EXHIBIT A

THIS REPORT HAS BEEN PREPARED IN RESPONSE TO THE JUSTICE DEPARTMENT LETTER DATED DECEMBER 5, 1985 FROM JOHN J. CURRY, JR. FOLLOWING DR. McGEE'S TOUR OF ROSEWOOD ON OCTOBER 25, 1985.

I. OVERVIEW

This report is in response to Dr. McGee's comments regarding his visit to Rosewood on October 25, 1985. As noted by Dr. McGee, Rosewood takes pride in the commendable efforts which have been made toward providing an habilitative structure, while acknowledging that continued efforts are necessary for enhancing the qualitative aspects of care. As indicated in Section IV of this report, when Dr. McGee first toured Rosewood in March, 1984, there were 1,065 residents at the facility. A relatively small percentage of the residents (25%) attended full-day programs at that time. Presently, 660 of the 800 residents are engaged in full-day programs and the remaining 140 residents are involved in half-day programs. And, as of June 30, 1986, all residents are expected to participate in a full-day program. Given the fact that substantial improvements have been made in providing full-day programming, it is now possible to concentrate on enhancing the quality of these programs. An emphasis will be placed upon the greater use of age-appropriate materials in goal-directed tasks. Additionally, there will be intensified efforts at coordinating and integrating all services offered to a given resident.

In accordance with the focus on improved quality as far as programmatic services is concerned, several strategies are being utilized:

1. Reorganization of Rosewood's management structure;
2. Use of consultants;
3. Placement of residents in community residential and day

programs; and

4. Enhanced training of program personnel.

Each of these components will be discussed briefly in the report which follows.

II. REORGANIZATION OF ROSEWOOD'S MANAGEMENT STRUCTURE

Recently, Rosewood has instituted a total reorganization affecting the entire management of the facility. The old organization, with all department heads reporting directly to the Superintendent, has proven ineffective in dealing with the facility's current problems (see Attachment 1). Therefore, the management structure has been modified to produce a new organization (see Attachment 2), designed to be more responsive to the needs imposed by modern habilitation/active treatment and management standards. Under the new organization, for example, the Residential Services Department has been consolidated under a single Director with each Unit Director reporting directly to her. This line of authority should result in greater unity and continuity throughout all residential areas. The changes in Residential Services were implemented on December 9, 1985 and the new Director has already begun to examine the existing cottage management structure so that within the upcoming months changes at that level will be forthcoming in an effort to improve the service delivery system.

Secondly, about one month ago Rosewood began the active recruitment of a Program (Clinical) Director and screening of the

applications is under way. It is anticipated that a Director will be hired in the near future at which time all professional services at Rosewood will be consolidated. This person is to ensure that all residents receive active treatment and that services to residents are fully integrated into an overall plan of care which is individualized for each resident. The Program Director will work closely with staff from The John F. Kennedy Institute (JFKI) in developing and conducting the training outlined below in Section V (see Attachment 3). Furthermore, the Program Director will be instrumental in promoting the use of age-appropriate materials. In both the day programs and the residential units, residents will use equipment which is suitable to their chronological age. It is also planned that there will be more widespread focus on providing goal-directed activities in the day programs.

The Program Director will work closely with the Director of Residential Services to coordinate the integration of objectives from the day program to the residential unit. Additionally, it is anticipated that the Program Director will assess the deployment of professional staff so as to maximize the "hands-on" training which direct care staff receive in day and residential programs. It is expected that the day programs will be the primary treatment milieu for the residents. Active treatment in the residential units will focus on those life skills which are used where the residents live. (Refer to Section V for details of the training programs.)

In order to enhance the environments of the residents,

Rosewood has a new Assistant Superintendent who will assist in improving the overall quality of care from an environmental standpoint. As a result of the efforts by the new Assistant Superintendent, both a new housekeeping contractor and new pest control contractor have been engaged to replace firms whose services were not up to acceptable standards. Furthermore, Rosewood now has a full-time sanitarian who has just completed six months of out-service training with the Baltimore County Health Department. Additionally, substantial improvements have been made in the ongoing maintenance program through the concerted efforts of the new Assistant Superintendent and the Chief of Maintenance. It is felt that these environmental improvements will serve to supplement the more substantive programmatic improvements.

