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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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August 17, 2015

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

From: Philip L. Browning
Director

O'CONNER AND ATKINS GROUP HOME FISCAL AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of O'Conner and Atkins Group Home (the Group Home) in May 2014 and June 2014. The Group Home has one site located in the Second Supervisorial District, and provides services to DCFS foster children and youth. According to the Group Home's program statement, its stated purpose is to "provide services to court dependent, emotionally disturbed, abused and neglected children."

The Group Home has an 8-bed residential site and is licensed to serve a capacity of eight boys, ages 7 through 17. At the time of review, the Group Home served five placed DCFS children. The placed children's overall average length of placement was 23 months, and their average age was 14.

SUMMARY

CAD conducted a Fiscal Assessment, which included an on-site review of the Group Home's financial records such as, financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home 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 0 of 5 areas of the Fiscal Assessment.

CAD identified deficiencies in the areas of: Financial Overview, related to non-submittal of the Semi-Annual Expenditure Reports; Loans Advances and Investments, related to a loan from the Group Home Director to the Group Home not having the appropriate supporting documentation; Board of Directors and Business Influence, related to the Board of Director's meeting minutes not being certified; Cash/Expenditures, related to inadequately supported cash and electronic expenditures; and Payroll and Personnel, related to incomplete personnel files.

During CAD's Contract Compliance review, the interviewed children generally reported: feeling safe at the Group Home; being provided with appropriate care and services; and being treated with respect and dignity.

The Group Home was in full compliance with 1 out of 10 sections of our Contract Compliance Review.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to meeting the transportation needs of the children, vehicles were not maintained in good repair, Special Incident Reports (SIRs) were not cross-reported to all required parties, disaster drills were not conducted at least every six months, runaway procedures were not followed, comprehensive monetary and clothing allowance logs were not maintained, and detailed sign-in/sign-out logs were not maintained; Maintenance of Required Documentation and Service Delivery, related to the Group Home accepting a child that did not meet their capacity and program statement criteria, County Children Social Worker's (CSW) authorization to implement Needs and Services Plans (NSPs) were not obtained, children not progressing toward meeting NSP case goals, therapeutic services were not rendered, recommended assessment/evaluations were not implemented, CSW's monthly contacts were not documented and Updated NSPs and Quarterly Reports were not developed timely; Education and Workforce Readiness, related to not maintaining current copies of a child's report card/progress reports and a child's academic performance did not increase; Health and Medical Needs, related to follow-up dental examinations not being timely; Psychotropic Medication, related to a child not having a Psychotropic Medication Authorization on file and one child's file was missing a copy of the current Psychiatric Evaluation Report; Personal Rights and Social/Emotional Well-Being, related to a child who expressed not feeling safe in the Group Home, one child reported being served frozen foods too often, one child reported that he did not feel he was treated with respect and dignity, one child reported that he was unable to have private visits with family members, one child reported that the Group Home did not allow him to plan extra-curricular activities, and one child reported not being provided age-appropriate activities; and Personal Needs/Survival and Economic Well-Being, related to not providing the minimum monthly clothing allowance, one child was not involved in the selection of his clothing, children were not provided with the minimum monetary allowances, and not encouraging and assisting the children with creating and updating a Life Book/Photo Album; Discharged Children, related to children not being discharged in accordance with their permanency plan; and Personnel Records, related to one employee being hired without the required clearances, one employee did not sign a criminal background statement timely, staff not meeting the educational/experience requirements, and staff did not receive all the required trainings.

Attached are the details of our review.

REVIEW OF REPORT

On June 24, 2014, Jennifer Higuchi and Eboni Alexander, DCFS CAD, held an Exit Conference with O'Conner and Atkins Group Home Administrator, Tony Chustz. The DCFS staff included: Yvonne Kang and Joe Jimenez, Financial Specialist IVs; Ali Bhatti, Children Services Administrator II; Kristine Ovsepyan, Administrative Services Manager II; Jui-Ling Ho, Don Luther, and Kristine Gay, Out-of-Home Care Management Division (OHCMD) Monitors. The Group

Home's representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in Corrective Action Plans (CAPs).

A copy of this report has been sent to the Auditor-Controller and Community Care Licensing Division.

Prior to finalizing the report, DCFS learned that the California Department of Social Services (CDSS) Foster Care Rates Bureau completed a Rate Audit of the Group Home and reduced the Rate Classification Level (RCL) by two points effective December 27, 2014. CDSS subsequently notified CAD that it is referring the Group Home for Rate termination for failure to submit a CAP in response to the notice of RCL rate reduction. In addition, the Group Home does not have workers' compensation insurance. On January 20, 2015, the Group Home requested all placed children be removed from its facility, due to an emergent safety issue, regarding the gambling debt of one placed youth and threats made against the Group Home. On January 21, 2015, DCFS confirmed there were no placed children or youth at this group home. On March 31, 2015, the Group Home was informed that its Group Home contract with the County would expire on April 30, 2015, without further extension.

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

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

PLB:EM
KO:yk

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
Tony Chustz, Group Home Administrator, O'Conner and Atkins Group Home
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

O'CONNER AND ATKINS GROUP HOME
FISCAL ASSESSMENT REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The Fiscal Assessment included a review of O'Conner and Atkins Group Home's (the Group Home) 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 contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Assessment review focused on five key areas of internal controls:

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

The Group Home was in full compliance with 0 of 5 areas of the Fiscal Assessment.

FISCAL COMPLIANCE

CAD found the following areas out of compliance.

