County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 31, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

LITTLE PEOPLE'S WORLD GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Little People's World Group Home (LPW) in July 2012. LPW has two sites located in the Second Supervisorial District and two in Riverside County, and provides services to Los Angeles County DCFS foster children and youth. According to LPW's program statement, its purpose is "to increase the likelihood that young children in crisis will be provided the opportunity for a successful return home or placement in a less restrictive setting conducive toward legal permanency."

LPW has three six-bed sites and one 10-bed site and is licensed to serve a capacity of 28 boys ages six through 12, which includes children from other counties. At the time of the review, LPW served 17 placed DCFS children. The placed children's overall average length of placement was nine months and the average age was 10.

SUMMARY

During our review, the interviewed children generally reported feeling safe at LPW; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

LPW was in full compliance with six of 10 areas of our contract compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; and Personal Needs/Survival and Economic Well-Being, and Discharged Children.

We noted deficiencies in the areas of timely submissions of Special Incident Reports (SIRs) to OHCMD and Community Care Licensing (CCL), developing comprehensive initial and updated Needs and Services Plans (NSPs), ensuring children are making progress toward their NSP goals, and that staff who have direct contact with children meet the educational/experience requirements. In addition, CCL cited LPW as a result of deficiencies and findings during CCL investigations during the period of April 2011 and July 2012.

Attached are the details of our review.

REVIEW OF REPORT

On August 10, 2012, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with LPW's staff, Hitachi Kidogo, Assistant Executive Director, Shannon Jones, Quality Assurance Coordinator, Toni Hodges and Salina Hysaw, Facility Managers. LPW representatives were in agreement with the findings and recommendations except the Assistant Executive Director felt that the documentation LPW provided regarding a staff's experience was adequate. However, OHCMD could not verify the documentation. LPW was receptive to implementing systemic changes to improve their compliance with regulatory standards, and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL). LPW provided the attached approved CAP addressing the recommendations noted in this compliance report. We will assess for implementation of recommendations during our next monitoring review.

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

PLB:RRS:KR
EAH:PGB:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
CSJ Kidogo, Executive Director, Little People's World
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing
Linda Calhoun, Regional Manager, Community Care Licensing

LITTLE PEOPLE'S WORLD GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess LPW's compliance with its County contract and State regulations and included a review of LPW'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
- Personnel Records

For the purpose of this review, six placed children were selected for the sample. We interviewed each child and reviewed their case files to assess the care and services they received. All six children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three discharged children's files were reviewed to assess LPW's compliance with permanency efforts.

We 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.

CONTRACTUAL COMPLIANCE

We found the following four areas out of compliance.

Licensure/Contract Requirements

- We found that appropriately documented Special Incident Reports (SIRs) were not submitted timely and cross-reported to all required parties. The Facility Managers stated they would immediately begin submitting SIRs via I-Track appropriately and train their staff on SIR reporting protocols.

- CCL cited LPW as a result of deficiencies and findings during CCL investigations at the Brookside site in Riverside County. On August 30, 2011, CCL cited LPW's Brookside site regarding a substantiated allegation that a staff inappropriately restrained a child and the incident was not reported to CCL. The Plan of

Corrections noted by CCL was that the two staff were suspended and then trained on Personal Rights in accordance with Title 22 Regulations. There was another finding by CCL in November, 2011: CCL found that the gas pilot in the visitors' room at the Banning office emitted toxic fumes, potentially compromising the health of clients and visitors. Staff had failed to ensure that the pilot was completely turned off. The pilot was immediately turned off with no reported harm to anyone. This citation also included violations of personal rights, which include the right of the children to live in a safe, healthy, and comfortable home where they are treated with respect as a foster child was made to continue a visit with parents in spite of toxic gas fumes being present. A Plan of Correction (POC) was submitted and approved by CCL. The POC addressed retraining of staff in providing care, supervision, personal rights and safety of children.

