County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 10, 2015

To: Supervisor Hilda L. Solis, Chair
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a fiscal assessment and contract compliance review of The Dangerfield Institute of Urban Problems (the Group Home) in August 2014. The Group Home has three sites in the Second Supervisorial District and provides services to DCFS placed children. According to the Group Home's program statement, its purpose is to provide a "stable, constant, nurturing and predictable environment, one that is responsive to the individual child's needs."

The Group Home has three 6-bed sites licensed to serve a capacity of 18 boys and girls, ages 1-17. The Group Home also serves non-minor dependents up to age 21. At the time of review, the Group Home served 18 DCFS placed children. The placed children's overall average length of placement was 10 months and their average age was 15.

SUMMARY

CAD conducted a fiscal compliance assessment which included an on-site review of the Group Home's financial records, such as financial statements, bank statements, check register and personnel files to determine the Group Home's compliance with the terms, conditions and requirements of their Agency contracts, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with 4 of 5 areas of the fiscal compliance assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

CAD noted deficiencies in the area of Cash/Expenditures, related to inadequately supported credit card expenditures, independent contractor agreements missing the rate of pay and an incomplete fixed asset inventory list.

During CAD's contract compliance review, the interviewed children generally reported feeling safe at the Group Home, having been provided with good care and appropriate services, being comfortable in their environment and treated with dignity and respect.

The Group Home was in full compliance with 5 of 10 areas of our contract compliance review: Maintenance of Required Documentation and Service Delivery, Psychotropic Medications, Personal Needs/Survival and Economic Well-Being, Discharged Children, and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being submitted timely or cross-reported; Facility and Environment, related to the exterior and children's bedrooms not being well maintained, not having sufficient educational resources and expired food in the pantry at two sites; Education and Workforce Readiness, related to children not attending school; Health and Medical Needs, related to the initial medical and dental examinations not being conducted timely; and Personal Rights and Social/Emotional Well-Being, related to not having a fair rewards and discipline system in place.

Attached are the details of our review.

REVIEW OF REPORT

On September 9, 2014, Sherry L. Rolls, DCFS CAD held an Exit Conference with the Group Home's staff: Lorrie Irving, Assistant Executive Director. DCFS staff included Yvonne Kang, CAD and Elizabeth Villalobos, Out-of-Home Care Management Division (OHCMD). The Group Home's representative agreed with the review findings and recommendations, was receptive to implementing systematic changes to improve compliance with regulatory standards and agreed to address the noted deficiencies in a monitoring Corrective Action Plan (CAP) and a Fiscal Corrective Action Plan (FCAP).

A copy of this compliance report has been sent to the A-C and Community Care Licensing.

The Group Home provided the attached approved fiscal and contract compliance CAPs addressing the recommendations noted in this report. CAD conducted a follow-up visit to the Group Home in April 2015 and verified implementation of the CAPs.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager at (213) 351-5530.

PLB:EM
LTI:dlf

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Lorrie Irving, Assistant Executive Director, The Dangerfield Institute of Urban Problems
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuanna Hills, Regional Manager, Community Care Licensing Division

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 - 2015

SCOPE OF REVIEW

The fiscal compliance assessment included review of The Dangerfield Institute of Urban Problems Group Home's (the Group Home's) financial records for the period of January 1, 2012 through September 30, 2014. Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Agency contracts, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State and County regulations and guidelines.

The on-site fiscal compliance assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 4 of 5 areas of the fiscal assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following area out of compliance:

Cash/Expenditures

- Inadequately supported credit card expenditures.

There were only copies of the receipts; originals were not available. The Debit card purchases were supported with copies, expenditure reports, and bank statements.

- Independent contractor agreements were missing the rate of pay information.

- Incomplete fixed asset inventory.

The list of fixed assets did not have serial number, date of purchase, acquisition cost and funding source.

Recommendations:

The Group Home's management shall ensure that:

1. Original receipts are kept and expenditures are supported by the required documentation.

2. All independent contractor agreements include the rate of pay.

3. An inventory list of fixed assets is maintained that includes item description, serial number, date of purchase, acquisition cost and funding source.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent fiscal review of the Group Home was posted by the A-C on July 10, 2012. The A-C identified $13,680 in unallowable and $59,434 in adequately supported expenditures. The balance is $8,096.26 and $263 in Group Home overpayments. The Group Home has been making payments in accordance with invoice dates.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next fiscal compliance assessment of the Agency will be conducted in County Fiscal Year 2015-2016.

