaluation of Green Oak Center. The purpose of the evaluation was to determine compliance with the requirements of Act No. 116 of the Public Acts of 1973, as amended, and the Administrative Rules for Child Caring Institutions. All applicable rules were reviewed as part of this investigation. Except as identified in the Findings section of the Approval Study Report, Green Oak Center was found to be in substantial compliance with all applicable rules.

Please refer to the Approval Study Report for the cited rules in noncompliance. You are required to submit a written corrective action plan to me. The plan must:

-Be submitted within 30 days of receipt of this letter.

-Specify how and when the noncompliance will be corrected.

-Specify who is responsible for implementing the corrective action for the noncompliance.

-Indicate the plan to assure continued compliance once compliance is achieved.

-Be signed and dated.

Based on a commitment by the Green Oak Center Director to correct the cited rules in noncompliance, a Regular Approval is being issued.

The terms of the license are:

Effective Dates:	June 29, 2000 through June 28, 2002
Setting:	Secure
Capacity:	100
Sex:	Males
Age Range:	12-21
Behavior Management:	Yes

If you wish to discuss this report, or if I can be of assistance to you, please contact me. I can be reached at (248)888-8753.

I would like to take this opportunity to thank you and the staff at Green Oak Center for your cooperation and assistance during the Approval Study process.

Sincerely,

Miriam Berenstein, MSW

Miriam Berenstein, MSW
Child Welfare Licensing Consultant

Enclosure

cc: Nelson G. Griffis, Ph.D., Campus Director, Maxey BTS
Chief of the Senate/ Speaker of the House
Director, Residential Care Div., Bureau of Child & Family Services, FIA
Director, Bureau of Regulatory Services, DCIS
Central Office File/CA47022

APPROVAL STUDY REPORT

I. Identifying Information:

Name/Address of CCI :	Green Oak Center 9036 East M 36 PO Box 349 Whitmore Lake, Michigan 48189
License Number:	CA47022
Name of Administrator:	Nelson G. Griffis, Ph.D., Campus Director Maxey Boy's Training School
Name/Address of Sponsor Agency:	Family Independence Agency 235 S. Grand Lansing, Michigan 48909
Dates of onsite:	June 12-16, 2000 & June 21, 2000

II. Description of Program:

Green Oak Center(GOC)is a 100 bed secure delinquency facility. There are currently 84 residents in the facility. The facility is licensed for youth age 12-21 years of age. All residents are court ordered into the facility and discharged by court order.

There have been a number of significant changes at GOC since the Interim Evaluation completed in July, 1999. Since February, 2000, GOC has a new Center Director and as of May, 2000 an Operations Manager has been hired to monitor daily operations. Both administrators are experienced in residential care. A notable change is that additional security enhancements have been added to GOC. These include: video cameras throughout the building and specifically on the wings and in the behavior management rooms; windows added to previously blind offices; and moving social workers, group leaders and Program Managers into offices on the wings to increase availability and Supervision. Additionally, the Center Director has opened communication with the State Police in order to ensure safety of staff and residents. GOC also continues to participate in the Campus wide effort to update and improve policies and procedures, particularly those that govern behavior management, therapeutic restraint, and youth grievances.

At this time, construction is progressing on a new facility for GOC. The construction was previously reviewed and approved in accordance with Rule R 400.4173. According to the Center Director, completion of the project will be in approximately 14 months.

During the past year, there have been a number of allegations made involving GOC staff and procedures. Most significantly, in October, 1999, it was alleged that staff at Green Oak Center were utilizing a mechanical restraint chair in a method that was painful and punitive. Noncompliance with Rule R 400.4128(4)(b)(d)(g) and Rule R 400.4137(1)(a)(i) were cited.

A Corrective Action Plan was submitted and approved. At this time, the chair is housed in a locked shed outside of the Center. According to the Center Director, it will not be used until new parts are received and all staff are trained in its use. The Center Director stated this would only be used as a last resort to manage out of control behavior.

