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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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August 4, 2015

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

From: Philip L. Browning
Director

MCKINLEY CHILDREN'S CENTER GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of McKinley Children's Center Group Home (the Group Home) in May and June 2014. The Group Home has a site located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth, as well as children placed through, San Bernardino County and Riverside County. According to the Group Home's program statement, its purpose is "to provide services to children who exhibit behavioral, social and emotional difficulties."

The Group Home has a 44-bed site and is licensed to serve a capacity of 44 boys, ages 8 through 19. At the time of review, the Group Home served 39 placed DCFS children. The placed children's overall average length of placement was 7 months and the average age was 17.

SUMMARY

CAD conducted a Fiscal Assessment, which included a 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 the Group Home/Foster Family Agency Contract, 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 the 5 fiscal areas reviewed: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; and Payroll and Personnel.

An identified area of internal control weakness was noted in the area of Cash Expenditures, related to the inventory list of fixed assets not including all the required information.

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, and being comfortable in their environment. However, two children reported that they did not feel safe when the residents fight with each other. One child stated that some staff does not treat him with dignity or respect. One child refused to be interviewed.

The Group Home was in full compliance with 5 of 10 areas of our Contract Compliance Review: Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medications, and Discharged Children.

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to vehicles used to transport placed children not being maintained in good repair, a Special Incident Report (SIR) was not submitted timely, and Community Care Licensing (CCL) citations; Facility and Environment, related to common areas and children's bedrooms not being well maintained; Personal Rights and Social/Emotional Well-being, related to two children reporting they did not feel safe at the group home, children reporting the food was not palatable and portions were small, one child reporting he was not treated with dignity and respect by staff, two children reporting the discipline system was not fair, and one child reporting that he was not allowed to make private phone calls; Personal Needs/Survival and Economic Well-Being, related to one child reporting that he did not have enough personal care items, and two children reporting that they were not encouraged or assisted with maintaining Life Books/Photo Albums; and Personnel Records, related staff not completing all of the required training.

Attached are the details of our review.

REVIEW OF REPORT

On June 10, 2014, Matthew St. John, DCFS CAD Children's Services Administrator I (CSA I), held an Exit Conference with McKinley Children's Center staff: Zell Johnson, MFT Intake Coordinator; Mario Gallegos, Chief Executive Officer; Anil Vadaparty, Chief Program Officer; and Catherine Ols, Chief Program Officer. DCFS staff included: Christopher Jarosz, CSA I; Sherman Mikle, CSA II; Joe Jimenez, Financial Specialist IV; Out-of-Home Care Management Division (OHCMD) Monitors, CSA Is, Jui-Ling Ho and Thomas Manning. The Group Home representatives agreed with the findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in the Corrective Action Plan (CAP).

A copy of this report has been sent to the Auditor-Controller and CCL.

The Group Home provided the attached approved Fiscal and Compliance CAPs addressing the recommendations noted in this report.

CAD conducted follow-up visits to the Group Home on October 2, 2014, October 3, 2014, and January 6, 2015, to assess for implementation of the CAP. OHCMD provided technical assistance related to the findings in this report on July 2, 2014.

It is important to note that the Group Home was placed on a "Hold" Status on August 22, 2014, due to an increasing number of CCL complaints, children reporting not feeling safe in their placements and concerns about the lack of supervision of placed children. The "Hold" Status progressed to a "Do Not Use" (DNU) Status on October 24, 2014, when the Group Home failed to take immediate actions to address the concerns and did not submit a CAP for DCFS approval. All children were transitioned from the Group Home on November 24, 2014. OHCMD continued to work with the Group Home and was able to approve the CAP on December 17, 2014. The DNU status was lifted and the Group Home resumed accepting referrals for placements. Further, CCL served the Group Home an Accusation (license revocation) notification on December 19, 2014. The Group Home is currently negotiating a possible Settlement Agreement with CCL..