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

License No.: 191801451	License No.: 191800563	License No.: 198205013
Rate Classification Level: 11	Rate Classification Level: 11	Rate Classification Level: 11

	CONTRACT COMPLIANCE MONITORING REVIEW	FINDINGS: AUGUST 2014
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transition Needs	2. Full Compliance
	3. Vehicle Maintained in Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Needs Improvement
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained.	7. Full Compliance
	8. Detailed Sign-In/ Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Needs Improvement
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Needs Improvement
	4. Sufficient Recreational Equipment/Educational Resources	4. Needs Improvement
	5. Adequate Perishable and Non-Perishable Food	5. Needs Improvement
III	**Maintenance of Required Documentation/Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	Full Compliance (All)
	2. County Children's Social Worker's Authorization to Implement NSPs	
	3. NSPs Implemented and Discussed with Staff	
	4. Children Progressing Toward Meeting NSP Case Goals	
	5. Therapeutic Services Received	
	6. Recommended Assessments/Evaluations Implemented	
	7. County Children's Social Workers Monthly Contacts Documented	
	8. Children Assisted in Maintaining Important Relationships	
	9. Development of Timely, Comprehensive Initial NSPs	

	with Child's Participation 10. Development of Timely, Comprehensive Updated NSPs with Child's Participation	
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Needs Improvement 2. Full Compliance 3. Needs Improvement 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical,	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Needs Improvement 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance 13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (All)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's Licenses 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the August 2014 review. The purpose of this review was to assess The Dangerfield Institute of Urban Problems Group Home's (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medications,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, five placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed four of five children as one child did not consent to the interview. The child who declined to be interviewed was observed to be comfortable in the Group Home setting. The Group Home staff were observed to be appropriately responsive to the child's needs and the child appeared to be treated with respect and dignity. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three placed children were prescribed psychotropic medication. The case files were reviewed to assess for timeliness of Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five Group Home staff's files for compliance with Title 22 Regulations and County contract requirements and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following five areas out of compliance.

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely or cross reported.

A review of 28 SIRs revealed that the Group Home did not submit a SIR for an incident that occurred on December 10, 2013. On the same date as this incident, an anonymous referral was made to Out-of-Home Care Investigations Unit (OHCIS). Their investigation determined the incident was

unfounded, but a concern was identified with the Group Home's SIR reporting process so a Corrective Action Plan (CAP) was requested. The Group Home submitted a CAP to OHCIS on June 9, 2014 and it was approved on June 23, 2014.

CAD noted that two SIRs were submitted late in the I-Track database and one SIR was not cross reported to Community Care Licensing (CCL). An incident that occurred on May 3, 2014 was not submitted until May 7, 2014. Another incident that took place on May 14, 2014 was not submitted until May 16, 2014. A SIR related to a runaway incident that took place on July 3, 2014 was not cross reported to CCL.

During the Exit Conference, the Group Home's representative stated the staff received training for SIR reporting on July 11 and 24, 2014.

Recommendation:

The Group Home's management shall ensure that:

1. All SIRs are submitted timely and cross-reported.

Facility and Environment

- Exterior was not well maintained.

The Group Home has a total of three sites. All of the bedroom windows at site #1 and several windows at site #3 were being propped up by books. CAD immediately informed the Group Home of the need to repair the windows and confirmed that all repairs had been made on September 15, 2015.

- Children's bedrooms were not well maintained.

At site #1 and site #2, all of the bureau drawers were broken or inoperable in the children's bedrooms. Additionally, the bedroom doors had been removed from both sites, due to issues with the behavior of the children. CAD immediately informed the Group Home representative of the need to repair the bureau drawers and install bedroom doors. The Group Home purchased nine new bureau drawers and secured the bedroom doors for both sites. The repairs were made and verified by CAD on September 15, 2014.

- A Group Home site did not maintain sufficient educational resources.