III. USE OF CONSULTANTS

Rosewood has begun a vigorous effort to utilize outside consultants to assist in the development of specific plans to improve programmatic services and to enhance the skills of both the professional and non-professional staff. These consultants will have both a short-term and an intermediate-term focus on the service delivery system and the management of Rosewood.

On December 3 and 4, 1985, Dr. Phillip Massey, Deputy Commissioner of the Department of Mental Retardation in South Carolina, toured Rosewood and consulted with management about residential and programmatic services. Within this context, he addressed the issue of interfacing the day program with the

residential program in order to provide each resident with a complete and consistent plan of care.

Dr. Kenneth Crosby, a respected expert in the field of development disabilities and the former Executive Director of the Accreditation Council ACMRDD, toured the facility on December 12 and 13, 1985. Dr. Crosby visited many cottages and the day programs, gearing his comments specifically toward ways in which Rosewood can improve the active treatment being offered to the residents. Dr. Crosby's visit also focused on ways to increase the provision of age-appropriate full-day programs.

These two site visits mark the beginning of a comprehensive program of outside consultation to buttress the programmatic services. The information gleaned from these consultations will be used immediately to enhance the delivery of services where possible. However, this information will also be utilized heavily in the long range planning for the facility where it will have a more enduring impact upon the development of an effective program for each resident.

Additionally, Michael W. Smull of the Developmental Disabilities Program of the University of Maryland School of Medicine has begun to provide consultative services to Rosewood. As discussed in Section V of this report, Mr. Smull will develop a program of additional training for the program personnel at Rosewood.

Rosewood also utilizes Dr. Howard Pressman as a psychiatric consultant and he will be asked to review the issues raised in Dr. McGee's report as they relate to the psychiatric consultative

services at Rosewood.

Rosewood believes that through the use of these consultants and other activities, significant improvements in the rate of progress toward higher quality programmatic services can be made.

IV. PLACEMENT OF RESIDENTS IN COMMUNITY RESIDENTIAL AND DAY PROGRAMS

As shown in the table below, Rosewood has made a great deal of progress in 1) reducing the population of the facility, and 2) providing day programs to the residents. When Dr. McGee first toured the facility, there were in excess of one thousand residents of which only 25% were offered a full-time day program. Presently, 660 of the 800 residents who reside at Rosewood participate in full-day programming and the remaining 140 residents are involved in half-day programs.

	Census	Number of Residents in Full-Day Program	Percentage of Population in Full-Day Programs
March, 1984	1,065	264	25%
November, 1985	800	660	83%
June, 1986 (projected)	700	700	100%

Presently, 51 residents attend day programs and/or public schools which are not on Rosewood grounds. To further this effort, Rosewood has obtained a commitment from the Baltimore Association for Retarded Citizens to place 36 additional

residents in off-grounds day programs by no later than March 1, 1986. Furthermore, over the next six months, 75 to 100 residents will be placed in community residential programs.

When taken together, the above placement efforts will enable Rosewood to offer a full-day program to every resident. They will enhance available resources as additional space and equipment for programming becomes available. These efforts will increase staff availability to participate in ongoing training programs.

The fact that, within the coming months, all residents will be enrolled in a full-day program will enhance Rosewood's capacity to concentrate fully upon the qualitative aspects of care.

V. ENHANCED TRAINING OF PROGRAM PERSONNEL

The significant movement which Rosewood has made "... toward a habilitative structure..." together with the current need for emphasis on "... the qualitative aspects of care" was noted in Dr. McGee's report of his tour of Rosewood of October 25, 1985. He stated that "... staff need to have a well-internalized value system and an array of basic competencies to provide ongoing hands-on training and support to direct care staff." Careful review of the status of programs and services at Rosewood supports these findings. Further review of the Rosewood resources available to accomplish these goals indicates that, while professional staff are present in adequate numbers to meet the needs of the residents, there is a need for training in

excess of that which can be provided by current professional staff.

In seeking to resolve this the MRDDA requested the assistance of Michael W. Smull of the Developmental Disabilities Program of the University of Maryland School of Medicine. Mr. Smull was asked to develop a solution which would provide the necessary resources in a timely and efficient manner. Following a review of the issues and the problems Mr. Smull proposed that the Maryland's University Affiliated Facility, The John F. Kennedy Institute (JFKI), provide the required training with the support of the Developmental Disabilities Program of the University of Maryland (see Attachment 3).