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

PLB:EM:LTI
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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
Anil Vadaparty, Chief Executive Officer, McKinley
Paul Swanson, Residential Manager Care, McKinley
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

MCKINLEY CHILDREN'S CENTER
FISCAL ASSESSMENT REVIEW
FY 2013-2014

SCOPE OF REVIEW

The Fiscal Assessment included a review of McKinley Children's Center's (the Group Home) financial records such as financial statements, bank statements, check register, and personnel files to determine their compliance with the terms, conditions, and requirements of the Group Home/Foster Family Agency (FFA) Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines. This review was completed at the non-profit agency level and includes all of the Group Home/FFA program operations for the review period July 1, 2013 through June 30, 2014.

The on-site Fiscal 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.

FINDINGS

Cash/Expenditures

- The inventory list of fixed assets did not include all the required information. Specifically, item description, serial number, date of purchase, acquisition cost and source(s) of funding were missing.

Recommendation

The Group Home management shall ensure that:

1. A fixed assets inventory list is maintained that includes: item description; serial number; date of purchase; acquisition cost; and source of funding.

NEXT FISCAL COMPLIANCE ASSESSMENT

The Auditor-Controller (A-C) began their fiscal review of the Group Home the week of June 15, 2015. After the A-C completes its fiscal review, CAD fiscal staff will attend the exit conference. After any applicable dispute resolution and the publication of the report, CAD fiscal staff will follow-up and complete another Fiscal Compliance Assessment Tool in the fiscal year following the publication of the A-C's fiscal review.

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MCKINLEY CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY
762 West Cypress Street
San Dimas, California 91773
License # 19150275
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: May 2014**
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. Improvement Needed
	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	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and 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 Assessment/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 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 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) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

MCKINLEY CHILDREN'S CENTER 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 addresses findings noted during the May 2014 review. The purpose of this review was to assess McKinley Children's Center Group Home's (the Group Home) 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 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, seven placed children were selected for the sample. 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 also reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two of the seven 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 91 staff files for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance.

Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

Three of five vehicles that are used to transport placed children were not well maintained. The vehicles had the following issues: Vehicle #1 has an unidentified chemical, unpleasant odor on the inside, the sealing air conditioner control panel was loose, and a control knob was missing; Vehicle #7 had a passenger side airbag cover which was partially detached, exposing the airbag compartment, the interior rear overhead light cover was missing and the first aid kit was empty, the

seats and seatbelts were dirty along with missing plastic covers on the inside door panels; and Vehicle #35's rear middle seat belt was missing a buckle.

This was brought to the immediate attention of the Group Home Executive Director. He acknowledged the findings and stated that all repairs would be completed immediately. On August 8, 2014, the Executive Director provided CAD photographic evidence that all repairs were completed on the vehicles. On October 2, 2014, CAD conducted a follow-up visit and confirmed all vehicles were in good repair.

- A Special Incident Report (SIR) was not timely, as per SIR reporting guidelines.

On May 16, 2014, an incident involving a child that made a complaint regarding statements made by a specific staff and an allegation of the same staff engaging in inappropriate behavior with a non-minor dependent youth was not reported via I-Track system until May 21, 2014.

During the exit conference the Group Home representatives stated that staff will be re-trained on SIR reporting guidelines. On October 2, 2014, CAD received a copy of the sign in sheet and course description as verification that the staff was re-trained on September 2, 2014.

On October 2, 2014, CAD conducted a follow-up visit to the Group Home and reviewed a sample of 300 SIRs and determined that 22 were not submitted timely, per SIR reporting guidelines. It should be noted that four youth's SIR's make up 34% of all SIR's submitted.

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings.

On July 30, 2014, CCL cited the Group Home as a result of a deficiencies and findings noted during a CCL investigation. According to the report dated February 11, 2014, CCL substantiated allegations of Neglect/Lack of Supervision when it was determined that staff did not follow AWOL protocol to shadow clients who leave the cottage or campus without permission. The AWOL protocols were not followed, due to an insufficient number of staff. There were instances where only one staff was supervising eight to ten clients. CCL requested a Plan of Correction (POC), which included increasing the number of staff providing care and supervision to placed children in the various cottages. The POC was cleared on July 30, 2014. This referral was not investigated by DCFS, as it was not cross reported to the Child Protective Hotline.

