County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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August 7, 2015

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Philip L. Browning
Director

FRED JEFFERSON MEMORIAL HOME FOR BOYS GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Fred Jefferson Memorial Home for Boys Group Home (The Group Home) in April 2014. The Group Home has two sites located in Second Supervisorial District and provides services to DCFS foster children. According to the Group Home's program statement, its stated purpose is "to provide adolescents in need of out of home placement with a safe and secure home to live in. We offer a program of services designed to meet individual needs. As appropriate, we will work with families toward reunification. We coordinate our efforts to provide continuity and quality of programming."

The Group Home has two 6-bed sites licensed to serve a capacity of 12 male children, ages 12 to 17. The facilities also service non-minor dependents (NMDs) ages 18 to 21. At the time of review, the Group Home served 12 DCFS placed children. The placed children's overall average length of placement was 7 months, and their average age was 16.

SUMMARY

The Group Home was in full compliance with 6 of the 10 sections of our Contract Compliance Review: Licensure/Contract Requirements; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children, and Personnel Records.

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

Deficiencies were noted in the following areas: Facility and Environment, related to children's bedrooms not being well maintained; Maintenance of Required Documentation/Service Delivery, related to youth not progressing toward meeting their Needs and Services Plan (NSP) case goals,

not receiving recommended therapeutic/treatment services, monthly contacts with County workers not being documented and initial and updated NSPs not being developed timely or comprehensive; Education and Workforce Readiness, related to youth not improving their academic performance or increasing their attendance and not facilitating the child's participation in Youth Development Services (YDS)/vocational programs; and Personal Rights and Social/ Emotional Well-Being, related to one child who reported not being treated with respect and dignity.

Attached are the details of our review.

REVIEW OF REPORT

On June 18, 2014, Anthony Currey, DCFS CAD Children's Services Administrator (CSA I), held an Exit Conference with Dr. Cecilia Jefferson-Freeman, Group Home Chief Executive Officer. Other DCFS staff included: Ali Bhatti, CAD and Sonya Noil, Out-of-Home Care Management Division (OHCMD). The Group Home representative was in agreement with the review findings and recommendations, were receptive to implementing systemic changes to improve compliance with regulatory standards, and to address the noted deficiencies in a Corrective Action Plan (CAP) addressing the recommendations noted in this report.

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this Compliance Report. OHCMD provided technical assistance to the Group Home to assist the Group Home with implementing their CAP. CAD conducted follow-up visits to the Group Home on September 26, 2014 and October 6, 2014, and verified implementation of the Compliance CAP.

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

PLB:EM
LTI:ac

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Dr. Cecilia Jefferson-Freeman, Executive Director, Fred Jefferson Group Home
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

FRED JEFFERSON MEMORIAL HOME FOR BOYS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1000 West 152nd Street
Compton, CA 90220
License Number: 198200050
Rate Classification Level: 10

1448 East 142nd Street
Compton, CA 90220
License Number: 198206276
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: April 2014**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (All)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Children 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 Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Improvement Needed

	10. Development of Timely, Comprehensive Updated NSPs with Child's Participation	10. Improvement Needed
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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed
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	 Full Compliance (All)
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 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. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	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 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 License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

FRED JEFFERSON MEMORIAL HOME FOR BOYS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This Compliance Report addressed findings noted during the April 2014 review. The purpose of this review was to assess Fred Jefferson Memorial Home for Boys Group Home's (the Group Home) compliance with its Los Angeles 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 Medication,
- 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, four Los Angeles County Department of Children and Family Services (DCFS) placed children were selected. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two of the sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five staff 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 provided.

The Group Home was in compliance with 6 of the 10 sections in our Contract Compliance Review.

CONTRACTUAL COMPLIANCE

CAD found the following 4 areas out of compliance:

Facility and Environment

- Children's bedrooms not well maintained.