The JFKI has the resources and qualifications necessary for this effort. While providing a program of active treatment for severely disabled persons, their inpatient unit is a major training facility for developmental disabilities professionals. The faculty includes a broad range of professional staff who are experienced in teaching their skills to both professionals and paraprofessionals. The JFKI developed training for Qualified Mental Retardation Professionals under a federal grant and conducted nationwide training for them. The key JFKI staff involved in the development of the proposed training are James Gardner, Ph.D. and Michael Chapman, MEd. Dr. Gardner is the principle author of Program Issues in Developmental Disabilities (Paul H. Brookes, 1980) and Dr. Gardner and Mr. Chapman are co-authors of Staff Development and Mental Retardation Services (Paul H. Brookes, 1985).

Negotiations are going forward with the JFKI to develop a contract to provide systematic, pervasive training which will seek to meet the identified training needs. The training is currently conceptualized as occurring in five phases over a one year period. The process outlined below will be modified as experience indicates more effective ways to accomplish the goals.

Phase I

Comprehensive Development of Training Needs and Strategies (1 month)

The first phase consists of the assessment of training needs and the strategies needed to meet those needs. Under the overall direction of Mr. Chapman and Dr. Gardner, professionals from the relevant disciplines at JFKI will review the needs of the residents and staff. They will develop a systematic plan to meet the current training needs and, once projected competencies have been achieved, to transfer the responsibility for the training necessary for the maintenance of competencies to Rosewood.

Phase II

Intensive Training and Skill Maintenance (6 months)

The goal of the training provided during Phase II is the achievement of desired competencies by targeted staff at Rosewood. As currently envisioned the training will be conducted by a core team of professionals from the relevant disciplines. These would include persons such as Occupational and Activity Therapists, Speech and Language Specialists, and Behavioral Psychologists. This team would conduct intensive initial training at a limited number of sites (cottages and day programs)

simultaneously. The maintenance of those skills would be facilitated by program specialists who would be responsible for a small number of sites. The core team would return for targeted activities and for any needed remediation. This combination of staff would lead the Rosewood staff through training in assessment, program development, program implementation, reassessment, and re-implementation. Emphasis in the training would include the underlying values and the interrelationships of aspects of the habilitation plan as well as the skills involved.

Phase III

Assessment of Skills and Competencies Achieved (1 Month, Simultaneously With the End of Phase II and the Beginning of Phase IV)

During the last two weeks of Phase II and during the first two weeks of Phase IV there will be systematic assessment of the skills and competencies achieved during Phase II. It is anticipated that this effort will highlight continuing problems which can then be targeted for remediation.

Phase IV

Skill Maintenance and Targeted Remediation (3 months)

Phase IV of the training effort will focus on the maintenance of competencies among all of the targeted staff. Through observation, review of resident records, and hands-on participation in programming, skills will be assessed by the core team and the program specialists. Where desired competencies have not been achieved, remedial training will be conducted.

During this period the plan for the transfer of training responsibilities will be developed and the transfer of training activities to Rosewood staff initiated.

Phase V

Completion of Transfer of Training Responsibilities to Rosewood (2 months)

The final activity in this project is the successful development and implementation of an on-going training program which will maintain and enhance the competencies of existing staff and provide for the training of new staff. During this period, the activities planned during Phase IV will be completed and the results assessed. Any changes required will be implemented. The responsibility for the on-going training will rest with Rosewood. JFKI's resources will be available as needed to conduct ongoing training.

VI. DR. McGEE'S SITE VISIT

Dr. McGee highlighted his report with examples describing residents as he observed them. These examples represented snapshots of residents' behavior and situations. To better appreciate Rosewood's efforts to meet these difficult residents' needs, it is useful to briefly review their circumstances over a period of time.

Of the 15 residents who received more than a passing reference in Dr. McGee's report, the management of maladaptive behavior is an important issue in 14 cases. Individualized behavior management programs have been developed and implemented for all 14 of these residents. Since the implementation of these

behavior modification programs, reductions in the frequency and/or severity of the targeted maladaptive behaviors have been shown in 9 cases. In 4 of the cases, where the desired results have not yet been obtained, the plans have been monitored and re-evaluated for their potential effectiveness. Where necessary, these programs have been revised, and the staff have been retrained accordingly. In one such case, the implementation of the behavior management program is being augmented by the increased use of "hands-on" professional time. In the fifth and final case where desired improvement has not been obtained, the Behavior Management Committee has scheduled a review of the program and revisions will be forthcoming as a result of that review.