Recommendations

LPW's management shall ensure that:

1. SIRs are appropriately documented and cross-reported to all required parties via I-Track, in a timely manner.

2. All sites are in compliance with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

In January 2012, LPW representatives attended OHCMD's NSP training. During our review, several NSPs that were reviewed were developed prior to the January 2012 training.

- Six initial NSPs and 14 updated NSPs were reviewed. We found that all 20 NSPs reviewed were timely. One initial NSP and eight updated NSPs were comprehensive and met all the required elements in accordance with the NSP template. Five initial and six updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. We found that one initial and several updated NSPs did not provide the dates that the NSP was planned to cover. Some initial and updated NSPs did not provide the children with measurable goals, did not identify methods to achieve the goals and persons responsible for assisting the children with achieving the goals. One updated NSP did not have the date for the court authorization for psychotropic medication, and some did not have detailed information on the group home contacts with the DCFS Children's Social Workers (CSWs).

- Additionally, we found one sampled child was not progressing toward meeting his NSP case goals. The Facility Manager stated that the group home documented the progress the child was making in his Progress Notes; however, no progress was documented for this child toward meeting two of his NSP case plan goals. The Facility Manager said that in the future, LPW will make sure that children's progress toward their NSP goals is clearly documented in their NSPs. LPW plans to provide

further NSP training to their staff on the newly formatted NSP template, which the Facility Managers stated they find more user-friendly.

Recommendations

LPW's management shall ensure that:

3. The children are progressing toward meeting their NSP goals.

4. They develop comprehensive initial and updated NSPs.

Personal Rights and Social/Emotional Well-Being

- One 11-year-old child interviewed reported that the group home did not provide him with opportunities to plan age-appropriate extra-curricular, enrichment, and social activities in which he had an interest. The Group Home Quality Assurance Coordinator stated that LPW does have the children plan activities they want to do and uses a Client Satisfaction Survey that all the children get the opportunity to express how they like the food, the games, outings and other activities. However, she could not provide any documentation showing that all the children participated in the planning of activities as the survey only asks how they like the activities. LPW intends to make changes to the Client Satisfaction Survey and includes questions to ensure all the children's suggestions and input regarding planning of activities are documented with the children's signature, which will be kept in their case files and available for review.

Recommendation

LPW's management shall ensure that:

5. All age-appropriate children are given opportunities to plan age-appropriate activities in which they have an interest.

Personnel Records

- No documentation was found for one staff, a Child Care Worker who has direct contact with the children, that she met the education or experience requirements for her position. LPW's Assistant Executive Director stated that the staff may not have the minimum academic requirements but did have prior experience. As supporting documentation, LPW provided the Request for Verification of Prior Employment, which the group home had submitted to an agency where the staff claimed to have previously worked. The document was submitted prior to the staff's hire date; however, the agency was no longer in operation, ("Company closed") and LPW did not provide additional documentation that could verify the staff's prior employment. LPW plans to use the staff in another position until she completes courses at Riverside Community College.

Recommendation

LPW management shall ensure that:

6. Staff who have direct contact with children meet the educational/experience requirements.

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

The OHCMD's last compliance report dated April 30, 2012 identified six recommendations.

Results

Based on our follow-up, LPW fully implemented three of the six recommendations. The previous recommendations were that LPW was to ensure:

- SIRs are appropriately documented and cross-reported to all required parties via I-Track, in a timely manner.
- The common quarters are well maintained.
- The children are progressing toward meeting their NSP goals.
- They develop comprehensive initial and updated NSPs.
- Children are involved in the selection of their clothes.
- Maintained documentation in NSPs for children placed who were at least 30 days indicating progress they made toward meeting their NSP goals.

LPW did not implement the recommendations regarding appropriately documenting and cross-reporting SIRs to all parties via I-Track in a timely manner; children are progressing toward meeting their NSP goals; and developing comprehensive NSPs.