During the walk-through of the facility, in bedroom #3 of the 142nd Street site, a fire escape breakaway release was not functioning. This oversight was immediately brought to the Group Home's attention and the release mechanism was repaired the same day.

At the Exit Conference, the Group Home representative acknowledged the need to complete routine inspections to ensure the proper functioning of fire escape windows.

During the follow-up visit on September 26, 2014, CAD verified that the Group Home maintained inspection records for both the 152nd Street site and the 142nd Street site.

Recommendation:

The Group Home's management shall ensure that:

1. Children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- Children not progressing toward meeting NSP case goals.

Three case files reviewed determined that youth are not progressing toward meeting the NSP case goals. During the Exit Conference, the Group Home representative expressed that the social workers would be instructed to develop obtainable goals along with steps to reach them with each child.

During the follow-up visit on September 26, 2014, CAD reviewed the NSPs in the case file and verified that steps have been taken by the Group Home to assist the children to reach achievable case goals.

- Children were not receiving recommended therapeutic services.

One case file reviewed determined that the youth was not receiving recommended therapeutic/treatment services. At the Exit Conference, the Group Home representative stated that the facility manager would ensure that therapeutic services are documented in the child's files and that the Administrator will ensure compliance.

During the follow-up visit on September 26, 2014, CAD reviewed case file NSPs and verified that children were being provided the recommended therapeutic services, including group and individual counseling.

- County Children's Social Worker (CSW)'s monthly contacts not documented.

Four case files reviewed determined that the County's CSWs were not contacted monthly and efforts to contact the CSWs were not appropriately documented. During the Exit Conference, it was clarified that the Group Home social workers will document contact dates with the CSWs in the child's files, as well as, in their progress notes.

During the follow-up visit on September 26, 2014, CAD reviewed case file NSPs verifying proper monthly documentation of the Group Home's contact with the children's CSW.

- Initial NSPs were not timely and comprehensive.

Four initial NSPs reviewed determined that none were comprehensive, as they did not meet all the required elements in accordance with the NSP template. During the Exit Conference, the Group Home representative acknowledged the need to submit the initial NSP within thirty days and that all information required must be included.

During the follow-up visit on September 26, 2014, CAD reviewed case files and verified the children's signatures and completion of the required elements were included in initial NSPs.

- Updated NSPs were not timely and comprehensive.

Four updated NSPs reviewed determined that none were comprehensive, as they did not meet all the required elements in accordance with NSP template. The Group Home representative acknowledged the need to submit the updated NSP every 90 days and that all information required must be included.

During the follow-up visit on September 26, 2014, CAD reviewed case files and verified the children's signatures and completion of the required elements were included in updated NSPs.

Recommendations:

The Group Home's management shall ensure that:

2. Children progress toward meeting NSP case goals.

3. Therapeutic services are provided.

4. County CSW monthly contacts are made and documented.

5. Timely and comprehensive initial NSPs are developed.

6. Timely and comprehensive updated NSPs are developed.

Education and Workforce Readiness

- Children's academic performance or attendance did not increase.

Four case files reviewed determined that children's academic performance did not improve. The Group Home representative noted that the Group Home will monitor progress by documenting grades and attendance levels. When appropriate, an Individualized Educational Program will be requested, as well as tutoring to ensure that children's academic performance improves.

During the follow-up visit on September 26, 2014, CAD reviewed case file NSPs and verified tutoring assistance is available for children and efforts taken by the Group Home to aid children in achieving improved grade levels and increasing attendance are being documented.

- Group Home did not encourage children's participation in YDS/vocational programs.

A review of three case files determined that the Group Home did not document efforts to facilitate youth participation in YDS/vocational programs. During the Exit Conference, the Group Home representative stated that the Group Home provides training to children every third Saturday of the month, which includes life and anger management skills.

During the follow-up visit on September 26, 2014, CAD reviewed YDS/vocational training records and verified the children's participation.