Rosewood is reviewing, updating, and intensifying the behavior management programs of those residents who are not progressing as rapidly as desired. Such programs are not viewed as static entities, but rather as a part of an evolving individualized program plan. This is a situation analogous to the broader circumstances at Rosewood in that substantial improvements have been made in the establishment of programs (behavioral and otherwise), and now the focus is on qualitative improvements and refinements.

As mentioned earlier, behavioral improvements have been seen in 9 of the 14 cases discussed by Dr. McGee. A few of those residents merit some discussion in this report.

Clinical Services Building

One resident, T.L., who has a long-standing history of self-abuse, has been restraint-free since June, 1984. Several behavior management programs have been attempted with T.L., but none met established goals. In January, 1985, another behavioral program was developed for T.L. and some improvements have been noted in the ensuing months. During the last six months, no medical intervention or treatment has been necessary for T.L.'s self-biting behavior. This reduction in injury is an improvement as far as the severity of this behavior is concerned. Previously, Ms. L. would refuse foods presented on a spoon and it was necessary to liquify her food before she would consume it; however, she now takes it from a spoon. Her Individualized Educational Plan, which was developed as a result of a consultation with JFKI, is implemented 12 months per year, and it is buttressed by recent commitments from the Psychology Department and Nursing Services to provide one-to-one training to T.L. The former will concentrate on interactional skills three times per week, while the latter will address self-care skills four times per week. These efforts are seen as part of a continuing process of improving the quality of the programmatic services being offered to the residents of Rosewood.

Wyatt

The case of S.C. must be considered in perspective. Several months ago, Ms. C. sporadically attended a half-day program. Now, she routinely participates in full-day programming outside of her cottage. When Dr. McGee first toured Rosewood in March,

1984, Ms. C. was found completely naked, beating her own thighs and buttocks with her fist. This is how she spent much of her time. Now, in addition to attending her full-day program, Ms. C. is usually clothed and her self-abusive behavior is both less frequent and less severe. While future efforts at programming will focus on goal-directed activities and age-appropriate materials, it is noteworthy that she has developed and improved significantly over the past 18 months.

Gundry

In the case of J.G. there have been dramatic improvements as far as her self-abusive behavior is concerned. As highlighted in the chart on the following page, Ms. G. has progressed from being someone who was restrained virtually all of her waking hours to someone who is now essentially restraint-free. Ms. G. no longer wears a helmet or mittens. Additionally, this resident has begun some self-feeding whereas heretofore she had to be fed because of her self-abusive behavior. Although initially only a small core of staff worked with Ms. G. on an individual basis, this group has been expanded to allow this resident to bond with many people. This avoids the risk of Ms. G. becoming overly dependent on a particular staff member and thereby reverting back to high frequency self-injury when she is with others not accustomed to treating her without the use of restraint. For example, at present on the evening shift all staff work with Ms. G. on a rotating basis. The intent of this is to assist Ms. G. in generalizing her interactional skills and to allow her to add new skills to her repertoire.

Dr. McGee raised questions about the habilitative content of Ms. G.'s schedule. This schedule was reviewed and revised on October 28, 1985 in an effort to continue the process of movement toward a program which involves purposeful tasks and activities.

Because modifying Ms. G.'s behavior presents unusual challenges, Rosewood sought the consultative services of Dr. McGee during August, 1985. Plans were formulated by telephone to send Ms. G. to Nebraska to participate in Dr. McGee's program there. This request was formalized in a letter dated September 11, 1985 from the Superintendent at Rosewood to Dr. McGee, requesting his assistance with Ms. G. in terms of in-patient treatment for her as well as staff training. However, there is approximately a six month waiting list for this service, and the Meyers Children's Rehabilitation Institute with which Dr. McGee is affiliated will not be able to address the needs of Ms. G. until March, 1986.

Nevertheless, as stated earlier, it is felt that significant improvement has been made with Ms. G. as far as reducing her self-injurious behavior and the consequent use of restraints. Rosewood will continue to strive for qualitative improvements in the program being offered to this resident and it is hoped that Dr. McGee will assist in these efforts.