Financial Overview

- Non-submittal of the Semi-Annual Expenditure Reports.

The Group Home did not submit the Semi-Annual Expenditure Reports for the following reporting periods: July 1, 2012 through December 31, 2012 and July 1, 2013 through December 31, 2013. The most recent Semi-Annual Expenditure Report received by DCFS is for reporting period July 1, 2011 through December 31, 2011.

Recommendation:

The Group Home's management shall ensure that:

1. The Semi-Annual Expenditure Report is submitted timely.

LOANS, ADVANCES AND INVESTMENTS:

- A 15-year-old loan from the Group Home Director to the Group Home did not have supporting loan agreement documentation.

The Group Home submitted revised Audited Financial Statements demonstrating the conversion of this loan into a donation to the Group Home.

- A self-dealing lease for the Group Home Facility was noted.

The Group Home Executive Director owns the Group Home facility and is related to a member of the Board of Directors. As a result of our review, the family member was removed from the Board of Directors.

Recommendation:

The Group Home's management shall ensure that:

2. Loans to the Group Home include loan agreement documentation.

3. Board of Directors do not own any property used as a group home facility and are not related to any property owners.

Board of Directors and Business Influence

- The Group Home Board meeting minutes were not certified by the Board Secretary.

The Board meeting minutes dated September 14, 2013, December 21, 2013, and April 16, 2014 were not certified by the Board Secretary.

Recommendation:

The Group Home's management shall ensure that:

4. Board meeting minutes are certified by the Board Secretary.

Cash/Expenditures

- The Group Home Director signs all disbursement checks, including checks made payable to her. Additionally, the Group Home did not provide DCFS documentation of authorized signers on the Group Home's checking account.

Of three non-payroll checks sampled, one was made payable to the Group Home Director as reimbursement for children's allowances paid. However, the Group Home did not have supporting documentation to verify these expenditures.

Further, of three electronic payments sampled, one did not have supporting documentation. The Group Home bank reconciliations did not have signatures to indicate that a review was conducted and approved. Additionally, reconciling items were not resolved in a timely manner. Of nine credit card purchases sampled, three did not have supporting documentation to verify expenditures.

Recommendation:

The Group Home's management shall ensure that:

5. A second signature is required on checks payable to the check signer and sufficient supporting documentation is maintained for all expenditures.

Payroll and Personnel

- All three personnel files sampled did not include rate of pay; two of the three files did not indicate the Fair Labor Standards Act (FLSA) status and; three timesheets reviewed did not have the employee's or the supervisor's signatures in place.

Recommendation:

The Group Home's management shall ensure that:

6. Personnel files include rate of pay and FLSA status information and timesheets are signed by the employee and supervisor.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

NEXT FISCAL ASSESSMENT

The Group Home no longer has any placed children and its contract expired on April 30, 2015; hence, no additional Fiscal Compliance Assessment will be conducted.

The Board of Directors for the Group Home submitted a Fiscal Corrective Action Plan (FCAP) demonstrating its correction of all findings. CAD Fiscal verified implementation of the FCAP in September 2014.

O'CONNER AND ATKINS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY
2010 West 41st Drive
Los Angeles, CA 90062
License Number: 191871781
Rate Classification Level: 8

	Contract Compliance Monitoring Review	Findings: May 2014
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Non-Applicable
	2. Provided Children's Transportation Needs	2. Improvement Needed
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted and Logs Maintained	5. Improvement Needed
	6. Runaway Procedures	6. Improvement Needed
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	Full Compliance (All)
	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	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Improvement Needed
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Improvement Needed
	6. Recommended Assessment/Evaluations Implemented	6. Improvement Needed
	7. County Children's Social Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Full Compliance

	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	1. Full Compliance
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Full Compliance
	3. Current Report Cards/Progress Reports Maintained	3. Improvement Needed
	4. Children's Academic or Attendance Increased	4. Improvement Needed
	5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	5. Full Compliance
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	1. Full Compliance
	2. Follow-Up Medical Exams Conducted Timely	2. Full Compliance
	3. Initial Dental Exams Conducted Timely	3. Full Compliance
	4. Follow-Up Dental Exams Conducted Timely	4. Improvement Needed
VI	**Psychotropic Medication** (2 Elements)	
	1. Current Court Authorization for Administration of Psychotropic Medication	1. Improvement Needed
	2. Current Psychiatric Evaluation Review	2. Improvement Needed
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. Improvement Needed
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's Efforts to provide Nutritious Meals and Snacks	4. Improvement Needed
	5. Staff Treat Children with Respect and Dignity	5. Improvement Needed
	6. Appropriate Rewards and Discipline System	6. Full Compliance
	7. Children Allowed Private Visits, Calls and Correspondence	7. Improvement Needed
	8. Children Free to Attend or Not Attend Religious Services/Activities	8. Full Compliance
	9. Children's Chores Reasonable	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) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Improvement Needed 13. Improvement Needed
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance Provided 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involvement in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances Provided 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 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	1. Improvement Needed 2. Full Compliance 3. Non-Applicable
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Criminal Background Statement Signed 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. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

O'CONNER AND ATKINS 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 May 2014 review. The purpose of this review was to assess O'Conner and Atkins Group Home's (Group Home) compliance with its County contract and with 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 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. Two discharged children's files were reviewed to assess the Group Home compliance with permanency efforts. At the time of the review, three children were prescribed psychotropic medication. CAD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed three Group Home staff files for compliance with Title 22 Regulations and County contract requirements and conducted a site visit to assess the quality of care and supervision provided.