In addition to this complaint, there have been numerous complaints regarding inappropriate behavior by staff. Most of these complaints were not substantiated as rule noncompliances. However, the facility was cited for not reporting the allegations, per Rule R 400.4131 Compliance with the child protection law. A Corrective Action Plan was submitted and approved. Subsequent allegations have been reported as required.

Also, there were several concerns recently addressed by the community regarding staff safety and the type of videos that the residents were viewing. Both staff and residents were interviewed on these issues. Both staff and residents generally felt safe and staff felt that new security measures have been taken and there is more of a focus on safety. Both staff and residents agreed that only PG or PG-13 movies were being shown and that all movies, TV viewing, and books are preapproved by two supervisory staff.

III. Methods Used:

A. Reviewed 9 active Resident Records of 84

B. Reviewed 6 closed Resident Records of 59

C. Reviewed 30 Employee Records. The sample included a review of 17 of 68 GOC Employee Records and 13 of 105 Campus Pool Employee Records. The Pool Employees are not assigned to a specific Center, but are assigned as needed. Most new employees are assigned to the Pool. The Pool Employee records were reviewed at this time because the GOC Center Director is assigned as administrator of the Pool.

D. Reviewed current written Policies and Procedures

E. Reviewed Organizational Chart

F. Reviewed Menus

G. Reviewed Behavior Management and Room Restriction Logs

H. Reviewed Medication Logs

I. Reviewed Fire Inspection Report- "A" rating

J. Reviewed Fire Drill Logs

K. Reviewed Environmental Health Inspection Report- "B" rating.

L. Toured site

M. Number of persons interviewed: 28. Interviews were held with 14 residents and the following staff/administrators: Center Director, Operations Manager, Chief of Public Safety, 2 Shift Supervisors, 2 Program Managers, 2 Social Workers, 1 Group Leader and 4 Youth Specialists. The interviewee's were randomly selected and included residents and staff from each wing.

N. The Licensing Team consisted of Miriam Berenstein and Stephen Garcia

IV. Findings:

A. Licensing Noncompliances-Corrective Action Plan required

Rule R 400.4112 Staff qualifications

A person with ongoing duties shall be of good moral character, emotionally stable, and of sufficient health, ability, experience, and education to perform the duties assigned.

Two of 19 applicable records were in noncompliance. The employees had misdemeanor criminal offenses and the facility did not demonstrate that these individuals were of good moral character.

Technical Assistance was offered at the Exit Conference. It was suggested that the facility develop a procedure to assess good moral character.

Rule R 400.4113 Employee records

Employee records shall be maintained for each employee and shall include all of the following information:(d)Three references which are obtained prior to employment from persons

unrelated to the employee.

Eight of 19 applicable records were in noncompliance. The records did not include the required references. Three records were from the Pool employees and five records were from GOC employees. A significant number of the records were State employees who had transferred to GOC from other State facilities. This is a repeat noncompliance.

Technical Assistance was offered at the Exit Conference. It was reviewed that when employees transfer from one State facility to another, the Employee Record at the current facility must contain all of the information outlined in this rule. It was suggested that the facility develop a process to ensure this information is secured prior to transfer.

Rule R 400.4114 Tuberculosis screening for employees and volunteers

The licensee shall document that each employee and volunteer who has contact with residents 4 or more hours per week for more than 2 consecutive weeks is free from communicable tuberculosis. Freedom from communicable tuberculosis shall be verified within the 3 year period before employment and shall be verified every 3 years after the last verification.

Ten of 30 Employee Records were in noncompliance. Three records did not include a TB test after the 3 year period. These were Pool staff. Three Pool staff and three GOC staff had no documentation of an initial TB test. One GOC employee had a late TB test. A significant number of the records were State employees who had transferred to GOC.

Technical Assistance was offered at the Exit Conference. The licensing rules for transferred employees was discussed, as stated above. It was again suggested that the facility develop a method for securing this information.

Rule R 400.128 Initial staff orientation and ongoing staff training.

(1)The licensee shall provide an orientation program for new employees. The orientation shall include the following:(a)The institutions purpose, policies, and procedures, including discipline, crisis intervention techniques, and emergency and safety procedures(b)The role of the staff members as related to service delivery and protection of the children.(3)The licensee shall document that each direct care worker participated in a minimum of 50 clock hours of planned training within the first year of employment and a minimum of 25 clock hours of training annually thereafter.

