County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 30, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

TEENS HAPPY HOME GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Teens Happy Home Group Home (the Group Home) in March 2013. The Group Home has one site located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster children. According to the Group Home's program statement, its purpose is "to provide a positive environment for those males, ages 12 to 17, with emotional and adjustment problems and for those who because of family problems are unable to cope in the traditional family setting."

The Group Home is licensed to serve a capacity of 6 males, ages 12 through 17. At the time of the review, the Group Home served four placed DCFS children. The placed children's overall average length of placement was 7 months, and the average age was 15.

SUMMARY

During the OHCMD 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, one child reported that he did not feel he was treated with respect and dignity.

The Group Home was in full compliance with 1 of 10 areas of our Contract compliance review: Psychotropic Medication.

OHCMD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being cross-reported to OHCMD and they were not accurately and thoroughly documented; Facility and Environment, related to maintenance issues on the exterior of

the group home, as well as the children's bedrooms, insufficient recreation equipment, and expired food; Maintenance of Required Documentation and Service Delivery, related to children not progressing toward achieving their Needs and Services (NSP) and updated NSPs were not comprehensive; Education and Workforce Readiness, related to children not attending school and showing an increase in academic and/or school attendance; Health and Medical Needs, related to untimely medical and dental exams; Personal Rights and Social/Emotional Well-Being, related to staff not treating children with respect and dignity; Personal Needs/Survival and Economic Well-Being, related to inadequate quantity of clothing inventory; Discharged Children, related to children not being discharged according to the permanency plan; and Personnel Records, related to untimely criminal clearance statements, health screenings, and required training.

Attached are the details of our review.

REVIEW OF REPORT

On May 9, 2013, the OHCMD imposed a Do Not Refer (DNR) status on the Group Home. Subsequent to the Group Home being placed on DNR status, the County of Los Angeles Board of Supervisors approved the Contract termination of the Agency's Foster Family Agency and Group Home Foster Care Services Contracts effective September 9, 2013. All children were removed from the Group Home as of August 2, 2013. Due to this ongoing situation, OHCMD did not conduct an Exit Conference to address these findings. The Group Home was not requested to submit a Corrective Action Plan to address the recommendations, and the Group Home did not have the opportunity to present documentation that may have changed the findings noted in this compliance report.

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

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

PLB:EM:KR
RDS:PBG:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Stinson Brown, President, Board of Directors, Teens Happy Home
Beautina Robinson, CEO, Teens Happy Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

TEENS HAPPY HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the March 2013 review. The purpose of this review was to assess Teens Happy Home Group Home's (the Group Home) compliance with its County contract requirements and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, four placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, five discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, one sampled child was prescribed psychotropic medication. OHCMD reviewed the case file to assess for timeliness of the Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following nine areas out of compliance.

Licensure/Contract Requirements

- In reviewing Special Incident Reports (SIRs) from March 1, 2012 through March 31, 2013, it was noted that of 17 SIRs, four were not cross-reported to OHCMD and two were not accurately and thoroughly documented. Due to the severity of the latter two SIRs missing critical information and containing inaccurate information, and non-compliance in reporting runaway children to law enforcement, OHCMD requested a CAP and conducted an informal meeting in February 2013, with the Executive Director and Group Home Administrator. It

should also be noted that a Group Home representative did not attend the OHCMD SIR training in October 2011.

Recommendation

The Group Home's management shall ensure that:

1. SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via ITrack System.

Facility and Environment

- A walk-through of the exterior revealed that a screen vent had a hole. The damaged screen was brought to the Group Home Administrator's attention, who stated that the vent would be repaired.

- Although the interior of the Group Home was clean, there were some deficiencies noted in the children's bedrooms. Bedroom 2 had a window blind that was broken. The Group Home Administrator stated that the blind had been recently replaced and was surprised that it was damaged. The Executive Director stated that a child admitted that he had broken the window blind.

  Bedroom 3 had a window screen with a hole, and the wall above a bed was scratched and missing a small amount of plaster and paint. The Group Home Administrator stated she was not aware of the damaged window screen and wall. The Group Home Administrator stated that the damage would be repaired.

- There was insufficient recreational equipment available for use by the children. Specifically, the basketball rim was missing a net and there was no basketball or any other type of ball. The staff stated that the basketball was flat and that it was going to be replaced. The Group Home Administrator informed OHCMD that the boys do not like a net on the hoop because the ball gets stuck in the net.

- In reviewing the Group Home's fresh, frozen, and canned food supply, OHCMD noted an abundance of food; however, there was a package of graham cracker pie crusts that had expired 12 months prior; a few bags of frozen meat stored in zip-locked bags and packages of poultry, which were not labeled or dated. There were several frozen poultry packages that were dated 6 to 12 months prior. OHCMD observed some freezer burn and ice crystals on some frozen poultry and informed the Group Home Administrator, who stated that she was "not comfortable" with the length of time the meat/poultry had been frozen, and she discarded the meat/poultry dated 6 to 12 months old. During a meeting, the Executive Director stated that she did not see anything wrong with frozen food with freezer burn and ice crystals, as she would cut off that portion of the frozen meat/poultry.