On June 10, 2014, CCL issued two citations as a result of deficiencies and findings. According to the report dated May 28, 2014, CCL substantiated a Personal Rights Violation when it was determined that a staff grabbed a child by the neck and threatened the child. CCL also determined that the staff's actions posed significant risk to children placed at the Group Home. CCL requested a POC, which included placing the identified staff on administrative leave. The POC was cleared on June 10, 2014. A DCFS referral was generated to the Child Protective Hotline on January 22, 2014 and was evaluated out, as information to CSW.

On October 16, 2014, CCL cited the Group Home as a result of deficiencies and findings during a CCL investigation. According to the report dated October 7, 2014, CCL substantiated a Personal Rights Violation when it was determined that two night time awake staff were sleeping during their night shift. CCL requested a POC for the Group Home, which included the Group Home

Administrator meeting with the overnight staff to address the issue and providing written proof that the meeting occurred. CCL also assessed a civil penalty for a repeat offense within 12 months.

The Group Home terminated the two staff identified as sleeping during their night awake shift. The POC was cleared on October 29, 2014. This referral was investigated by a DCFS Emergency Response Children Social Worker, who substantiated the allegation of General Neglect on November 20, 2014.

Recommendation

The Group Home management shall ensure that:

1. Vehicles used to transport placed children are maintained in good repair.

2. SIRs are timely in accordance with SIR reporting guidelines.

3. It is free of CCL citations and in compliance with Title 22 Regulations and County Contract requirements.

Facility and Environment

- Common areas were not well maintained.

The Group Home has a total of four cottages. Gregory Cottage had a light in the shower room that was flickering; Kiwanis Cottage had a bathroom sink that was making a loud noise when the water is turned on; and Campbell Cottage had an unlocked first aid cabinet. This was brought to the immediate attention of the Group Home representatives and maintenance requests were made by the cottage supervisors, as the issues were identified.

- Children's bedrooms were not well maintained.

In the Kiwanis Cottage, in a bedroom, the right side overhead reading light was missing the light cover and in another bedroom, the right side overhead light was not working. Whittier Cottage had two bent metal closet shelves in one bedroom and in another, the reading lamp was not working.

On June 10, 2014, CAD conducted a follow-up walkthrough of each cottage and found all, but two repairs had been completed. The Whittier Cottage metal closet shelves remained bent and in the Kiwanis Cottage, a reading light was not working. The cottage supervisors called in a repair request for the remaining items with the completion expected by July 18, 2014. CAD conducted another follow-up to the Group Home on October 2, 2014 and October 3, 2014 and verified that the outstanding repairs were made. However, during the follow-up visit, several additional deficiencies were noted in the common areas and the children's bedrooms, such as, missing couch cushions, graffiti in the children's bedrooms, and chipped tile in the bathrooms. Further, contraband was found in the drawers of some of the children, including razors and cigarettes. CAD verified that the repairs and contraband were removed on January 6, 2015.

Recommendation

Group Home's management shall ensure that:

4. Common areas are well maintained.

5. Children's bedrooms are well maintained.

Personal Rights and Social/Emotional Well-Being

- Children did not feel safe.

Two children reported they did not feel safe, due to fights between the other residents and staff having difficulty breaking up the fights when there is few staff present. This was brought to the immediate attention of the Group Home Representatives.

CAD conducted follow-up visits to the Group Home on October 2, 2014 and October 3, 2014 to verify recommendations were implemented. Twenty-two placed children were interviewed. Two children reported that they do not feel "safe" at the group home. One youth provided a general statement that he must, "watch his back" due to fighting that occurs at the Group Home. A Non-Minor Dependent (NMD) stated that staff do not go beyond verbally redirecting the children/youth. A specific cottage mate is of specific concern although they have never had an altercation. He has seen this cottage mate be aggressive in the past and is concerned that he will become aggressive with him, too. Four other NMDs reported that they did not "feel safe" because of frequent physical fights, which they feel the staff cannot do anything about. However, they report staff intervenes verbally and will sometimes call the police when needed.

The issue of children/youth not feeling safe was brought to the immediate attention of the Group Home administration and a Child Protection Hotline referral was made. The referral evaluated out as information to CSW.

- The Group Home did not provide adequate meals and snacks.