(1)(a)Thirteen of 19 applicable records were in noncompliance. New employees did not receive orientation when they began their employment at GOC. Five of the employees were Pool staff and eight employees were GOC staff.

Technical Assistance was offered at the Exit Conference. The need to provide orientation immediately to new or transferred staff was discussed. The Center Director was already aware of this need and as of June 12, 2000, Maxey Training School has instituted a new employee orientation procedure that will provide training prior to assuming job responsibilities. This training will be provided for all staff at the newly created Maxey Training Academy located in GOC. Previously training was offered through the Office of Juvenile Justice at another facility and a waiting list prevented timely training. The new employee training procedure will be included in the Corrective Action Plan.

(3)Seven of 10 applicable records were in noncompliance. The records did not have documentation that the employee had a minimum of 25 hours of training annually after the first year of employment. Two of the employees were Pool staff and five of the employees were GOC staff. This is a repeat noncompliance. None of the new employee records reviewed had completed one year of employment and were not applicable to this rule.

Technical Assistance was offered at the Exit Conference. It was suggested that the facility develop a process to closely monitor the annual training requirement.

Rule R 400.4141 Initial documentation

Upon admission, all of the following shall be in the resident's case record:(b)A brief description of the resident's preparation for placement and general physical and emotional state at the time of admission.

Six of 6 applicable records were in noncompliance. Preparation for placement was not addressed in the initial documentation. This is a repeat noncompliance.

Technical Assistance was offered at the Exit Conference. It was suggested that the initial documentation include a format that addresses preparation for placement. The residents interviewed stated they did receive orientation about GOC from their Group Leader and peer group when they arrived.

Rule R 400.4150 Behavior management rooms; department approval required

(6)In a secure facility, when a resident is confined to a room other than at normal sleeping times, the confining of the resident shall only be for behavioral management purposes.

GOC is in noncompliance with this rule. Interviews with residents, staff, and management

revealed that residents are confined to their rooms during the weekly staff meeting, which lasts approximately 2 hours. The rule states that residents can only be confined to a room for behavior management purposes.

Technical Assistance was offered at the Exit Conference. It was suggested that the facility develop a procedure for staff meetings that does not include room confinement of residents.

Rule R 400.4152 Behavior management rooms; policies and procedures

An institution approved to use a behavior management room shall establish and follow written policies and procedures specifying its use. The policy shall include, at a minimum, all of the following provisions:(e)The log shall include all of the following information:(ii)Time of each placement(v)Time of each removal from the room(f)For each instance in which a resident remains in the room for more than 2 hours, the log shall also contain hourly supervisory approval and the reasons for continued use.

Seventeen of 17 room restriction/ behavior management logs did not document the offering of school assignments to a youth in room restriction/behavior management. Maxey Standard Operating Procedure #2011 requires that school assignments be offered during this time. Also, 6 of 17 Room Restriction Administrative Review Logs could not be located. These logs had been requested because resident files indicated the youths had been on room restriction.

(e)(ii)(v)One of 17 logs was in noncompliance. The log did not document the time of placement or removal.

(f)Seventeen of 17 logs were in noncompliance. The logs did not document the reasons for continued use.

Technical Assistance was offered at the Exit Conference in regard to(f). It was suggested that reasons for continued use be added to the form for logging the use of the behavior management room. It was further suggested that a code could be used for this purpose.

Rule R 400.4160 Health services; policies and procedures

An institution shall establish and follow written health service policies and procedures addressing all of the following:(e)Dispensing medication.

(e)Nine of 19 applicable records did not document that medication was dispensed as prescribed.

Technical Assistance was offered at the Exit Conference. During discussions with residents they stated that they generally receive their medication as prescribed. One individual stated he never missed a dose of medication and other residents stated they received their medication most of the time. However, in regard to the process for dispensing medication, the residents stated that sometimes they told the staff that the medication was due and other times the staff called them. It was suggested that the facility develop a structured process to dispense medication as prescribed.