The Group Home was in full compliance with 1 out of 10 areas of the sections of our Contract Compliance Review

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance.

Licensure/Contract Requirements

- The Group Home did not provide for children's transportation needs.

During the child's interview, CAD was informed that the child did not have opportunities to participate in after school programs due to the Group Home not providing transportation.

- The Group Home did not maintain the two vehicles in good repair.

The first vehicle needed a headlight replaced, had rear bumper damage, needed brake repairs, and was missing maintenance service logs. The second vehicle required signal light repairs.

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

One SIR reviewed was not cross-reported to the DCFS Children's Social Worker. Further, during the children's interviews, a child reported that when he gets upset, he leaves the Group Home's grounds and walks around the neighborhood without informing the staff. The child reported that he would leave for about 30 to 60 minutes to "cool off." CAD reviewed the child's case file and did not find documentation that SIRs were completed for these incidents.

- The Group Home did not conduct disaster drills every six months.

The last documented disaster drill occurred in October 2013.

- The Group Home did not have a written runaway procedure.

The Group Home representative stated that the Facility Managers have been verbally instructed to contact him if a child runs away.

- The Group Home did not maintain comprehensive monetary and clothing allowance logs.

The amounts and the frequency of monetary allowance disbursements to the children varied week to week without documentation to explain the differing amounts. Multiple monetary and clothing allowance logs were missing for various months for each child reviewed.

- Detailed sign in/out logs for the placed children were not properly maintained.

The form did not ask visitors to identify their relationship with the child and did not document the destination of the outings.

Recommendation

The Group Home management shall ensure that:

1. Transportation is provided to meet the children's needs.

2. Vehicles maintained in good repair.

3. Special Incident Reports (SIRs) are cross-reported to all required parties.

4. Disaster drills are conducted and logs maintained.

5. Runaway procedures are followed.

6. Comprehensive monetary and clothing allowance logs are maintained.

7. Detailed sign-in/out logs for placed children are maintained.

Maintenance of Required Documentation and Service Delivery

- The Group Home's child population was not consistent with capacity and program statement.

The Group Home accepted a child that was not consistent with the Group Home's capacity and program statement. Further, the Group Home did not have the means to provide appropriate services for this child, who required a higher level of care.

- The Group Home did not obtain the County CSW's authorization to implement Needs and Services Plan (NSP) or document attempts for one child.

- Two children were not progressing towards their NSP case goals.

For the one child, there were no goals listed or the child's progress towards meeting their NSP case goals. Individual counseling for another child was not provided as required, per the child's NSP case plan goals.

- Therapeutic Services were not provided.

On December 15, 2014, the Group Home's Mental Health Specialist informed CAD that she did not complete initial or continuous mental health assessments on the placed children. The children's mental health treatment plans were based on previous assessments that were completed prior to the children being placed at the Group Home.

- The Group Home did not document monthly contact with the DCFS CSW for two children.

- The Group Home did not submit timely or comprehensive updated NSPs for three children.

During the Exit Conference, the Group Home representative stated that the Group Home Social Worker who is no longer employed had misplaced the NSPs. The representative also stated that the NSPs were late because the current Group Home Social Worker did not understand that the initial NSPs were due in 30 days and the Updated NSPs were due 90 days from the date of placement.

Recommendation

The Group Home management shall ensure that:

8. Child population is consistent with capacity and program statement.

9. The CSW's authorization to implement the NSPs is obtained.

10. Children are progressing toward meeting NSP case goals.

11. Therapeutic services are received.

12. Recommended assessment/evaluations are implemented.

13. County Children's Social Workers' monthly contacts are documented.

14. Timely, comprehensive, updated NSPs are developed with the child's participation.

Education and Workforce Readiness

- The Group Home did not maintain current report cards/progress reports for one child.
- Based on the last two report cards on file, one child's academic performance had not increased.

Recommendation

The Group Home management shall ensure that:

15. Current report cards/progress reports are maintained.

16. Children's academic performance or attendance increases.

Health and Medical Needs

- Follow up dental exams are not completed timely.

Two children's follow-up dental examinations were not conducted by the due date of March 2014. As of May 2014, during CAD's review, there was no documentation that the children had seen a dentist or that the appointments had been scheduled.

Recommendation

The Group Home management shall ensure that:

17. Follow-up dental exams are conducted timely.

Psychotropic Medication

- The Group Home failed to maintain current court-approved authorizations for the administration of psychotropic medication for one child.

The child's psychotropic medication authorization expired on April 28, 2014 and the new authorization was not approved until May 15, 2014. The child was receiving psychotropic medication without authorization for 17 days. Further, the children's medication logs were not

properly maintained on the Group Home premises, but were stored at a facility manager's private home.

- Current psychiatric evaluation reviews were not on file for one child.

Recommendation

The Group Home management shall ensure that:

18. Current court-approved psychological medication authorizations are maintained.

19. Current psychiatric evaluations are conducted and maintained in the child's case file.

Personal Rights and Social/Emotional Well-Being

- A child reported not feeling safe in the Group Home.

The child stated that he did not feel safe in the Group Home because the other children are "mean" to him and tease him due to his developmental delays. He also stated that he did not feel that the Group Home staff did enough to protect him. CAD brought this to the immediate attention of the Group Home representative. The Group Home representative stated that the staff was aware of the child's feelings and the child was placed in his own room to provide more privacy, protection, and supervision.