Two children reported the portions were too small and would like to have more food available. Additionally, one youth reported he did not feel the food was flavorful enough.

CAD conducted follow-up visits to the Group Home on October 2, 2014 and October 3, 2014 to verify recommendations were implemented. Children continued to report they did not care for the food. Most of the complaints focused on flavor and food preparation style.

- Staff did not treat a child with respect and dignity.

One child reported feeling respected by some staff, but not by others. Upon further inquiry, he did not provide any further information.

- The Group Home does not have an appropriate rewards and discipline system.

Two children reported they felt that the discipline system was not fair. One child stated that taking away outings as a form of discipline makes the children more upset and more likely to act out again. Another child stated that he had food thrown away as a consequence.

CAD conducted follow-up visits to the Group Home on October 2, 2014 and October 3, 2014 to verify recommendations were implemented. Six children reported that the reward and discipline

system was not fair; if their behavioral level is dropped prior to allowance being handed out, the allowance is held for a short time up to several days/week until the youth has improved his behavioral level.

- A child was not allowed private phone calls.

One child stated he cannot make telephone calls in private and he has to use the telephone in the kitchen area, which does not allow for privacy.

On January 6, 2015, CAD conducted another follow-up visit to the Group Home. The Group Home was in the process of re-training its entire direct care staff with a refresher course covering the basic 40 hour training given to all new staff. CAD confirmed the Group Home had completed this training on February 2, 2015 and February 11, 2015.

Recommendation

The Group Home's management shall ensure that:

6. All Children feel safe at the Group Home.

7. The Group Home documents efforts to provide sufficient meals and snacks.

8. Staff treats all children with respect and dignity.

9. The Group Home has an appropriate rewards and discipline system.

10. All children are allowed private phone calls.

Personal Needs/Survival and Economic Well-Being

- A child was not provided clean towels and adequate ethnic personal care items.

One child reported that he does not have enough personal care items either, due to lack of supply at the Group Home or items being stolen by other residents.

- Children are not encouraged or assisted with Life Books/Photo Albums.

Two children stated that they are not encouraged or assisted with the development of Life Books/Photo Albums.

CAD conducted follow-up visits to the Group Home on October 2, 2014 and October 3, 2014. All interviewed youth reported they are not provided with printed pictures, nor encouraged to develop a Life Book/Photo Album. However, almost all youth reported that they have no interest in keeping a Life Book/Photo Album beyond what they already have or what is on their personal cell phone.

Recommendations

The Group Home's management shall ensure that:

11. There is provision of clean towels and adequate ethnic personal care items.

12. Children are encouraged and assisted with the development of a Life Book/Photo Album.

Personnel Records

- All required training was not completed.

A total of 91 staff files were reviewed with 34 staff having insufficient training. Specifically, two cottage staff did not have Pro-ACT certificates in their personnel file at the time of the review; two cottage staff had expired Cardiopulmonary Resuscitation (CPR) certificates; and one staff had an expired First Aid certificate at the time of the review. Records reflect that new employees did not complete the required training; only eight hours of initial training was completed with sporadic on-going training.

Recommendations

The Group Home's management shall ensure that:

13. Group Home staff complete all required training.

FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

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

Results

Based on our review, the Group Home fully implemented 3 of 7 recommendations for which they were to ensure that:

- The group home staff obtains or documents efforts to secure the DCFS CSW's authorization to implement the Needs and Services Plans (NSPs) in a timely manner.

- 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.

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

- All vehicles in which children are transported are maintained in good condition.

- SIR's are cross reported to all required parties via I-Track, in a timely manner.

- The Group Home is in compliance with Title 22 Regulations and County contract requirements.

- All employees receive all required training.

Recommendation

14. The outstanding recommendations from the 2013-14 monitoring report dated November 27, 2013, which are now noted as Recommendations 1, 2, 3, and 13 in this new report are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and contract requirements. Subsequent to the Exit Conference, OHCMD provided technical assistance to the Group Home on July 2, 2014, addressing findings from the 2013-14 Contract Compliance Monitoring Review and SIR training was provided to Group Home Staff on September 30, 2014.