Rule R 400.4334 Immunizations

(1)A resident shall have current immunizations as required by the department of public health.

Three of nine records were in noncompliance.

Rule R 400.4335 Dental Care

A licensee shall arrange for the provision of and shall document dental examination and treatment for each resident 3 years of age and older. A dental examination within 12 months prior to admission shall be documented or there shall be an examination not later than 3 months following admission. Reexamination shall be provided at least annually.

Three of nine records were in noncompliance. Two records had late initial dental exams and one had a late annual exam.

Rule R 400.4336 Initial service plan

(1)An initial service plan shall be completed by the social service worker for each resident within 30 days of admission.

One of 6 applicable records was in noncompliance. The report was late.

Rule R 400.4337 Updated service plan

(1)An updated service plan shall be completed and recorded by the social service worker for each resident at least once every 3 months following the initial service plan.

Two of 8 applicable records were in noncompliance. The reports were late. This is a repeat noncompliance.

ENVIRONMENTAL HEALTH AND SAFETY

The Environmental Inspection was conducted on May 31, 2000. A "B" rating was issued. Temporary approval was recommended until the next annual inspection or report(see Environmental Report for details). A contact was made with the Environmental Sanitarian on June 23, 2000, regarding Section 6 and Section 9 of the report, as the report stated these sections were in a separate report. The Environmental Sanitarian stated that Section 6 was not completed, as the swimming pool is not in use. He stated that once the pool is repaired and in use, it will need to be inspected and a separate report will be issued.

In regard to Section 9, the Environmental Sanitarian stated this was not completed because food was not being served at the time of the inspection. He stated that a separate report will be issued after the inspection. Food is not prepared at GOC.

FIRE SAFETY

The Fire Safety Inspection was completed on May 23, 2000. An "A" rating was issued(see Fire Safety Report for details).

V. Technical Assistance:

Technical Assistance was provided onsite at the time of the exit conference as stated in the report.

VI. Recommendation:

Based on substantial compliance with the applicable rules and a commitment to correct the cited rule noncompliances, a regular approval is recommended.

VII. Signature:

Date: June 26, 2000

Miriam Berenstein, MSW

Miriam Berenstein, MSW
Child Welfare Licensing Consultant

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

Child Welfare Licensing Division
24155 Drake Road, 2nd Floor
Farmington, Michigan 48335-3168

June 27, 2000

Dr. Nelson G. Griffis, Facility Administrator
Maxey Boys Training School
Olympic Center
9036 E. M-36, P.O. Box 349
Whitmore Lake, MI. 48189

Re: Interim Evaluation
Olympic Center
CA47019

Dear Dr. Griffis:

The following are the results of the Interim Evaluation of Olympic Center which was scheduled for May 22, 2000, through May 26, 2000. The purpose of the evaluation was to determined compliance with the requirements of Acts 116, of the public Acts of 1973, as amended, and the Administrative Rules for Child Caring Institutions.

Because this was an interim evaluation not all of the applicable rules were evaluated. Documentation review included 10 personnel records, five full reviews, 12 of 109 current residents records, 14 of 177 discharged records, medication logs for B, C, and E Halls, 9 behavior management logs, the agency policy manual and a tour of the center.

Steve Garcia was a team member for this interim evaluation.

An interview was conducted with the Center Director, Harold Timberlake.

Your agency was cited for the following rule noncompliances whereby you are required to submit a written corrective action plan to me. The plan must:

- Be submitted within 30 days of receipt of this letter.
- Specify how and when each noncompliance will be corrected.
- Specify who is directly responsible for implementing corrective action for each specified noncompliance.
- Indicate the organization's plan to assure continuing compliance with each specified noncompliance, once compliance is achieved.

Rule 400.4113 Employee Records
Employee records shall be maintained for each employee and shall include all of the following information:
(c) Work history
(d) Three references which are obtained prior to employment from persons unrelated to the employee

In review of 10 applicable personnel records, it was found that 2 personnel records did not contain a work history in their employee files. Two of ten personnel records did not contain three references prior to employment.