At site #2, there was no computer available to the children. The Group Home representative stated this was due to one of the children attempting to view inappropriate sites by hacking into the computer system. CAD informed the Group Home representative of the requirement to maintain a computer at each site and the need to supervise the use of the computers. On September 9, 2014 CAD confirmed that the Group Home had obtained a computer for this site.

- Adequate perishable and non-perishable food not maintained.

Two Group Home sites did not maintain adequate perishable and non-perishable food. During the review, CAD observed expired items in the pantries at sites #2 and #3. The Group Home staff immediately discarded all the expired foods.

On April 7, 2015, CAD followed-up and reviewed invoices confirming the Group Home's monitoring procedures for each site as additional bureau drawers have been purchased. In addition, items in the pantry were rechecked to ensure the Group Home does not maintain expired canned goods; no expired items were found.

Recommendations:

The Group Home's management shall ensure that:

2. The exterior is well maintained.

3. Children's bedrooms are well maintained.

4. Sufficient educational resources are maintained at all times.

5. Adequate nutritious perishable and non-perishable foods are maintained.

Education and Workforce Readiness

- The Group Home did not ensure one child attended school and did not facilitate meeting the educational goals.

The Group Home did not include follow-up with documentation, monitoring procedures and processes for frequent absences and truancies for one child. At the Exit Conference, CAD informed the Group Home representative of the need to assist the children in attending school regularly and documenting all the Group Home's efforts. The Group Home representative agreed with the recommendation. As a result, the Group Home has instituted a new school form, which is used to document all school issues and any actions taken by the Group Home. CAD conducted a follow-up visit on April 7, 2015 and confirmed the utilization of these forms in the children's files.

Recommendation:

The Group Home's management shall ensure that:

6. Children attend school and facilitate meeting the child's educational goals.

Health and Medical Needs

- An initial medical exam was not conducted timely.

At the Exit Conference, the Group Home representative was informed that a child's file did not include adequate proof that the initial medical appointment was scheduled timely after the child's placement; no dates were included on the Group Home's refusal form. CAD notified the Group Home representative of the need to completely and accurately fill out all forms.

- An initial dental exam was not conducted timely.

A child did not have a timely initial dental exam after placement. Although this child had a properly signed refusal form, the form also indicated the initial exam was scheduled more than 30 days after placement. CAD notified the Group Home representative of the requirement to have timely dental exams.

CAD conducted a follow-up visit on April 7, 2015 and the Group Home had updated its procedures for timely medical and dental appointments and implemented a process for the children to sign medical/ dental refusal forms when refusing to go to a medical/dental appointment. Cases were sampled and it was noted that the Group Home successfully implemented these changes.

Recommendations:

The Group Home's management shall ensure that:

7. Initial medical exams are conducted timely.

8. Initial dental exams are conducted timely.

Personal Rights and Social/Emotional Well-Being

- A child reported that the Group Home has an inappropriate rewards and discipline system.

One child reported that as a form of punishment the children are not allowed to make telephone calls to family.

At the Exit Conference, CAD informed the Group Home representative that not allowing children to call family members as a form of punishment is a violation of the child's rights as outlined in the Foster Youth Bill of Rights. The Group Home representative agreed to put into place a different discipline system.

On April 7, 2015 it was verified the Group Home has supplemented the intake process by informing the children of their right to make and receive telephone calls while also outlining the Group Home's rules on the normal hours allowed to make telephone calls to friends.

Recommendation:

The Group Home's management shall ensure that:

9. An appropriate rewards and discipline system is in place.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MMANAGEMENT DIVISION'S (OHCMD'S) GROUP HOME COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated November 27, 2013 identified three recommendations.

Results

Based on CAD's follow-up, the Group Home implemented three of three recommendations for which they were to ensure that:

- Comprehensive clothing allowance logs are maintained and include staff and child's signatures.
- All Group Home sites are in compliance with Title 22 Regulations and County contract requirements.
- All employees receive timely health-screenings and tuberculosis clearances.

At the Exit Conference, the Group Home representative expressed the desire to remain in compliance with all Title 22 regulations and contract requirements. The representative stated that the Group Home will implement procedures to strive towards greater compliance.