MS. G.'S RESTRAINT USAGE FOR 30 DAY PERIODS PRECEEDING

EACH OF DR. MC GEE'S LAST THREE VISITS

Date	Hours in Restraint	Date	Hours in Restraint	Date	Hours in Restraint
2/5	12	6/30	12	9/25	3
2/6	12	7/1	12	9/26	None
2/7	12	7/2	12	9/27	3
2/8	12	7/3	12	9/28	None
2/9	12	7/4	12	9/29	None
2/10	12	7/5	12	9/30	None
2/11	12	7/6	12	10/1	11
2/12	12	7/7	12	10/2	12
2/13	12	7/8	12	10/3	None
2/14	12	7/9	12	10/4	None
2/15	12	7/10	12	10/5	None
2/16	12	7/11	12	10/6	None
2/17	12	7/12	12	10/7	None
2/18	12	7/13	12	10/8	None
2/19	12	7/14	12	10/9	None
2/20	12	7/15	12	10/10	12
2/21	12	7/16	12	10/11	12
2/22	12	7/17	12	10/12	None
2/23	12	7/18	12	10/13	None
2/24	12	7/19	12	10/14	None
2/25	12	7/20	12	10/15	None
2/26	12	7/21	12	10/16	None
2/27	12	7/22	12	10/17	None
2/28	12	7/23	12	10/18	None
3/1	12	7/24	12	10/19	None
3/2	12	7/25	12	10/20	None
3/3	12	7/26	12	10/21	None
3/4	12	7/27	12	10/22	None
3/5	12	7/28	12	10/23	None
3/6	12	7/29	12	10/24	None

VII. SUMMARY AND CONCLUSIONS

Rosewood has accomplished a great deal over the past two years in providing the foundation and framework for day programming. There have been significant reductions in the resident population without reductions in the number of direct care staff. As noted by Dr. McGee, this has led to improved staffing ratios. Now that reasonable staffing patterns and the structure for day programming are in place, it is possible for Rosewood to devote itself more fully to the qualitative aspects of active treatment. These accomplishments are prerequisites to high quality development programming. The administration and staff of Rosewood continue to strive toward this end.

In working toward continual improvements in the quality of care, Rosewood has already made changes in the administrative structure which will increase the efficiency of management and improve the service delivery system. Also, Rosewood has obtained the consultative services of respected experts in the field of mental retardation and developmental disabilities to assist in the process of enhancing the quality of programmatic services as well as in providing a training program for the staff. Site visits have already occurred to address these needs. Furthermore, consultants at JFKI are developing a rigorous program of enhanced staff training.