- Nutritious meals and snacks are not provided.

The child stated that he was only allowed to eat as much as he wanted on his birthday. Another child stated that he felt that frozen food was served too often and described eating foods on a daily basis that was not indicated in the monthly menu of foods served. All four children interviewed stated that they are not free to drink juice, milk, or eat snacks as they must ask for Group Home staff permission. Further, the children reported that they are only allowed to have second helpings of food if there is enough for everyone.

The Group Home representative attributed one child's comments to his developmental delays, as having hindered his ability to understand the questions being asked. The Group Home representative provided activity logs to demonstrate there were monthly and/or special occasion outings to Home Town Buffet. A copy of the Group Home's menu was also provided that included several food items prepared for the placed children.

- A child reported that staff does not treat children with respect and dignity.

  The child stated that he did not feel the staff treated him with respect and dignity. The child indicated that staff allowed the other children to be mean to him and tease him for having developmental delays.

- A child reported not being allowed private visits, calls and correspondence.

The child stated that his visits with his parent are not private due to the lack of space in the Group Home. His family visits take place on the front porch and the other children are either looking or listening through the window. The Group Home representative stated that this child's father preferred to have the visits on the front porch of the Group Home.

- A child reported not being given opportunities to plan activities.

A child reported that he had requested specific outings he would like to participate in but, the Group Home has not yet followed through in arranging those outings. The children's activity schedule shows that all Saturdays and Sundays are spent either watching videos or playing video games and Group Home documentation did not demonstrate that the children are taken on regular outings and activities, except to Home Town Buffet.

- A child reported not being given opportunities to participate in activities.

A child reported that he was discouraged from participating in various after-school programs and clubs because of the Group Home transportation schedule.

Recommendation

The Group Home management shall ensure that:

20. Children feel safe at the Group Home.

21. Nutritious meals and snacks are provided.

22. Staff treat children with respect and dignity.

23. Children allowed private visits, calls and correspondence.

24. Children are given opportunities to plan activities in extra-curricular, enrichment and social activities.

25. Children are given opportunities to participate in extra-curricular, enrichment and social activities.

Personal Needs/Survival and Economic Well-Being

- Monthly clothing allowance is not provided.

A child reported that he was not aware that he received $50 per month for clothing allowance.

The Group Home representative said the clothing logs were misplaced and were lost by the previous Social Worker.

- A child reported that he is not involved in the selection of his clothing.

- A child reported that he is not provided with the minimum monetary allowance.

The child stated that he receives a monetary allowance every two weeks and that the amount varies each time.

- Encouragement and assistance with Life Book/Photo Album is not provided.

The child stated that the Life Book/Photo Album was a one-time project and that he no longer works on it because he is done.

Recommendation

The Group Home management shall ensure that:

26. Children's minimum monthly clothing is provided.

27. Children are involved in selection of their clothing.

28. Minimum monetary allowances are provided.

29. Children are encouraged and assisted in developing and updating a Life Book/Photo Album.

Discharged Children

- Children are not discharged according to their permanency plan.

A child was replaced after three months to a higher level Group Home which, was not in accordance with the permanency plan and there was no documentation as to why on the discharge summary.

The Group Home representative stated during the Exit Conference that the child needed a higher level of care to address his psychiatric, academic and social needs.

Recommendation

The Group Home management shall ensure that:

30. Children are discharged according to permanency plan.

Personnel Records

- DOJ, FBI and CACIs were not submitted timely.

The Group Home did not obtain a criminal clearance (DOJ, FBI, and CACI) prior to an employee's start date. On August 21, 2014, CAD verified that the social worker began work in May 2013 and required clearances that were never obtained.

- Criminal background statements were not signed timely.

The Group Home did not obtain a signed criminal background statement for a hired employee in a timely manner. The employee was subsequently terminated in May, 2014.

- Staff did not meet education/experience requirements.

One Facility Manager did not meet the education/experience requirements in that he did not have the required educational credits at time of hire.

- Staff did not complete all required training.

Another Facility Manager did not complete all required training including the Child Abuse Identification and Reporting training.

Recommendation

The Group Home management shall ensure that:

31. DOJ, FBI, and CACI are signed and submitted timely.

32. Signed criminal background statements are timely.

33. Education/experience requirements are met at time of hire.

34. All required training is completed.

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

The Out-of-Home Care management Division's (OHCMD's) last compliance report dated October 25, 2013, identified 12 recommendations.

Results

Based on OHCMD's follow-up, the Group Home fully implemented 4 of 12 recommendations for which they were to ensure:

- Children are assisted in maintaining important relationships;
- Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template;
- There is an appropriate method of documenting the rewards and discipline system to further ensure consequences are fair and appropriate; and
- Children are free to attend religious services and activities of their choice.

Based on OHCMD's follow-up, the Group Home did not implement 8 previous recommendations for which they were to ensure that:

- The resident sign in/out log is always properly completed;
- The Group Home staff obtains, or documents efforts to obtain the DCFS CSW's authorization to implement the NSP in a timely manner;
- Children are progressing towards meeting their NSP goals;
- Children receive required therapeutic/treatment services;
- Monthly contacts with DCFS CSWs are appropriately documented;
- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template;
- Children improve academic performance and/or school attendance; and
- Children are 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.

The outstanding recommendations from the 2013-2014 monitoring report dated October 25, 2013, remain as recommendations 7, 9, 10, 11, 13, 14, 16, and 24 in this report.