A follow-up visit was conducted April 7, 2015 by CAD and it was verified that the Group Home had implemented 9 of 9 recommendations. CAD will continue to assess implementation of the recommendations during the next monitoring review. OHCMD will provide ongoing technical assistance prior to the next review.

The
DANGERFIELD
INSTITUTE

"Finding a Safe Harbor"

NON PROFIT ORGANIZATION
IRS#95-4167526

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October 8, 2014

TO: Department of Children and Family Services
Contracts Administration Division-Contracts Compliance Section
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010
Attention: Sherry L. Rolls, Children's Services Administrator I

CORRECTIVE ACTION PLAN (CAP)

The following is Dangerfield Group Home Program's Corrective Action Plan in response to the Contract Compliance Monitoring Review commencing on August 13, 2014 and conducted by DCFS Contracts Administration Division-Contracts Compliance Section. This Corrective Action Plan addresses the findings and recommendations reviewed during the Field Exit Summary transpiring on September 9, 2014.

I. LICENSURE /CONTRACT REQUIREMENTS

Element #4 (SAFETY)

Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?

Finding(s)

Out-of Home Care Investigations Section requested a Corrective Action Plan from Dangerfield Group Home for not creating a Special Incident that happened during this review period, August 1, 2013 through July 31, 2014.

On December 10, 2013, a referral was generated by DCFS related to allegations of Physical Abuse by Staff at the 73rd Group Home site. Following an in-person investigation, Emergency Response Children's Social Worker (ER CSW) deemed the allegation of Physical Abuse by Staff to be Unfounded and the matter was closed. On May 8, 2014, Out Of Home Care Investigation Section (OHCIS) Investigator reviewed documentation related to the findings of the Emergency Response Children's Social Worker (ER CSW). As a result, OHCIS Investigator determined that Dangerfield Group Home did not "appropriately document the events of December 10, 2013." There was no Special Incident Report (SIR) detailing one of the resident's behaviors on that day. OHCIS requested a Corrective Action Plan to address Dangerfield Group Home Program's Special Incident Reporting.

Corrective Action Plan

On June 23, 2014, Out Of Home Care Investigation Section approved Dangerfield Group Home Program's Corrective Action Plan (CAP). The Corrective Action Plan was implemented on July 11, 2014 and July 24, 2014. Dangerfield Group Home Administrator arranged for all Group Home Staff to be re-trained regarding all Special Incident Reporting, policies and documentation and included practicing writing Special Incident Reports. There were two in-service trainings (7 hours total) as to the proper procedures for documenting and reporting all Special Incidents in accordance with County requirements, including identifying and determining what is a "reportable" incident. Further, on July 11, 2014, Group Home Administrator and Group Home Social Workers were in attendance for Out Of Home Care Management Division and Community Care Licensing's Special Incident Reporting Training. Dangerfield Group Home will strive to maintain compliance in this area by way of ongoing in-house and outside trainings as well as direct oversight by Group Home Administrator. In the event questions and/or concerns arise as it pertains to Special Incident Reporting, Dangerfield Group Home will seek assistance and guidance from the Group Home's assigned CSA I, Quality Assurance Reviewer, Out Of Home Care Management Division.

Person(s) Responsible for Implementation of CAP

Dangerfield Group Home Administrator will ensure implementation of the CAP.

Time Frame of Implementation

The CAP was fully implemented on July 11, 2014 and 7/24/2014.

II. FACILITY AND ENVIRONMENT

Element #10 (SAFETY)

Are the exterior and the grounds of the group home well-maintained? (Front and back yards clean, and adequately landscaped; condition of home exterior, driveway, walkways and fences; window screens).

Finding(s)

The facilities on 11th Avenue and 73rd Street required the windows to be popped open with a book to remain open.

Corrective Action Plan

The windows at the 11th Street and 73rd Group Home Sites were repaired immediately by maintenance. On September 2, 2014, the monitor re-checked the windows and found them to be in working order.

Person(s) Responsible for Implementation of CAP

Dangerfield Group Home Administrator has ensured timely implementation of the CAP.

Time Frame of Implementation

The CAP was immediately implemented.

Element #12 (SAFETY)

Are the children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age-appropriate decorations; and appropriate sleeping arrangements).