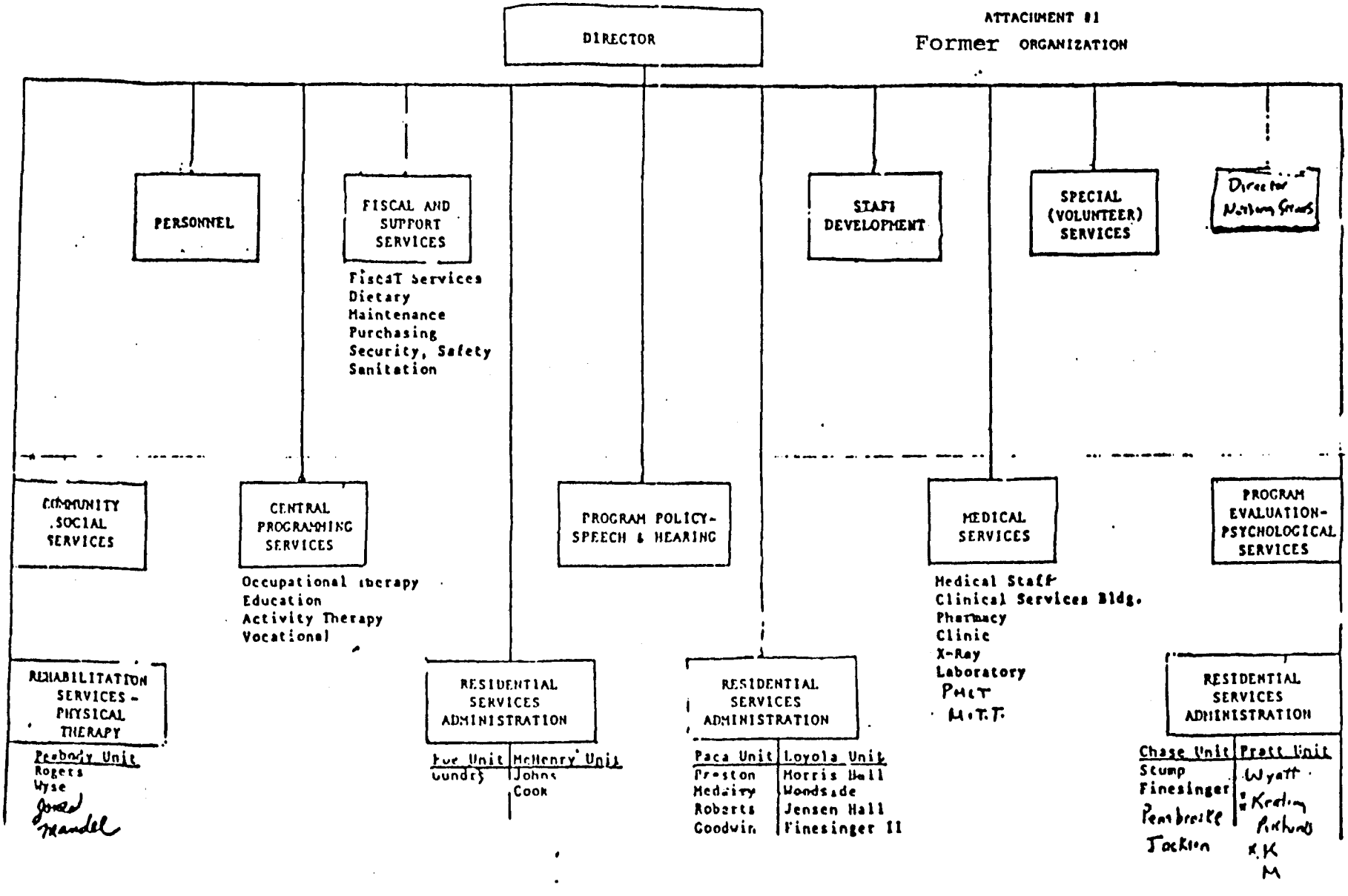
In individual cases, where necessary, the behavior management programs have been reviewed and/or revised, and in some cases their implementation has been augmented by the increased use of "hands-on" professional services. Although it

is acknowledged that in a few cases the behavioral changes have not been as rapid as desired, continued efforts have been made to improve the content of the behavioral programs and/or the implementation of the programs.