The Group Home representative expressed his desire to remain in compliance with Title 22 regulations and contract requirements. OHCMD provided the Group Home with technical assistance on July 9, 2014, to assist the Group Home with implementing their CAP.

It should be noted that on December 27, 2014, the California Department of Social Services Foster Care Rates Bureau reduced the Group Home's Rate Classification Level (RCL) from RCL 7 to RCL 5. On January 17, 2015, a Group Home representative called the Child Protective Hotline and requested that all placed children be removed, due to a placed child being allegedly involved in a neighborhood gambling debt dispute. On January 21, 2015, DCFS confirmed that there were no placed children at this Group Home. On March 31, 2015, the Group Home was informed that its Group Home contract with the County will expire on April 30, 2015, without further extension.

O'CONNER AND ATKINS GROUP HOME
2010 W. 41st Drive
Los Angeles, CA 90062
(323) 294-7305

Jennifer Higuchi, MSW
Children Services Administrator I
Contracts Administration Division
Department of Children and Family Services
3530 Wilshire Blvd., 4trh FL
Los Angeles, CA 90010
August 1, 2014

CORRECTIVE ACTION PLAN

Ms. Higuchi:

I. Licensure/Contract Requirements
ELEMENTS #2 – Does the GH provide for children's transportation needs? (i.e., visitation, counseling, school, WDS, medical/dental, work, religious services, etc.)
CORRECTIVE ACTION PLAN:

As of July 1, 2014, GH Administrator has developed and put into place, a document logbook for all GH Vehicles. The Vehicle Log shows the driver, mileage, destination, vehicle condition and any needed repairs.

During GH Staff meeting dated July 2, 2014, The Administrator detailed with all staff the use of the log, and the importance of filling it out completely.

The GH Administrator will weekly monitor the log to assure it has been filled out properly with all needed information.

(See attached)

ELEMENTS #3 - Left headlight not working; rear bumper damages; no First Aid Kit; top brake light not working; no service logs available. No maintenance receipts, registration or proof of current insurance in the vehicle:
CORRECTIVE ACTION PLAN:
As of June 27, 2014, the tail light, rear bumper damage and brake light bulbs have been repaired and are in good working condition. GH Administration has now placed a vehicle log folder in the vehicles. The log documents the vehicle maintenance, receipts, millage, driver, destination and conditions of the vehicle. Also included in the folder are the vehicle registration and proof of insurance. Fist Aid Kits have been added to the Vehicles Glove Compartments as well. The GH Director will weekly check logs and vehicle for needed repairs, gas, first aid kit replenishments and cleanliness.
Element # 4 – Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?
Corrective Action Plan for this is as follows:
The GH administrator was trained on July 8, 2014 with Out Home Care Monitors and presented with SIR Reporting Requirements and Guidelines to be shared with all group home staff. Although GH Staff is always aware off all minors whereabouts, any child who out of staff sight will have an SIR written and filed.

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On July 9, 2014, The GH Administrator presented the information with the GH Staff in the in-service titled AWOL/ SIR's.

Element #5 – According to disaster drills logs, are disaster drills conducted and completed at least every 6 months?
The Corrective Action Plan for this is as follows:
GH Director will submit a request to change the Program Statement with DCFS Contract and with CCL to show disaster drills are monthly by August 1, 2014. Until this amendment has been approved, GH will follow current Program Statement and document.

Element #6 - Does the GH maintain runaway procedures in accordance with the contract?
The Corrective Action Plan for this is as follows:
On July 8, 2014 GH Administrator was trained and presented with guidelines with Title 22, by Out Of Home Care Monitors. This information was shared with the GH staff on July 9, 2014 during and In-Service. Copies have also been posted in the facility to be used for any needed references.

Element #7 - Are appropriate and comprehensive monetary and clothing allowance logs maintained
The Corrective Action Plan for this is as follows:
As of June 2013, once discovered important logs and other materials where missing and/ or in the possession of the previous SW; O&A implemented the policy that absolutely NO MATERIALS OR FILES are permitted to leave the facility by anyone at anytime for any reason. The GH no longer allows any logs or documents to be removed from the GH. GH Director will weekly monitor all logs.

Element #8 - Does the facility maintain a detailed sign in/out log for placed children?
The Corrective Action Plan for this is as follows:
As of July 17, 2014, Sign In/Out logs have been amended by GH Administrator to show the responsible party, the destination, and a phone number. During a staff meeting on July 8, 2014, this information was reviewed with all staff. This log will be monitored by GH administrator for comprehensiveness.
(See Attached)

III MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element #15 – Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan?
The Corrective Action Plan for this is as follows:
GH Social Worker along with GH Administrator and Director will continue to evaluate prospective incoming placements. GH staff will continue to observe and document daily behaviors to be discussed with the treatment team to determine how O&A GH can best meet their needs. The newly hired SW will review all children files, document assessments in accordance with GH Program Statement.

Element #16 – Did group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan?

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The Corrective Action Plan for this is as follows:
Effective immediately, GH Social Worker and GH Administrator will attach emails and at least attempts to obtain CSW signatures and documentation on signature page of NSP. Further, GH Administrator will not allow any NSP or any other documentation to be removed from the GH.

Element #18 - Are the sampled children progressing toward meeting the Needs and Services Plans case goals?
The Corrective Action Plan for this is as follows:
O&A GH has hired on a new Social Worker. The new SW will attend the Out of Home Care NSP training being held on July 11, 2014 to provide complete and comprehensive NSP's. The GH Administrator will review all NSP's.