Rule 400.4114 Tuberculosis screening for employees and volunteers
The licensee shall document that each employee and volunteer who has contact with residents 4 or more hours per week for more than 2 consecutive weeks is free from communicable tuberculosis. Freedom from communicable tuberculosis shall be verified within the 3- year period before employment and shall be verified every 3 years after the last verification.

Three of ten personnel records did not contain a current TB test.

Rule 400.4152 (f) Behavior management room; policies and procedures
An institution approved to use a behavior management room shall establish and follow written policies and procedures specifying its use. The policy shall include, at a minimum, all of the following provisions:
(f) For each instance in which a resident remains in the room for more than 2 hours, the log shall also contain hourly supervisory approval and the reason for continued use.

Nine behavior management logging forms were reviewed for residents who had been contained in their rooms for aggressive acting out behaviors. Of the nine records reviewed, all were in their rooms a total of 59 hours or longer. None of the records indicated the reasons for continued use. Also, several of the records contained poor signatures, unreadable, of the supervisors who initialed the hour increments. Corrective Action Plan required.

Rule 400.4160 (e) Health services; policies and procedures
An institution shall establish and follow written health service policies and procedures addressing all of the following:
(e) Dispensing medication

The medication log sheets on B- Hall was very confusing. It was difficult to understand when the youth took the medication. The youth medication was not given at prescribed times. The times of the youth medication is worst on the week-ends. Also, staff was not writing their signatures on the form that indicated who was given the youths their medications. When a youth refuse his medication on this hall, staff write, "not needed." In reviewing the facility

Standard Operating Procedure (SOP) 4013 dated 7/15/99, it was noted, that the center does not follow their standard procedure for dispensing medication.

From May 8, 2000, to May 25, 2000, a youth missed his prescribed medication three times on E-Hall. Another youth on this hall had eight misses for his prescribed medication.

The Standard Operating Procedure (4013), states ,Youth Specialists shall circle the designated MAR dose space anytime that a prescribed medication is not distributed as prescribed and annotate the MAR with the date, time and reason that the medication was not given. Therefore, a corrective action plan is required.

Rule 400.4338 (a,b,c,d) Content of discharge services plan
When a resident is discharged from institutional care, all of the following information shall be documented in the case record within 14 days after discharge:
(a) The reason for discharge and the new location of the child.
(b) An assessment of the resident's needs which remain to be met.
(c) A statement that the discharge plan recommendations have been reviewed with the resident and parent.
(d) The name and official title of the person to whom the resident was discharged.

Fourteen records were reviewed. Of the fourteen records, four was missing parts a,b,c,and d. Three of the four records was missing the discharged plans.

No corrective action is required because of the limited number of the following noncompliance. The facility needs to review these findings and take any action necessary to prevent recurrence.

Rule 400.4336(1) Initial service plan
An initial service plan shall be completed by the social service worker for each resident within 30 days of admission.

One record initial service plan was late. Another record was missing from the file. It was due May 17, 2000.

Overall during the review, it was found that the facility's case records, were well maintained. The building was clean and being freshly painted. Also, it was found that with the exception of the noted citations, discharged plans were well written and consistent with rule requirement.

Based on a commitment by Olympic Center to correct the cited rule noncompliances, the current Regular License remains in effect for W.J.Maxey Boys Training School, Olympic Center.

If you have any questions, please contact me at (248) 888-8795.

Sincerely,

Pinkey Brown

Pinkey Brown,
Child Welfare Licensing Consultant

PB/pab
dictated:06/16/2000

Enclosure

cc: Harold Timberlake, Olympic Center Director
Chief of the Senate/Speaker of the House
Director, Residential Care Div., Bureau of Child & Family Services, FIA
Director, Bureau of Regulatory Services, DCIS
Central Office File 47019

Special Investigation Report
0C0201016

Name of Facility:	Summit Center
Type of Agency:	Child caring institution
Primary Population:	Delinquent youth
License Number:	CA 47020

Reason for Special Investigation:
Allegations of misconduct.