Recommendations:

The Group Home's management shall ensure that:

7. Children's academic performance and attendance increase.

8. Children are encouraged to participate in YDS/vocational programs.

Personal Rights and Social/Emotional Well-Being

- Staff does not treat children with respect and dignity.

One child reported not being treated with respect and dignity while at the Group Home facility. Per the Group Home representative, the Group Home will implement immediate action to resolve any issues or concerns that arise with children.

During the follow-up visit on September 26, 2014, CAD reviewed the child case file, along with staff progress notes and verified efforts taken by the Group Home to address child's suggestions, concerns and issues.

Recommendation:

The Group Home's management shall ensure that:

9. Children are treated with respect and dignity.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division's (OHCMD) last compliance report dated October 2013 identified seven recommendations.

Based on OHCMD's follow-up, the Group Home fully implemented 3 of 7 recommendations for which they were to ensure that:

- All SIRs are appropriately documented and cross-reported timely.
- The Group Home is in compliance with Title 22 Regulations and County contract requirements.
- All children are enrolled in school within three school days after placement.

The Group Home did not implement 4 of 7 recommendations for which they were to ensure that:

- The Group Home staff contacts the DCFS CSWs monthly and the contacts are appropriately documented in the case files.
- All children's bedrooms are well maintained.
- Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.
- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Recommendation:

The Group Home's management shall ensure that:

10. The outstanding recommendations from the monitoring report dated October 2013, which are noted in this report as recommendations numbers 1, 4, 5, and 6 are fully implemented.

At the Exit Conference, the Group Home representative expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. On September 26, 2014, and on October 6, 2014, CAD conducted additional visits to ensure the Group Home's implementation of its new protocol. During the follow-up visits, CAD assessed the maintenance of children's bedrooms and reviewed four children's case files for timely, comprehensive initial and updated NSPs, including proper documentation of the Group Home's monthly contact with CSWs. The OHCMD will provide on-going technical assistance and CAD will continue to assess implementation of the recommendations during the next monitoring review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A review of the Auditor-Controller's website in July 2014 indicates that their last fiscal review concerning Fred Jefferson Memorial was completed on March 13, 2013. This report identified $48,138 in unallowable expenditures and $1,648 in unsupported/inadequately supported expenditures. According to the Outstanding Debt Report dated March 31, 2015, the balance owed is $12,196. Fred Jefferson also owes $279 in FFA Overpayments and $3,899 in Group Home Overpayments. These payments are being made in accordance with the invoice due dates.

Fred Jefferson Memorial Homes For Boys
152 W. Walnut St. Suite 150
Gardena, California 90248

Phone # (310) 763-1660 **Fax # (310) 763-0357**

August 4, 2014

Mr. Anthony Curry
DCFS – Contracts
3530 Wilshire Blvd.
4th Floor
Los Angeles, California
90010

Dear Mr. Curry,

Please find attached the Fred Jefferson Memorial Homes For Boys Corrective Action Plan in response to Compliance Audit.

If you have any questions or need further information please call me at 310.763.1660 x. 121.

Respectfully,

Cecilia Jefferson Freeman, Ph.D.

Cecilia Jefferson Freeman, Ph.D.

Where Children Come First!

I. Licensure/Contract Requirements

No findings.

II. Facility and Environment

12. The fire escapes in the group homes will be inspected once a week to ensure that all releases are operating properly. At the time of audit the repairs were being done and the bar was in release mode but the part was not readily available when the release bar was not operable. The facility manager will keep parts to the bars on site in case the bars become inoperable. The facility manager will be responsible for this corrective measure and the administrator will ensure that group home remains in compliance.

III. Maintenance of Required Documentation and Service Delivery

18. The social worker along with staff will develop goals with each resident.
The goals will be obtainable and steps to reach the goals will also be developed. All staff will implement this correction and the social worker will ensure that the group home will remain in compliance.

19. Each resident in the group home receives individual therapy, group therapy, and substance abuse counseling each week. The facility manager will ensure these services are documented in the resident's files and the administrator will ensure group home remain in compliance.