Element #19 – Are children receiving required therapeutic/treatment services? (i.e. indiv. group therapy, substance abuse counseling, etc.)
The Corrective Action Plan for this is as follows:
GH Administrator will monitor SW to maintain documents of group and individual notes. GH SW will conduct timely assessments to effectively address mental health issues. GH SW will document any child missing any sessions.

Element # 20 – Are recommendations on required and/or recommended assessments/evaluations implemented (psychological, psychiatric, medical evaluations/assessments)?
The Corrective Action Plan for this is as follows:
GH director will submit on August 1, 2014 to Contracts and Out of Home Care to amend the Program Statement to be more adequate with a Level 7 GH.
One child was being seen by an outside therapist. The therapist informed the home SW, that because the behaviors this child was being seen for, he was no longer exhibiting; therefore services had to be terminated. Should this issue arise again, the O&A GH SW discuss the findings with the therapist, document and file in the child's folder.

Element #21 – Are County workers contacted monthly by GH and are the contacts appropriately documented in the case file?
The Corrective Action Plan for this is as follows:
GH SW will document monthly contacts with CSW, including outcomes, dates and purpose. This will be done by email, phone or face to face contact. O&A has a folder for documented contacts maintained as of August 2013. GH Administrator and GH SW will monitor all contacts and copy corresponding email attachments to be added to the CSW Contact Folder.

Element #24 - Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?
The Corrective Action Plan for this is as follows:
Newly hired GH SW attended the training on July 11, 2014 by Out of Home Care for NSP's. GH SW will document all attempts to obtain CSW signatures within a timely manner. GH Administrator and or GH SW will assure that the information is accurate by maintaining documented notes to include relevant and pertinent information. GH SW will document all attempts to obtain signatures from CSW including Emails, Fax and/or phone calls in a timely manner. Documentation of all efforts will be filed in child's folder. The GH Administrator will review documents and add additional documentations when applicable.

IV. EDUCATION AND WORKFORCE READINESS

Element #27 - Are current copies of the children's report cards or progress reports maintained?
The Corrective Action Plan for this is as follows:
GH SW and or GH Director will monitor the children's files. Immediately when report cards are delivered, GH staff will file in the child's folder. GH Staff will seek assistance from the school/ teacher when necessary to acquire the document.
One finding involved a child whose, CASA worker had Ed Rights, left the case and the school would not release any information to the GH staff nor inform of any upcoming IEP information. The County CSW was notified and has informed the school that the group home needs to be involved and informed. With this involvement from the CSW, there have been no further complications.

Element #28 – Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)?
The Corrective Action Plan for this is as follows:
GH SW will continue assisting children with school needs, by attending conferences and/ or IEP meetings and assist with homework. The GH SW will monitor and along with the assistance of the treatment team, change, modify or add new goals and document all efforts of any findings. O&A GH will also continue with providing tutorial services for the children's educational needs.

HEALTH AND MEDICAL NEEDS

Element #33, - Are required follow-up dental examinations conducted timely?
The Corrective Action Plan for this is as follows:
GH SW and GH Director will closely monitor the scheduled appointments. GH Director will document and reschedule if needed to maintain the timely efforts.
One appointment was canceled by the dental staff as the children sat in the waiting room. It was reported to the GH staff, the Dentist was involved in an automobile accident. The dental staff was to call to reschedule when the dentist was to return. The GH staff did not realize there was no appointment rescheduled. The GH SW will monitor the medical and dental appointments of the children and will alert the staff of any appointment needs.

PSYCHOTROPIC MEDICATION

Element #34 – Are there current court-approved authorizations for the administrations of psychotropic medication or did the GH document effort to obtain
The Corrective Action Plan for this is as follows:
GH Administrator will monitor the expiration dates of the PMA's and request at least one month in advance for a new filing from the child's Psychiatrist. GH Administrator will document and file the request.

Element #35 - Is there a current psychiatric evaluation/review for each child on psychotropic medication?
The Corrective Action Plan for this is as follows:

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GH Staff assisting child to psych appointment will have the Mental Health Professional complete form DCFS-561(c), and file it immediately in child's file.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING.

Element #37 - Do children feel safe in the group home?
The Corrective Action Plan for this is as follows:
GH SW will continue to address in-group and individual any issues presented. SW will address the child and determine any issues and provide what is necessary to resolve the concerns for his safety. GH Staff will monitor and discuss in weekly staff meetings. The weekly staff meetings are lead by the Administrator and/ or The Director. Minutes of the meetings are discussed and documented on the weekly meeting minute form and filed in the weekly meeting log.

Element #39 - Do children report the group home's efforts to provide nutritious palatable meals and snacks?
The Corrective Action Plan for this is as follows:
GH will provide extra food when requested, it may not always be the same as the menu entree, but if a child wants extra, some form of an additional snack will be provided, possible fruit, sandwich, ECT.

Element # 40 - Do children report being treating with respect and dignity?
The Corrective Action Plan for this is as follows:
GH SW will continue in both group and individual sessions discuss children's concern. GH Staff will continue to monitor and discuss in weekly staff meetings.

Element # 42 - Unless prohibited by court order or County workers, are children allowed private visits, to make and receive private telephone calls, and to send and receive unopened correspondence/mail?
The Corrective Action Plan for this is as follows:
O&A GH offers parents location options to visit with the children. This particular child's parent requested the front porch. GH SW will discuss with child in individual sessions the parent, who has unmonitored visitation, choose the location. GH will continue to offer location options to parents.