Finding(s)

The facilities on 11th Avenue and 81st Street had bureau drawers, in each bedroom, that were broken. The bureau drawers were either falling down when monitor attempted to open them or the monitor could not open the drawer at all. Also, the bedroom doors were missing from the same facilities.

Corrective Action Plan

A total of nine new dresser drawers were immediately purchased for both the 11th Street and 81st Group Home sites. As well, doors were secured for each bedroom at both facilities. On September 2, 2014, the monitor confirmed the doors had been replaced. In addition, the monitor verified that the malfunctioning dresser drawers were replaced.

Element #13 (SELF-SUFFICIENCY)

Does the group home maintain sufficient recreational equipment and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children, and in good repair?

Finding(s)

The facility on 81st Street does not have a computer; staff stated that one of the children hacks the computer to watch pornography and cable television so children at this facility go to the main facility to use the computer; children are transported by staff or take a bus to get to main facility. Two children at this facility have their own laptops. However, there needs to be a computer dedicated to this site also.

Corrective Action Plan

Following the findings and recommendations communicated during the Field Exit Summary, Group Home Administrator purchased a Verizon Tablet to be used by all 81st Group Home Residents. Each resident has the opportunity to use the tablet every evening for an allotted time and to be supervised by Group Home Staff to ensure proper use of the tablet. On September 9, 2014, the monitor confirmed a tablet was now located at the 81st Street facility for use by the children.

Person(s) Responsible for Implementation of CAP

Dangerfield Group Home Administrator ensured timely implementation of this CAP.

Time Frame of Implementation

This CAP was immediately implemented.

Element #14 (WELL-BEING)

Does the group home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze by," "best by," "sell buy," or expiration dates (A minimum of two day supply of perishables and a one week supply of non-perishables)

Finding(s)

Canned goods at the 81st and 73rd facilities were expired. Monitor had staff at facility dispose of expired food.

Corrective Action Plan

To ensure all Group Home sites remain in compliance with requirements and in accordance with the recommendations made by the monitor, Quality Assurance designee will conduct monthly inspections of non-perishable, canned goods verifying the expiration date and, as necessary, disposing of expired canned food each month. New non-perishable food will be purchased to replace disposed of products.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator and Quality Assurance designee will be responsible for implementing this CAP.

Time Frame of Implementation

This CAP has been implemented as of 9/10/2014.

All of the aforementioned physical deficiencies noted have already been corrected and repaired in a timely fashion. In order to maintain the safety and security of all residents placed at Dangerfield Group Home, monthly Quality Assurance home inspections will be conducted to ensure there are no physical plant deficiencies and the homes are clean, safe, orderly, free from hazards, malfunctions, and/or obstructions. This includes making sure both perishable and non-perishable food is fresh and canned goods are within the expiration date. Monthly home inspections of the interior and exterior quarters will be documented in a maintenance log as well as the Quality Assurance designee reviewing the outcomes with Group Home Administrator. In addition to monthly Quality Assurance home inspections, visual inspections will be completed by Facility Managers at each Group Home site on a weekly basis. When there is a deficiency and/or need for repair, Facility Managers will complete a maintenance work order request to submit to Group Home Administrator. The Quality Assurance Designee will confirm all work order and maintenance requests are followed through and repairs and/or deficiencies are corrected in a timely fashion.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element #21 (WELL-BEING)

Are County Workers contacted monthly by the Group Home and are the contacts appropriately documented in the case file?

Finding(s)

There was no contact with the County worker for one of the residents during the month of October 2013.

Corrective Action Plan

Dangerfield Group Home maintains frequent (monthly, if not more) face-to-face and phone contact with DCFS Children's Social Workers (CSW) keeping the placing agency representative abreast of a resident's adjustment, progress, areas of need, treatment planning, Special Incidents, etc. Group Home Administrator and Group Home Social Workers utilize the CSW Contact form to document all communication, including the date, name of a resident's CSW, nature of contact as well as content details. CSW Contact forms are retained in the residents' files. CSW contact is also documented in each resident's NSP on a quarterly basis. In order to ensure ongoing compliance in this area, Quality Assurance will oversee all CSW contacts on a monthly basis when conducting internal audits. When a CSW Contact form cannot be located in the resident's file, Quality Assurance will bring this to the Group Home Social Workers' attention who will then proceed to complete the CSW Contact form. As it pertains to the child in question, the monitor was provided with the CSW Contact form for October 2013 immediately following the Field Exit Summary Conference.