21. The facility manager at least once a month communicate with county social workers. The social worker once a month communicates with the county social worker. Documentation of these dates will be put in each residents file. The facility manager will monitor this correction and the administrator will ensure that group home remains in compliance.

23. & 24 Fred Jefferson Memorial Homes For Boys will submit timely and comprehensive NSPs for each resident placed in the group home. The initial will be submitted within thirty days and thereafter the needs and service plans will be updated and submitted every ninety days. All information required will be in the NSPs. The social worker will implement this correction and the administrator will ensure the agency remains in compliance.

IV. Education and Workforce Resources

28. Fred Jefferson Memorial Homes For Boys insist that each resident attend school. Academic performance is rewarded when residents increase their grades and attendance. The group home facility manager will monitor this correction by documenting academic performance, grades increase, and attendance increase. When appropriate IEP will be requested to ensure that each resident improve as well as tutoring for increasing performance in school. The administrator will oversee this correction to ensure the agency remain in compliance.

29. Fred Jefferson Memorial Homes provides training to residents every third Saturday of the month. Training includes but not limited to life skills, sexual exploitation, and anger management. Fred Jefferson Memorial Homes will document these services by having each resident sign in on the sign in sheet. The social worker will implement this correction and the administrator will monitor to ensure that agency remains in compliance.

VII. Personal Rights

40. Fred Jefferson Memorial Homes For Boys will continually treat all residents with respect and dignity. The entire staff will implement this correction and the administrator will monitor to ensure that the agency remains in compliance.

IX. Discharged Children

56 & 57. During the compliance audit did not once was discharged files reviewed or requested for. Therefore we do not have a response to this finding. There is no documentation that this finding is accurate.

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Gardena, California 90248

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Mr. Anthony Curry
DCFS – Contracts
3530 Wilshire Blvd.
4th Floor
Los Angeles, California
90010

ADDENDUM TO CORRECTIVE ACTION PLAN

IX. DISCHARGED CHILDREN

FRED JEFFERSON MEMORIAL HOMES FOR BOYS MANDATES THAT ALL RESIDENTS ATTEND SCHOOL EVERY DAY UNLESS THEY HAVE A COURT APPEARANCE OR ARE TOO ILL TO ATTEND SCHOOL. WHEN GOALS ARE SET STAFF ENCOURAGE RESIDENTS TO WORK DILIGENTLY TOWARD OBTAINING GOALS.
FRED JEFFERSON MEMORIAL HOMES WORK TOWARDS RESIDENTS BEING DISCHARGED ACCORDING TO THE PERMANENCY PLAN. HOWEVER MANY INSTANCES RESIDENTS HAVE TO BE REMOVED DUE TO THEIR BEHAIVOR THAT IS THREATHENING TO BOTH STAFF AND RESIDENTS. MANY RESIDENTS ARE DISCHARGED PREMATURELY BECAUSE OF THEIR CONSTANT AWOL BEHAVIOR AND REFUSAL TO ATTEND SCHOOL.

FRED JEFFERSON WILL CONTINUE TO ENROLL ALL RESIDENTS IN SCHOOL AND TRANSPORTATION TO AND FROM SCHOOL WILL BE PROVIDED. RESIDENTS WILL PARTICIPATE IN SETTING NSP GOALS AND STAFF WILL SUPPORT THEM IN OBTAINING GOALS. THE PERMANENCY PLAN FOR EACH MINOR WILL BE DOCUMENTED AND STEPS TAKEN TO OBTAIN THE GOALS OF THE PLAN.
THE FACILITY MANAGER WILL IMPLEMENT THIS CORRECTION AND THE ADMINISTRATOR WILL MONITOR TO ENSURE COMPLIANCE IS MAINTAINED.

RESPECTFULLY SUBMITTED,

CECILIA J. FREEMAN
CEO

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