Element # 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?
The Corrective Action Plan for this is as follows:
Children will continue to provide suggestions for outings during Activity Planning Meeting. GH staff and Administrator make all attempts to fulfill the wish list. GH staff will also encourage other suggestions for the children's activates and execute them in a timely manner.
The GH SW will discuss in weekly group meetings the staff will attend to make choices and have everyone participate in the decision. Administrator will make the return phone calls and provide the children with a list of what to look forward

Element # 48 - Are children given opportunities to participate 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?
The Corrective Action Plan for this is as follows:
GH Administrator and GH staff will continue to seek a variety of extracurricular activities. GH staff will plan out more active outings which will include larger venues. During outing meetings, GH Staff will

continue to ask O&A residents to provide ideas of outings they would enjoy. During the weekly house meeting, the children will be asked to write down any upcoming activities or extra-curricular activities. Discussing this in advance will allow the GH Staff to better plan to meet the needs of each individual. If for some reason there is a conflict, the GH SW will meet with the child to explain the situation. The SW will discuss, document and file.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Element # 49 - Is at least $50 per month clothing allowances provided?
The Corrective Action Plan for this is as follows:
GH Administrator will document and have signed by child and staff that they receive clothing allowance and shopping every month.If the child chooses to not spend for that month, both child and staff will sign acknowledging the addition of the monthly clothing funds. This will be discussed with the child, the SW and the GH Administrator, documented and filed. When necessary, the GH SW will add and/or modify in the child's NSP.

Element # 51 – are children, appropriate to their development level, involved in the selection of their clothing?
The Corrective Action Plan for this is as follows:
As of August 1, 2014, the GH Administrator will have all children sign a document that indicates that they are given $50 a month for clothing. GH SW will remind child during individual time as well and the staff will remind the child of said amount when taken out shopping.

Element #53 – Are children always provided with the minimum monetary allowances?
The Corrective Action Plan for this is as follows:
GH Administrator or Director will maintain and document the weekly allowance every Friday after dinner per the O&A GH Program Statement. Some children were given their allowance every two weeks. On some occasions it was due to being on home pass when allowance was passed out. The GH Director will offer the child his allowance prior to the home pass departure. When the child misses his weekly allowance, the GH Director will document the reason why and file.
The GH staff will continue to utilize the point system per the group home program statement.

Element #55 - Are children encouraged and assisted in creating and updating a life book/photo album?
The Corrective Action Plan for this is as follows:
GH Staff will continue to encourage each child to continuously work on and maintain his LIFE BOOK. Working on Life Books will continue to be a monthly activity with pictures and certificates added often.

IX. **DISCHARGED CHILDREN**

Element #56 - For children placed at least 30 days, was the child discharged according to the permanency plan?
The Corrective Action Plan for this is as follows:
GH SW will make sure that Discharge Summaries are complete, comprehensive and accurate. Administrator will review and file.

Element #57 - For children placed at least 30 days, did the child make progress toward meeting their NSP goals?

The Corrective Action Plan for this is as follows:
GH SW will continue to assess children for Mental Health issues and request TDM and additional information from CSW when needed. This information will be included on the discharge summary.

X. PERSONAL RECORDS

Element #59 - Were DOJ, FBI, and Child Abuse Clearance Indexes (CACI) submitted prior to employee's hired date?
The Corrective Action Plan for this is as follows:
Effective immediately, GH Administrator will ensure that all criminal clearances are obtained from CCL prior to employment. Administrator will maintain and confirm with Title 22 regulations with all in-coming staff.

Element #60 - Did appropriate employees sign a criminal background statement in a timely manner?
The Corrective Action Plan for this is as follows:
Effective immediately, GH Administrator will maintain complete employee personnel files including timely signed Criminal Background Statements.

Element #61 - Do GH staff who have direct contact with children meet the educational/experience requirements?
The **Corrective Action Plan for this is as follows:**
All staff will attend training on July 31, 2014 to include the one hour of training to qualify to be a Facility Manager. Personnel files also will have documentations of all related work experience.

Element # 65 - Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid, required annual, and emergency intervention)
The Corrective Action Plan for this is as follows:
GH Administrator to ensure all staff has documentations in their personnel files in compliance with DCFS and Title 22 Regulations.

Tony Chustz, Administrator

O'CONNER 'S GROUP HOME
2010 west 41st Drive
Los Angeles, CA 90062
(323) 294-7305

Title FACILITY MANAGER		
DATE July 25, 2014	START TIME 10:00am	END TIME 11:00am
PRESENTOR Tony Chustz/Shawn Chustz	FACILITY O'CONNERS GROUP HOME	

INSERVICE GOALS

1.	SUPERVISON
2.	DOCUMENTATION
3.	CONTACTS
4.	OUTINGS
5.	MEDICAL & DENTAL
6.	VISITATIONS
7.	

O'Conner and Atkins Group Home, Inc.

2010 W. 41st Drive Los Angeles, CA 90062

(323) 294-7305

Board Resolution

On 07/14/2014, The Board Of Directors of the O'Conner and Atkins Group Home, Inc. has voted unanimously to immediately remove and replace Tony Chustz as Director of the O'Conner and Atkins Group Home as a result of DCFS contract changes.

An emergency board meeting will be held to elect a new Director.

The Board also resolves to submit these changes to Department Of Social Services, Community Care Licensing (CCL), and Secretary of State.