It is important to note that the Group Home was placed on a "Hold" Status on August 22, 2014, due to an increasing number of CCL complaints; children reporting not feeling safe in their placements; and concerns about the lack of supervision of placed children. The "Hold" Status progressed to a "Do Not Use" (DNU) Status on October 24, 2014, when the Group Home failed to take immediate actions to address the concerns and did not submit a CAP that could be approved by DCFS. All children were transitioned from the Group Home on November 24, 2014. OHCMD continued to work with the Group Home and was able to approve the CAP on December 17, 2014. The DNU status was lifted and the Group Home resumed accepting referrals for placements. Further, CCL served the Group Home an Accusation (license revocation) notification on December 19, 2014.

The Group Home is currently negotiating the terms of the Stipulation agreement. CAD will increase the frequency of monitoring visits to assess for implementation of the CAP and OHCMD will provide on-going technical assistance to ensure appropriate service delivery to placed children.

McKINLEY
CHILDREN'S
CENTER

Chief Executive Officer
Al Mason

Accredited by:

Accrediting Commission for Schools
533 Airport Blvd., Suite 200
Burlingame, CA 94010
Phone: (650) 696-1060

International Association of
Continuing Education and Training

Member Agency:
Association of Community
Human Service Agencies

Child Welfare League of
America

July 10, 2014

Via Overnight Mail & Electronic Mail
MATTHEW ST. JOHN, CSA I
Contract Compliance Division
Contracts Administration Division
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: CORRECTIVE ACTION PLAN

Dear Matthew St. John,

Please accept this as our Corrective Action Plan (CAP) in response to the Division's findings, which were presented to our office on June 10, 2014.

I. Licensure/ Contract Requirements

Finding # 3 – Group home does not maintain in good repair the vehicles in which the children are transported.

V35- Rear middle seatbelt missing. First Aid Kit missing.

V01- Unpleasant odor. Ceiling AC panel was loose and missing knob. First Aid kit missing.

V07- Front passenger airbag cover damaged. Rear overhead light covering missing. First aid kit missing. Seats and seatbelts dirty. Missing plastic cover on inside door panel.

V39- First aid kit missing.

Corrective Action Plan:
Vehicles will be inspected two times a month by the Certified Mechanic at McKinley Children's Center. A thorough checklist will used to inspect vehicles called the Vehicle Inspection Report. Findings will immediately be addressed and fixed in a timely manner. Each cottage will be assigned a vehicle that they will maintain in cleanliness and report disrepair. Vehicles will be inspected by staff each time the vehicle is checked out from Campus Supervisor. Campus Supervisors will ensure the vehicle is in good repair and clean upon return from

762 West Cypress St * San Dimas, CA 91773-3599 * Phone: 909/599-1227 * Fax: 909/592-3841 * Website: www.mckinleycc.org * Training Website: www.mccertified.com

use. A key will not be issued until the vehicle is inspected by staff or Campus Supervisor to make certain that the vehicle is in proper working order and clean. Findings will be placed on the vehicle manifest sheet and returned to the Campus Supervisor for processing. Any findings of disrepair will be sent to the Certified Mechanic via email. Transportation Coordinator is assigned to gather vehicle manifest sheets from school and residential and logged for data gathering purposes. All infractions will be resolved by 7/11/14.

Person (s) Responsible for Implementation of CAP: The Certified Mechanic, Campus Supervisor and the Transportation Coordinator will ensure that the vehicles are properly maintained, disrepair is reported and repaired.

Time Frame of Implementation: 7/11/14

Finding #4- Special Incident Reports (SIR)s are not appropriately documented and cross reported in a timely manner.

SIR 369732- Not submitted in timely manner

SIR 367175- Not submitted in timely manner

SIR 377427 – Inconsistent dates

Corrective Action Plan:

Quality Systems and Improvement Department (QSID) is given the task of daily inspection of SIR's written. When changes are needed an email is sent directly to writer as well as Chief Executive Officer (CEO), Chief Program Officer (CPO), Director of Residential Treatment to ensure that the appropriate changes are made in a timely manner. A SIR Writing and Reporting training will be conducted by QSID by August 1, 2014. The training sheet will be forwarded to the Contract Section by August 1, 2014.