Recommendation

LPW management shall ensure that:

7 It fully implements the April 30, 2012 outstanding recommendations from the 2011-2012 fiscal year monitoring review, which are noted in this report as Recommendations 1, 3 and 4.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of LPW was posted by the A-C on December 6, 2011. The A-C identified $182,387 in unallowable expenditures, and $1,667 in unsupported or inadequately supported expenditures. According to DCFS Fiscal Monitoring Section, LPW signed an agreement with the Los Angeles County Treasurer and Tax Collector (TTC) to pay the identified unallowable expenditures and has been making monthly payments.

LITTLE PEOPLE'S WORLD GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

727 S. Harris Street
Compton, California 90220
License # 191670240
Rate Classification Level: 12

704 N. Kalsman Street
Compton, California 90221
License # 191600851
Rate Classification Level: 12

39514 Brookside Ave.
Cherry Valley, California 92223
License # 330910409
Rate Classification Level: 12

276 N. Allen Street
Banning, California 92220
License # 336402541
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: July 2012**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	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. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	

III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Needs Improvement
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Needs Improvement
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Needs Improvement
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	Full Compliance (ALL)
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	1. Full Compliance
	2. Children Feel Safe	2. Full Compliance
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's efforts to provide Meals and Snacks?	4. Full Compliance
	5. Staff Treat Children with Respect and Dignity	5. Full Compliance
	6. Appropriate Rewards and Discipline System	6. Full Compliance
	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend or not Attend Religious Services/Activities	8. Full Compliance
	9. Reasonable Chores	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Needs Improvement
	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'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	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	1. Full Compliance
	2. Signed Criminal Background Statement Timely	2. Full Compliance
	3. Education/Experience Requirement	3. Needs Improvement
	4. Employee Health Screening/TB Clearances Timely	4. Full Compliance
	5. Valid Driver's License	5. Full Compliance
	6. Signed Copies of Group Home Policies and Procedures	6. Full Compliance
	7. All Required Training	7. Full Compliance

Little Peoples' World Inc.

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(951) 849-1959 Fax (951) 849-1227
E-Mail csjkidogo@littlepeoplesworld.org

October 4, 2012

Department of Children & Family Services
Out of Home Care Management
9320 Telstar Avenue, Suite #216
El Monte, CA 91731

Dear Ms Patricia Bolanos-Gonzalez

RE: Group Home Monitoring Review Field Exit Summary
Corrective Action ADDENDUM-2

August 10, 2012 Department of Children and Family Services-Out of Home Care Management Division (OHCMD) conducted an exit review with Little Peoples' World (LPW) Management to discuss findings from the Group Home Compliance Review for 2012. As result of the review LPW completed a Corrective Action Plan (CAP) September 16, 2012. September 21, 2012 the CAP was not approved as it did not adequately address all of the issues/findings.

The **ADDEDUM** will address each finding separately and are numbered per your example.
Licensure/ Contract Requirements
#4. Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?

LPW will submit immediate SIRs i.e. serious injury/illness, death, child abuse, inappropriate restraint, AWOL. LPW will submit non-emergent SIRs within twenty-four hours i.e. property damage, missing, minor injury, SIRs will reflect date and date of incident. LPW will submit SIRs per I Track reporting system.

Out of County placement SIRs will be submitted per I Track reporting system. Non – DCFS placements will be submitted to Community Care Licensing and County of Supervision per immediate and twenty- four hour guidelines.

Compliance The Administrator will ensure compliance with immediate and twenty-four hour reporting of SIRs through electronic access LPW Server. Administrator or designee will review SIR at occurrence for date and compliance with immediate/ twenty-four hour submittal to I Track, OHCMD, Placement Worker and Community Care Licensing.

#9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review? (SAFETY)
LPW Brookside site was not the location of the gas pilot incident. The incident occurred at LPW office, 644 N. Cherry Street, Banning. LPW posted notice in the room (reminder to staff) to ensure gas pilot is off following usage. Carbon Monoxide detectors are inside LPW facilities and office.