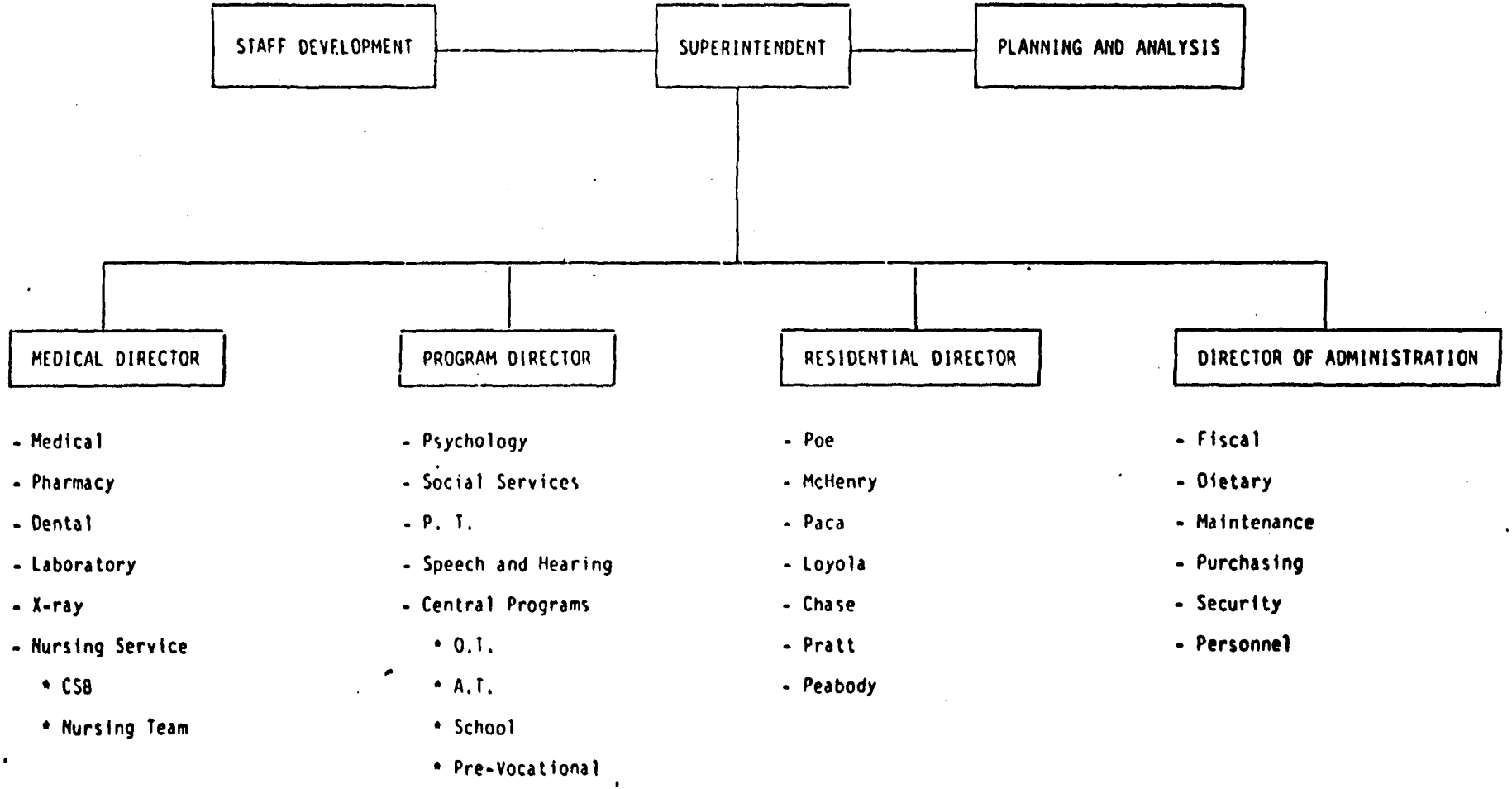
In conclusion, Rosewood recognizes the need for continued improvements in the qualitative aspects of care, and positive, concrete steps have been taken to address these issues as raised in Dr. McGee's report. It is fully expected that the steps which have already been taken in conjunction with the plans that have been made (as described throughout this report) will provide each resident with active treatment in an environment which is both stimulating and growth-producing.

ATTACHMENT #1

Former ORGANIZATION



ATTACHMENT #2 - Current as of 12/9/85 Organization



Attachment 3

THE KENNEDY INSTITUTE
FOR HANDICAPPED CHILDREN

December 17, 1985

Mr. Michael Smull
Deputy Director, Mental Retardation Program
University of Maryland School of Medicine
Walter P. Carter Center
630 W. Fayette Street
Baltimore, MD 21201

Dear Mr. Smull:

Based upon several conversations during the past weeks, the Kennedy Institute is interested in developing and providing a comprehensive staff development program at the Rosewood Center. A successful staff development program will require adequate financial support, systematic organizational development with management, and sufficient time to recruit staff for the highly intense but time limited project.

The training is currently conceptualized as occurring in five phases over a one year period beginning January 1, 1986. The process outlined in the following provides a plan for accomplishing the training goals.

Phase I Comprehensive Development of Training Needs and Strategies (1 month)

The first phase consists of the assessment of training needs and the strategies needed to meet those needs. Under the overall direction of Mr. Chapman and Dr. Gardner, professionals from the relevant disciplines at JFKI will review the needs of the residents and staff. They will develop a systematic plan to meet the current training needs and, once projected competencies have been acheived, to transfer the responsibility for the training necessary for the maintenance of competencies to Rosewood.

Phase II Intensive Training and Skill Maintenance (6 months)

The goal of the training provided during phase II is the achievement of desired competencies by targeted staff at Rosewood. As currently under discussion, the training will be conducted by a core team of professionals from the relevant disciplines. These would include persons such as Occupational, Activity, and Physical Therapists, Speech and Language Specialists, and Behavioral Psychologists. This team

will conduct, with the program specialist, intensive initial training at a limited number of sites (cottages and day programs) simultaneously. The maintanance of those skills would be facilitated and monitored by program specialists. The core team would return for targeted activities and for any needed remediation. This combination of staff would lead the Rosewood staff through training in assessment, program development, program implementation, reassessment, and re-implementation. Emphasis in the training would include the underlying values and the interrelationships of aspects of the habilitation plan as well as the skills involved.