Person(s) Responsible for Implementation of CAP: Quality systems and Improvement Department and SIR writers will ensure that SIR's are appropriately documented and cross reported in a timely manner.

Time Frame of Implementation: 8/1/14

II. Facility and Environment

Finding # 11- Common quarters were not well maintained.

Kiwanis- Bathroom middle sink makes loud noise when turned on.

Campbell- first aid cabinet was left unlocked.

Gregory- Flickering light in shower room. Medication issue. SIR has already been written.

Corrective Action Plan:

Cottages will be assessed daily by maintenance workers that they are in proper working order and free of damage. A checklist will be given to workers and will be signed and dated when completed. If damage has occurred a Maintenance Work Order will be placed by staff via email within 24 hours unless the damage is unsafe or harmful to clients or staff. Clients will have the opportunity to communicate with staff any concerns or problems that they see in the physical plant so that they feel more invested in their living area. Concerns will be documented in the common log and communicated to the cottage manager. Any issues will be fixed by 7/18/14 and documentation of repairs will be sent to the Contract Section by 7/18/14. All medication will be logged, maintained and distributed by the Nursing staff. The Residential Counselor will confirm that the internal and external medication cabinets are locked. Residential Counselors will be trained on Medication Handling and Safety by the cottage managers by 7/18/14 and the training sheet will be forwarded to the Contract Section by 7/18/14.

Person (s) Responsible for Implementation of the CAP: The Facility Director, Maintenance Department, Cottage Managers, Nursing Staff and Residential Counselors will be vigilant in the maintaining of the cottage physical plant and security of the medication cabinets.

Time Frame of Implementation: 7/18/14

Finding #12- Children's bedrooms were not well maintained.

Whittier- Room 2 – reading light was out. Room 4 had two bent metal closet shelves.

Kiwanis- Room 2 right side reading light cover is missing. Room 6 right side reading light was not working.

Corrective Action Plan:

Cottage will be checked daily by a residential counselor and note any items that are in disrepair in the bedrooms. These will be logged in the cottage logbook by the residential counselor on duty. The cottage manager will be notified of any items needing to be fixed and a Maintenance Work Order will be placed via email within 24 hours.

Person (s) Responsible for Implementation of the CAP: Maintenance Staff, Cottage Manager and Residential Counselor will ensure that the bedroom area is well maintained.

Time Frame of Implementation: Immediately

VII. Personal Rights and Social/Emotional Well- Being

Finding #37- Two out of six children did not feel safe in the group home.

Corrective Action Plan:
Examine ratio requirements and how to better provide staff the ability to prevent and intervene during conflicts.

Effective immediately, to ensure a positive staff to student ratio (1:4) a 3rd staff will be hired Monday - Friday to oversee activities coordination and implementation for the clients. The weekend ratio will remain the same with the incorporation of floater staff. A perimeter sweep of campus will be conducted 3 times a day by the Campus Supervisor and noted on the Daily Log, computer document. Staff trainings which include Prevention and Intervention of Violent Behaviors, and the Abused Child will be given by the Training Department. Each cottage staff will have the opportunity to receive these trainings. A detailed training schedule will be completed within two weeks and will be forwarded to the Contract Section. A weekly client cottage meeting will be conducted by cottage staff to discuss issues or concerns that clients might encounter. Time, length of meeting, attendance record, and topics discussed will be recorded on a cottage group sheet and given to the cottage manager for review. These cottage group sheets will be reviewed and discussed at the weekly cottage interdisciplinary meeting (manager, clinician, residential counselors) that will be conducted. During this meeting a brief review of each client will be conducted including a brief review of permanency plan, NSP, and visitation plan. This will give cottage staff insight into client prevention and intervention during conflict. ABA (Applied Behavior Analysis) principles will be implemented by a BCBA (Board Certified Behavioral Analyst) through staff training and implementation within the next six weeks. The process will begin in one cottage will be developed and refined through observation and documentation of client behaviors. The CPO and Director of Residential Treatment will study the legality and industry practice standards in the use of video surveillance placed in the common area of the cottages. The study will also include the cost, durability, and technical support needed for a video surveillance system.