Dated 07/14/2014

David Murray

David Murry-Treasurer

Joyce Brantley

Joyce Brantley-Secretary

Tony Chustz

2010 W.41st Drive

Los Angeles, CA 90062

(323) 294-7305

07/14/2014

To whom it may concern,

Due to Department of Children and Family Services contract changes, I Tony Chustz do officially step down as Director of O'Conner and Atkins Group Home effective immediately as of today's date, 07/14/2014.

Sincerely,

Tony Chustz

Tony Chustz

Group Home Administrator

O'CONNER AND ATKINS GROUP HOME

O'Conner and Atkins Group Home
2010 west 41st Drive
Los Angeles, CA 90062
(323)294-7305
August 1, 2014

Yvonne Kang
Department of Children and Family Services
Contracts Administration Division
3530 Wilshire Boulevard, 4th Floor
Los Angeles, CA 90010

RE: FCAP

FCAT SECTION I – FINANCIAL OVERVIEW

No 6. Finding: The Agency did not submit the Semi-Annual Expenditure Report in a timely manner.

CORRECTIVE ACTION PLAN: As of August 1, 2014, the Group Home Administrator and the accounting agency will work together to monitor the time line and ensure the Semi-Annual Expenditure Report is signed and submitted in a timely manner.

No 9. Finding: The December 31, 2013 Balance sheet recorded loans payable in the amount off $25,759.76 as Current Liability.

CORRECTIVE ACTION PLAN: As of August 1, 2014, the GH Director and accounting agency have come up with a written agreement for repayment of the loan, thus balancing the balance sheet. From here forward, in the event that a loan will be needed, The Group Home Director will follow guidelines form the A-C Handbook Section A.3.2, and a written contract will be documented.

FCAT SECTION III - BOARD OF DIRECTORS

No 13. Finding: The Board meeting minutes dated September 14, 2013, December 21, 2013, and April 16, 2014 were not certified by the Board Secretary.

CORRECTIVE ACTION PLAN: The GH administrator discussed with the board members the importance of fully complete and signed minutes. As of August 1, 2014, the board secretary will sign all meeting note to certify. Per the California Health and Safety Code Section 1520.1, the Board of Directions shall continue to meet quarterly.

Per California Corporations Code 5215, the board meetings from here out, will be certified by the Board Secretary.

O'CONNER AND ATKINS GROUP HOME

No 15. Finding: The Agency is leasing its facility from its Director. The Director is related to a member of the Board of Directors.

CORRECTIVE ACTION PLAN: As of July 14, 2014, the family member of the director is no longer a member of the Board. A resolution was submitted to Contracts Office of the removal from the Board.

FCAT SECTION IV – CASH/EXPENDITURES

No 17. Finding: The Agency Director signs all disbursement checks (e.g. payroll, reimbursements, and rent).

CORRECTIVE ACTION PLAN: Documents were provided to show the GH Administrator has been added as an authorized account signer for agency account. O&A Group Home will from here out, continue to follow A-C Handbook Section B.2.1, there are two Signatures for all checks, unless otherwise specified in contracts.

No 22. Finding: 1 of 3 non- payroll checks sampled (in the amount of $300.00) was paid to the Agency Director, but did not have supporting documentation available for review.

CORRECTIVE ACTTION PLAN: As of August 1, 2014, the GH Director and GH Administrator will have attached documentation of signatures of GH Residents for the checks written for their allowance.

No 23. Finding: 1 of 3 Electronic payments sampled ($1568.38 was paid to Well Point Inc. recurring monthly) did not have supporting documentation available for review.

CORRECTIVE ACTION PLAN: Documentation was provided for Well Point Inc to the Auditor; however, Effective immediately and ongoing, the GH Administrator will have copies of the electronic payments attached to monthly statements for future reviews.

No 25. Finding: Bank reconciliations were prepared by the agency's accountant, and independent contractor. However there were no signatures in place indicating that the review was conducted and approved. Additionally, reconciling items were not being researched and resolved or written off the accounting records.

CORRECTIVE ACTION PLAN: As of August 1, 2014, the GH Director and Accounting Agency will communicate more closely regarding submitting the bank reconciliations in timely manners. The accounting agency will request reviews and signatures once documents have been prepared, and GH Director will review, sign and submit. Effective immediately, Monthly Bank Reconciliations will be prepared within 30 days of the bank statement date and reviewed by the GH director for appropriateness and accuracy. The bank reconciliation will be signed and dated by both the preparer and the reviewer, the GH Director.

O'CONNER AND ATKINS GROUP HOME

No 26. Finding: 3 of 9 credit card purchases sampled ($84.32 at Wal-Mart, $40. At David Service Station and $40.29 at Rapid #63) did not have supporting documentations available for review.

CORRECTIVE ACTION PLAN: As of August 1,2014, the GH Director will place receipts in monthly receipt folder once received to help prevent lost receipts.

FCAT SECTION V – PAYROLL AND PERSONNEL

No 29. Finding: All 3 personnel files sampled did not include rate of pay. 2 of 3 files did not indicate the Fair Labor Standards Act (FLSA) status all 3 of time sheets reviewed did not have employee's signature in place.

CORRECTIVE ACTION PLAN: As of August1, 2014, the GH Administrator has all had employees sign copies of the Fair Labor standards Act (FLSA) and placed in personnel files. New contracts of rate of pay have also been documented in personnel files. All employees have been informed of the importance of signing their time sheets. Each employee must sign their time sheet at the end of the pay period.

Sincerely,

Tony Chustz

Tony Chustz

GH Administrator