Compliance Administrator or designee will test Carbon Monoxide detectors each month to ensure client and visitor safety. Administrator or designees will immediately contact LPW Maintenance, the Gas Company, or Fire Department when gas fumes are detected. Administrator or designee will document results in security log or SIR when fumes are detected).

III. Maintenance of Required Documentation and Service Delivery

#18. Are sampled children progressing toward meeting the Needs and Services Plans case goals? (WELL-BEING)

LPW will ensure child is progressing toward meeting goals. Facility Social Worker will utilize the revised Needs and Services Plan (NSP) beginning July 1, 2012. Facility Social Worker will utilize Power Point that will provide additional training.

Compliance Administrator will electronic access NSP initial and quarterly to ensure child is progressing toward meeting goals and that revised NSP is utilized beginning July 1, 2012; that NSP reflect utilization of Power Point that has provided additional training. Administrator or designee will sign NSP as verification of review.

#23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?(WELL-BEING)

LPW will ensure initial NSP is fully developed with the participation of the child; that language is age- appropriate for child comprehension and development; that revised NSP is utilized beginning July 1, 2012 to ensure goals are measurable, methods of achievement are identified and has identity of person responsible for implementing goals. Facility Social Worker will utilize the Power Point that will provide additional training.

Compliance Administrator will electronic access NSP to ensure initial NSP is age-appropriate is comprehensive and has been developed age appropriate; that revised NSP is utilized beginning July 1, 2012 to ensure goals are measurable, methods of achievement are identified and has identity of person responsible for implementing goals; that NSP reflect utilization of the Power Point that has provided additional training. Administrator or designee will sign NSP as verification of review.

#24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

LPW will ensure NSP are updated has date of psychotropic medication and includes detailed contact with CSW. Facility Social Worker will utilize the revised NSP beginning

July 1, 2012. Facility Social Worker will utilize the Power Point that will provide additional training.

Compliance Administrator will electronic access NSP initial and quarterly to ensure NSP is updated; has date of psychotropic medication ; that NSP reflect utilization of the Power Point that has provide additional training. Administrator or designee will sign NSP as verification of review.

VII. Personal Rights and Social/Emotional Well-Being
#47. Are children given opportunities to plan in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home? (SELF-SUFFICIENCY)

LPW will ensure client participation in planning of activities during the four group sessions per month. Administrator or designee will document client participation in activities planning in the revised Client Satisfaction Survey that is completed each quarter.

Compliance Administrator or designee will review the revised Client Satisfaction Survey to ensure client participation in activities planning. Administrator or designee will review and sign the revised Client Satisfaction Survey each month.

X. Personnel Records
#61 Do GH staffs who have direct contact with children meet the educational/experience requirements? (SAFETY)

LPW will ensure personnel file includes verification of experience/education for all staff who are providing direct care to clients at LPW in compliance with Title 22 and LPW's Program Statement prior to hire.

Compliance Administrator or designee will ensure (#61), completes 5 hours of additional training that consist of course work from Foster/Kinship Care Education Program from a local Community College. (#61) must complete the training by December 31, 2012. (#61) will provide certificate of completion to the Administrator or designee within three days of completion. (#61) failure to comply with correction will result in termination of employment.

After the first 12 months of employment, (#61) shall complete 20 hours of annual training and 4 hours of additional training that shall consist of course work from Foster/Kinship Care Education Program from a local Community College. (#61) has completed 24 hours of initial training and 20 hours of annual training within the first 90 days of hire.

Compliance Monitor
Quality Assurance Controller will conduct month monitoring to ensure compliance with CAP. QA will ensure correction of discrepancies within three days of discovery. The controller will sign the corrected document as verification of compliance.

Respectfully,

Hitaji Kidogo

Hitaji Kidogo, Assistant Director