Person(s) Responsible for Implementation of CAP

Dangerfield Group Home Administrator, Quality Assurance, and Group Home Social Workers are responsible for the implementation of this CAP.

Time Frame of Implementation

This CAP has been fully implemented.

IV. EDUCATION AND WORKFORCE READINESS

Element #25 (WELL-BEING)

Was the child enrolled in school within three school days after placement or did the Group Home document efforts?

Finding(s)

One of the residents was placed during the winter break (12/17/2013) however, she was not placed within 3 days after the break ended. The child was enrolled on 1/21/2014. One of the residents was not enrolled within 3 days of arrival to the Group Home, by 10/11/2013. Delay was due to "waiting for LAUSD Special Education Service Center, Operations, to provide the NPS referral letter with District-contracted State certified NPS options". The Group Home received the referral letter on 10/14/2013; school required a routine immunization prior to attendance received on 10/16/2013. Child's first day of school was on 10/17/2013.

Corrective Action Plan

Dangerfield Group Home Program strives to ensure all new residents are enrolled in school within 3 days of initial placement. Nevertheless, there remain barriers to enrolling some new residents within 3 days of initial placement, specifically those residents who require placement at Non-Public Schools and/or

alternative educational programs. In such cases, timely enrollment is beyond the Group Home's control. Some of the alternative schools require that Group Home Staff attend a "Parent Orientation" prior to the resident starting school. "Parent Orientations" are held twice a month on Tuesday's. This can cause delays in a resident's timely enrollment in school. As for Non-Public School placement, supporting documentation was provided to the monitor detailing the process of NPS placement. Group Home Social Workers document rationale for late enrollment in residents' NSPs. A new School Enrollment form has been developed for documenting in detail all contacts with schools and the specific challenges presented as it relates to timely school enrollment.

Person(s) Responsible for Implementation of CAP

Dangerfield Group Home Administrator and Group Home Social Workers are responsible for implementing this CAP.

Time Frame of Implementation

This CAP has been implemented.

Element #26 (WELL-BEING)

Finding(s)

One of the residents is frequently absent from school, truant, and refuses to go. She was required to sign the "Final Attendance Contract" with school. Group Home has in the NSP to contact the school at least monthly, to discuss school progress. However, no notes of such action in files at the time of the review.

Corrective Action Plan

Dangerfield Group Home maintains regular contact (monthly, if not more) with school personnel. On-site visits are conducted in addition to phone and/or written communication. Group Home Administrator and Group Home Social Workers verify residents' attendance, academic and behavioral progress, respond to school incidents, and collaborate with teachers and other school personnel as it relates to individualized educational interventions. In the event a resident has truancy issues and/or school refusal, Dangerfield Group Home Staff utilize incentives and existing level system as motivators for regular school attendance and successful school experiences. Dangerfield Group Home works in collaboration with LAUSD Neglected, Delinquent, or At-Risk Program to address many of the school issues presented by residents placed at Dangerfield Group Home. To ensure full compliance and maintain appropriate records and details of communication with school personnel, Dangerfield Group Home Administrator and Group Home Social Workers will monitor residents' school progress weekly documenting their efforts on a new School Log form. This form is intended to document all information provided by school teachers, counselors, Deans, etc. reporting on a resident's progress at school, concerns, attendance, and academic and behavioral standing. The School Log form will be used to gauge unmet educational needs and assist Group Home Social Workers in developing individually tailored treatment plans and goals for school. The School Log forms will be retained in each resident's file and accessible to Group Home Social Workers when documenting school involvement, collaboration, and contact in a resident's NSP.

Person(s) Responsible for Implementation of CAP

Dangerfield Group Home Administrator and Group Home Social Workers will be responsible for implementing this CAP.

Time Frame of Implementation

This CAP has been implemented.

V. HEALTH AND MEDICAL NEEDS

Element #30 (WELL-BEING) and Element #32 (WELL-BEING)

Are initial medical examinations conducted timely?

Are initial dental examinations conducted timely?