Dates of Investigation:
Onsite interviews were conducted on February 14 & 23; June 12; July 14, 2000.

Allegation Confirmed: YES

Rules Cited for Noncompliance:
Rule 400.4112 Staff qualifications
Rule 4137 (2a) Discipline and Behavior Management
Rule 4144 Education
Rule 400.4160 (a) Health Services; Policies and Procedures
Act 116, Section 5(1)

Licensing Recommendation:
First provisional Approval

Corrective Action Plan Due:
August 23, 2000

Special Investigation Report
0C0208014

Name of Agency:	Green Oak Center
Type of Agency:	Child caring institution
Primary Population:	Delinquent youth
License Number:	CA47022

Reason for Special Investigation:
Allegation of improper physical management.

Dates of Investigation:
Onsite interviews were conducted on May 31, 2000 and June 2, 2000. A telephone interview was conducted on July 11, 2000.

Allegation Confirmed: NO

Rule Non Compliance Cited:
Rule R 400.4128 (3)(4)(d) Initial staff training and ongoing training.

Licensing Recommendation:
Regular Approval Status continued

Corrective Action Plan Due:
August 20, 2000

Special Investigation Report
0C0208009

Name of Agency:	Green Oak Center
Type of Agency:	Child caring institution
Primary Population:	Delinquent youth
License Number:	CA47022

Reason for Special Investigation:
Allegation of sexual misconduct.

Dates of Investigation:
Onsite interviews on April 13, 2000 and May 1, 2000.

Allegation Confirmed: NO

Rule Non Compliance Cited:
Rule R 400.4131 "Compliance with child protection law; development of plan required.

Licensing Recommendation:
Regular Approval Status

Corrective Action Plan Due:
Corrective Action Plan was due and approved on 6/2/00.

Special Investigation Report
0C0208010

Name of Agency:	Green Oak Center
Type of Agency:	Child caring institution
Primary Population:	Delinquent youth
License Number:	CA47022

Reason for Special Investigation:
Allegation of improper physical management.

Dates of Investigation:
Onsite interviews were conducted on May 1, 2000. Follow up telephone interviews were conducted on May 3, 2000 and June 5, 2000.

Allegation Confirmed: NO

Rule Non Compliance Cited:
None

Licensing Recommendation:
Regular Approval Status

Special Investigation Report
0C0208011

Name of Agency:	Green Oak Center
Type of Agency:	Child caring institution
Primary Population:	Delinquent youth
License Number:	CA47022

Reason for Special Investigation:
Allegation of improper physical management.

Dates of Investigation:
Onsite interviews were conducted on May 1, 2000 and June 7, 2000. A follow up telephone interview was conducted on June 5, 2000.

Allegation Confirmed: NO

Rule Non Compliance Cited:
Rule R 400.4127 "Staff-to-resident ratio"; and Rule R 400.4131 "Compliance with child protection law; development of plan required".

Licensing Recommendation:
Regular Approval Status

Corrective Action Plan Due:
July 24, 2000

Special Investigation Report
0C0201013

Name of Facility:	Summit Center
Type of Agency:	Child caring institution
Primary Population:	Delinquent youth
License Number:	CA 47020

Reason for Special Investigation:
Allegation of sexual misconduct.

Dates of Investigation:
Onsite interviews on April 6, 2000 and May 1, 2000.

Allegation Confirmed: YES

Rules Cited for Noncompliance:
Rule 400.4127 (2) Staff-to-Resident Ratio
Rule 400.4160 (a) Health Services; Policies and Procedures.

Licensing Recommendation:
Pending

Corrective Action Plan Due:
July 31, 2000

SPECIAL INVESTIGATION REPORT
0C0207006

I. Name of Agency: Olympic Center
Type of Agency: Child Caring Institution
Primary Population: Delinquent Youth

License Number: CA47019

Reason for Special Investigation Allegation of sexual misconduct

Dates of Investigation:
Onsite interviews were on April 21, 2000 and May 1, 2000.

Allegation Confirmed: No

Rule Noncompliance Cited: None

Licensing Recommendation:
Regular Approval Status