Person (s) responsible for implementation of the CAP: Training Department, Campus Supervisor, Cottage Manager, Clinicians, Residential Counselors,

Chief Program Officer and Director of Residential Treatment will work together that children feel safe in the group home.

Time Frame of Implementation: Immediately, 8/24/14

Finding # 39- Meals/snacks are not palatable and healthy. Food portion sizes are too small and there is not enough for seconds. Food does not taste good and it appears that children are fed leftovers often (chicken/fish three times in a row).

Corrective Action Plan:
A committee of clients will be formed and called the Food Satisfaction Committee. It will meet once a month to discuss any issues or concerns regarding the food that is served in and from the dining hall. Ideas and proposals from this meeting, written down by supervising staff, will be given directly to the food service manager as well as Quality Systems and Improvement Department. QSID will conduct a food survey assessment once a quarter to ensure food quality and quantity. The food service provider will increase food output by 10% during dinners and on weekends. Leftover food will be monitored by food service staff and adjustments will be made to ensure that adequate and palatable food is being provided and that waste is minimized.

Person (s) responsible for implementation of the CAP: Quality Systems and Improvement Department, Food Service Manager, Food Service Staff, Cottage Managers and Residential Counselors will ensure that the food that the clients are served is palatable and healthy.

Time Frame of Implementation: 7/18/14

Finding # 40- Child reported that they were not treated with respect and dignity by staff.

Corrective Action Plan:
A cottage client meeting will be conducted once a week by Residential Counselors or Cottage Managers and will include opportunity for clients to address issues or concerns. Clients will be reeducated on the grievance process by the cottage manager by 8/1/14 and the training sheet will be forward to the Contract Section by 8/1/14. The opportunity will be given to clients to express concern or to bring topics to be discussed at client meetings by the use of a suggestion box which will be implemented and monitored by the cottage manager. A Client Rights and Privileges training will be conducted 8/1/14 by cottage managers for all cottage staff and the training sheet will be forwarded to the Contract Section by 8/1/14.

Person (s) responsible for implementation of the CAP: Cottage Manager, Residential Counselor, and Clinician will ensure that the children are treated with dignity and respect.

Time Frame of Implementation: 8/1/14

Finding #41- Child reported that there was not a fair reward and discipline plan.

Corrective Action Plan:
Cottage managers are to process incident reports with clients, review any disciplinary action taken, and document all discipline on Incident Reports. During a weekly client cottage meeting in the next month the cottage level system will be reviewed and discussed. Possible changes will be noted by the cottage manager and discussed with the Director Residential Treatment. Training on the Policy for Activities will be conducted by the Training Department for Cottage Managers who in turn will train the staff. Implementation will be noted and the training sheet will be forwarded to the Contract Section by 8/15/14. A Client Rights and Privileges training will be conducted in the next month by cottage managers for all cottage staff and will include the Policy for the Confiscation of Items and the training sheet will be forwarded to the Contract Section by 8/15/14.

Person (s) responsible for implementation of the CAP: Cottage Managers, Residential Counselors and Training Department will implement this CAP through training, and discussions with clients.

Time Frame of Implementation: 8/15/14

Finding #42- Child does not get private phone calls because the phone is in the front room.

Corrective Action Plan:
Need to provide place for unsupervised private phone calls.

Clients will be allowed private phone calls in the office of the Cottage Manager and Clinician. Clients will be allowed private unsupervised phone calls in the Campus Supervisor office.

Person (s) responsible for implementation of the CAP: Campus Supervisor, Cottage Manager, and Residential Counselor will ensure that the clients are provided with a private place to conduct phone calls.

Time Frame of Implementation: Immediately

VIII. Personal Needs Survival and Economic Well- Being

Finding # 52- Child does not always get what he needs or wants for bodywash.

Corrective Action Plan:

A survey will be conducted by cottage manager on hygiene product preferences by 8/15/14 and finding documented for future reference. Results will be forwarded for review to the Contract Section by 8/15/14. Clients will be asked to report immediately to staff if they don't have a certain hygiene product. Staff will note insufficient products in the log book and will supply the client with a replacement product from the cottage supply. Specific types of hygiene products will be purchased by the client or by cottage manager. A review of the hygiene and towel inventory will be conducted each week by the cottage manager and replaced with cottage hygiene funds.