Finding(s)

One resident's first medical examination was more than 30 days after placement, however notes on initial NSP states she refused initial appointment. Another resident refused initial medical examination however there is no proof in file that the initial was scheduled within 30 days of placement; no date on form reviewed. One resident refused to go to initial dental exam on November 11, 2013 (Group Home had her sign refusal form) however, the initial scheduled exam was more than 30 days after placement.

Corrective Action Plan

Dangerfield Group Home will ensure that all new residents receive timely initial medical and dental examinations by way of enhanced monitoring. New policy and procedures have been developed whereby each new resident shall have an initial medical and dental exam scheduled within the thirty days of placement. Day Shift Group Home Staff will schedule initial medical and dental exams within 5 days of a new resident's placement in the Group Home. Quality Assurance will verify whether the new resident's medical and dental appointment has been scheduled and is within 30 days of placement in addition to confirming the resident received medical and dental care as scheduled. Quality Assurance will utilize a running log book with the name of new residents, date of placement, scheduled medical and dental appointments, and 30 day deadlines. Quality Assurance will confer with Day Shift Group Home Staff on a weekly basis regarding each new resident's medical and dental needs. In the event the resident refuses medical and/or dental services during the initial 30 days of placement, Dangerfield Group Home will continue to utilize a refusal form. Day Shift Group Home Staff will properly complete this form, including documenting the date of refusal, the service provider, the next scheduled medical and/or dental appointment, and the signature of the resident and staff. DCFS Children's Social Workers will be notified immediately of refusal of required medical and/or dental examinations. If there are any obstacles in delivery of service, such as Medi-Cal issues and ineligibility, Day Shift Group Home Staff will obtain documentation from the medical or dental provider retaining a copy in the resident's file. When a new resident is referred to a HUB clinic and an appointment cannot be scheduled within the 30 day time frame, documentation will be retrieved by the CSW and/or DCFS Public Health Nurse who generates the referral.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator, Day Shift Group Home Staff, and Quality Assurance are responsible for implementation of this CAP.

Time Frame of Implementation

This CAP has been implemented.

Element #31 (WELL-BEING)

Finding(s)

In the case of one resident, there were no follow-up dental appointments as required at the time of the monitor's review.

Corrective Action Plan

Required follow-up dental examinations and six month recalls will be scheduled one month in advance of the deadline by Day Shift Group Home Staff. As in the case of initial medical and dental examinations, Quality Assurance will verify whether residents' follow-up dental examinations have been scheduled in addition to confirming residents have received necessary dental services as scheduled. Any resident who refuses follow-up dental care will sign Refusal of Dental Examination form. As mentioned, these forms will be properly filled out with the correct date, name of service provider, next scheduled appointment, and resident and staff signatures.

Person(s) Responsible for Implementation of the CAP

Group Home Administrator, Quality Assurance, and Day Shift Group Home Staff will be held accountable for ensuring this CAP is implemented.

Time Frame of Implementation

This CAP has been implemented.

VI. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Element #41 (WELL-BEING)

Is a fair rewards and discipline system in place?

Finding(s)

One resident stated consequences are not fair as they are not able to use the telephone and contact family members during punishment.

Corrective Action Plan

Contrary to the statements made by the one resident, Dangerfield Group Home does not give negative consequences in the form of withholding a resident's phone contact with his or her CSW and/or family members. More specifically, regardless of a resident's behavioral standing in the Group Home, the

telephone is accessible at all times. Phone procedures include residents having full access to their CSWs and authorized family members and relatives throughout the day and into the evening hours. The only phone restrictions and limitations pertain to phone contact with friends. Residents are permitted to phone their friends between the hours of 7:00 p.m. and 9:00 p.m., seven days a week. In an effort to avoid any future misunderstandings, Dangerfield Group Home will clarify phone procedures more thoroughly during new resident orientation. New residents and their placing agency representative (CSW) will acknowledge their understanding of the Group Home's phone procedures, discipline policy, and residents' personal rights by signing new resident orientation documents.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator, Group Home Staff, and Group Home Social Workers will be responsible for implementing this CAP and orienting new residents to the Group Home's policy and procedures and providing clarification.

Time Frame of Implementation

This CAP has been implemented.