Phase III Assessment of Skills and Competencies Achieved (1 month, simultaneouly with the end of phase II and the beginning of phase IV)

During the last two weeks of phase II and during the first two weeks of phase IV, there will be systematic assessment of the skills and competencies acheived during phase II. It is anticipated that this effort will highlight continuing problems which can then be targeted for remediation.

Phase IV Skill Maintenance and Targeted Remediation (3 months)

Phase IV of the training effort will focus on the maintenance of competencies among all of the targeted staff. Through observation, review of resident records, and hands-on participation in programming, skills will be assessed by the core team and the program specialists. Where desired competencies have not been achieved are found remedial training will be conducted. During this period a plan for the transfer of training responsibilities will be developed and the transfer of training activities to Rosewood staff initiated.

Phase V Completion of Transfer of Training Responsibilities to Rosewood (2 months)

The final activity in this project is the successful development and implementation of an on-going training program which will maintain and enhance the competencies of existing staff and provide for the training of new staff. During this period, the activities planned during phase IV will be completed and the results assessed. Any changes required will be implemented. The responsibility for the on-going training will rest with Rosewood. Kennedy Institute resources will be available, as necessary, to conduct ongoing training.

In conclusion, we look forward to working cooperatively with you on this project.

Sincerely,

James F. Gardner, Ph.D
Vice President for Community Programs

JFG/dbn

EXHIBIT B

PROJECTED PLACEMENTS TO OCCUR BEFORE 7/1/86

PROVIDER	CLIENT	PROJECTED PLACEMENT DATE
BARC - 6	A. L.	6/1/86
	K. H.	6/1/86
	D. B.	6/1/86
	M. N.	6/1/86
	A. S.	6/1/86
	C. Z.	6/1/86
Maryland Homes - 9	J. B.	4/22/86
	P. R.	4/28/86
	E. B.	4/22/86
	T. B.	5/15/86
	R. S.	5/15/86
	A. B.	5/15/86
	W. H.	6/2/86
	M. B.	6/2/86
	R. W.	6/2/86
C.S.M. - 6	E. M.	5/19/86
	D. V.	5/19/86
	E. L.	5/19/86
	S. W.	6/15/86
	B. S.	6/15/86
	M. S.	6/15/86
M.C.D.S. - 9	J. F.	5/30/86
	T. B.	5/30/86
	J. S.	5/30/86
	H. C.	6/30/86
	M. A.	6/30/86
	S. C.	6/30/86
	L. W.	6/30/86
	J. H.	6/30/86
	A. Y.	6/30/86
Progressive Horizons - 15	C. T.	4/28/86
	A. G.	4/28/86
	To be Selected	5/9/86
	D. W.	5/15/86
	R. W.	5/15/86
	A. W.	5/15/86
	To be Selected	5/30/86
	To be Selected	5/30/86
	To be Selected	5/30/86
	L. S.	6/15/86
	To be Selected	6/15/86
	To be Selected	6/15/86
	L. B.	6/30/86
	J. W.	6/30/86
	To be Selected	6/30/86
United Cerebral Palsy - 6	R. M.	5/15/86
	D. B.	5/15/86
	D. W.	5/15/86
	M. D.	5/15/86

PROVIDER	CLIENT	PROJECTED PLACEMENT DATE
	N. B.	6/15/86
	C. W.	6/15/86
Alternative Living - 6	B. R.	6/1/86
	M. S.	6/1/86
	J. P.	6/1/86
	A. G.	6/15/86
	L. J.	6/15/86
	S.G .	6/15/86
Langton Green - 5	To be Selected	6/30/86
	To be Selected	6/30/86
	To be Selected	6/30/86
	To be Selected	6/30/86
	To be Selected	6/30/86
Wahroonga - 1	G. McN.	6/30/86
Community Living - 9	J. R.	5/15/86
	J. E.	5/15/86
	K. W.	5/15/86
	B. I.	5/15/86
	D. R.	5/15/86
	C. K.	5/15/86
	C. D.	6/15/86
	B. O.	6/15/86
	To be Selected	6/15/86
Washington County ARC - 4	M. C.	6/30/86
	M. B.	6/30/86
	G. J.	6/30/86
	K. L.	6/30/86

TOTAL 76