Person (s) responsible for implementation of the CAP: Cottage Manager and Residential Counselor will ensure that the clients have adequate and desired hygiene products.

Time Frame of Implementation: 8/15/14

Finding #55- Child was not encouraged to work on their life book/photo album.

Corrective Action Plan:

A Life book will be issued to each client at intake. If the client refuses it will be documented that the client refused including clients signature. Twice a month a scheduled activity (i.e. scrap booking, multimedia photo printing) specific to the life book will be implemented. Clients will have the opportunity to incorporate appropriate pictures from multimedia devices.

Person (s) responsible for implementation of the CAP: Intake Coordinator, Cottage Manager, and Residential Counselors will ensure the clients are encouraged and assisted in crating and updating a life book/photo album.

Time Frame of Implementation: Immediately

IX. Discharged Children

Finding #56- Child was not discharged according to permanency plan.

Corrective Action Plan:
At intake a permanency plan is established as a part of the treatment plan. The treatment plan is similar to a doctor's prescription and should be followed completely from beginning to end. All caregivers of that client are informed of this plan through weekly meetings and as previously stated the training sheet will be forwarded to Contract Section by 8/1/14. If a 7 day notice is issued it is only after an exhaustive effort has been made to treat the client. Efforts include but are not limited to increased therapy, a TDM, and regular conversations with CSW. Discharge summary will include specific reasons for discharge which could include client refusal of treatment, refusal of individual or group therapy, refusal to attend school and repeated defiance of policies that lead to harmful behaviors including fighting, drug/alcohol use, and absent without authorization from campus or school. A consultant will be hired for discussion on increasing client improvement and positive discharges by 9/12/14 and findings will forwarded to the Contract Section by 9/12/14.

Person (s) responsible for implementation of the CAP: Intake Coordinator, Clinician, and Cottage Manager will ensure that the child is discharged according to permanency plan.

Time Frame of Implementation: Immediately, 8/1/14, 9/12/14

Finding #57- The child did not make progress toward NSP goals.

Progress for the first two months. Defiant behavior 8 times a day, resulting in 7 day notice. What services were provided leading up to the 7 day?

Corrective Action Plan:
As a part of the implementation of the positive behavior intervention plan, documents tracking progress toward goals identified as needs indicated by the NSP will be recorded in data form. Goals will be communicated and made available to all cottage staff so that they can gain further insight into prevention and treatment of the clients. When progress has been determined, interventions will be established by treatment team, implemented by team members and intervention documents updated. Data sheet forms will be forwarded to the Contract Section by 8/15/14.

Person (s) responsible for implementation of the CAP: BCBA (Behavior Analyst), CPO, Director of Residential Treatment, Clinician, and Cottage Manager will ensure that the client is making progress NSP goals and that if a 7 day notice is issued that it is done properly.

Time Frame of Implementation: 8/15/14

X. Personnel Records

Finding #65- Employees have not received all required trainings in timely manner

Corrective Action Plan:
The first 40 hours of work for employees will be a series of initial trainings that will educate them in preparation for the job requirements. The implementation of a tracking system by the Training Department that will have the capability of tracking training hours online, inside, and outside of facility. A quarterly review of all new employee progress will be established by the Training Department by 8/1/14 and will be forwarded to the Contract Section by 8/1/14. There will be training intervention and progressive discipline by policy for employees who do not follow employee training policies and the training sheet will be forwarded to the Contract Section by 8/1/14.

Person (s) responsible for implementation of the CAP: Training Department, and Human Resources will ensure that employees receive all required trainings in a timely manner.

Time Frame of Implementation: 8/1/14

If you have any questions or concerns regarding this Corrective Action Plan, please feel free to contact me at (909)599-1227, ext. 2551 or email at SwansonP@mckinleycc.org. Thank you!

Sincerely,

Paul Swanson,
Director of Residential Treatment

CC: Catherine Ols, *Chief Program Officer*
Anil Vadaparty, *Chief Executive Officer*