Recommendations

The Group Home's management shall ensure that:

2. The exterior and the grounds of the Group Home are well maintained.

3. The children's bedrooms are well maintained.

4. The Group Home has sufficient recreational equipment.

5. The Group Home maintains food that is not expired and properly packages and labels frozen meat/poultry to avoid freezer burn and maintain the nutritional value and flavor of the food.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

- A review of the NSPs and children's records revealed that one child was not progressing toward achieving his NSP goals. The youth's most recent NSP documented declining behavior and declining academic performance. Specifically, the NSP's Adjustment to Placement Quarterly Only information documented that the child had started to present some behavior problems. The Education Quarterly Only progress in educational goals also documented no progress in improving failing grades to "D" grades. The child's report cards/progress reports had declined from four failing classes, to five failing classes, to six of seven failing classes with excessive absences, although the child was receiving in-home tutoring and Resource Specialist Program (RSP) of one-to-one assistance in two classes. Furthermore, the Quarterly Only Life Skills Training/Youth Development Preparation section documented initial progress during the quarter; however, during the last 30-45 days of the reporting period, the child had started to again require several prompts to complete daily chores and hygiene routines.

- Seven updated NSPs were reviewed. All were timely; however, none were comprehensive. Specifically, the NSP/Quarterly templates contained sections that were not completed. One NSP did not document the outcome and follow-up of health visits. Some Quarterly Only sections were blank and did not document the progress or lack of progress in specific goals for the previous 90-day period. Also, some goals were vague, not pertinent to the child and/or attainable in 90-day increments.

It was noted that the Group Home's representative had attended the OHCMD's NSP training for providers in January 2012; the NSPs revealed that they were developed subsequent to the January 2012 training.

Recommendations

The Group Home's management shall ensure that:

6. Children are progressing toward meeting the NSP case goals.

7. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

EDUCATION AND WORKFORCE READINESS

- A review of the children's report cards and available school records revealed that two children did not attend school as required. One child's Report Card, dated May 7, 2013, documented 19 to 26 absences from class. The other child's Report Card, dated May 7, 2013, documented 30 to 47 absences.

- The same two children did not have an increase in academic performance and/or school attendance, based on their report cards; both children had poor attendance, as noted above. Furthermore, one child failed six of seven classes; however, received an "A" grade in Advisory class. The other child failed six of seven classes and received a "D" grade in Advisory class.

Recommendations

The Group Home's management shall ensure that:

8. Children attend school as required.

9. Children have an increase in academic performance and/or attendance.

HEALTH AND MEDICAL NEEDS

- One child did not receive a timely initial medical examination. Specifically, the child did not receive his medical examination within 30 days of placement, as the examination occurred one day past the required timeframe.

- One child did not receive a timely initial dental examination in that the child received his dental examination approximately six days past the required timeframe.

Recommendations

The Group Home's management shall ensure that:

10. Children receive an initial medical examination in a timely manner.

11. Children receive an initial dental examination in a timely manner.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

- One child reported that he did not feel that he was treated with respect and dignity by one particular staff member. Although he had positive comments about other staff members treating him "like family" and "being comfortable" at the group home, the child reported that

one staff member made him "feel like a baby" and brings down his confidence. The child discussed an incident in which he was using his game system after bedtime and the same staff member "barged" into his bedroom, unplugged and removed his video game machine. He also stated that the same staff member wakes him up for school at 5:00 a.m., which he believes is excessively early since he does not leave for school until approximately 7:00 a.m. OHCMD immediately contacted the Child Protection Hotline (CPHL). CPHL stated that there were no allegations of emotional abuse; however, an "Info Only" was sent to the child's Department of Children and Family Services Children's Social Worker (CSW).

OHCMD followed-up with the child the following morning. He stated that his CSW had visited him the previous evening, that he had advised his CSW of the same concerns. Subsequently, the child advised OHCMD that "everything is okay." Additionally, OHCMD followed-up with the child's CSW and the Group Home Administrator. The CSW stated that he shared the same concerns with her and that she would follow-up. The Group Home Administrator stated that the staff member talks to everyone in that manner and will discuss with the staff the way in which she comes across to the child.

Recommendation

The Group Home's management shall ensure that:

12. Children are treated with respect and dignity.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

- Although all of the sampled children had adequate clothing, one child did not have a sufficient supply of long pants, based on a staff member showing OHCMD the child's clothes. OHCMD brought the shortage of pants to the group home staff member's attention and the staff member stated that when the child had run away, he was wearing a pair of pants; therefore, he had an additional pair of pants. Although the child may have had an additional pair of pants, his supply of long pants was still insufficient. Furthermore, the Clothing Inventory Survey provided by the Group Home documented an inadequate supply of long pants.

Recommendation

The Group Home's management shall ensure that:

13. Children have an adequate supply of clothes.

DISCHARGED CHILDREN

- Two reviewed children were not discharged according to their permanency plan, as the Group Home requested their removal due to program non-compliance. OHCMD did not have documentation of interventions utilized to stabilize the child's placement prior to the Group Home requesting the child's removal.

Recommendation

The Group Home's management shall ensure that:

14. Children are discharged according to their permanency plan.

PERSONNEL RECORDS

- One staff member did not receive a timely criminal clearance in that the staff member received a criminal clearance approximately 14 days after her hire date.

- Two staff members did not sign a criminal background statement in a timely manner. One staff member completed the document 15 days after their hire date and the other staff completed the document six days after their hire date.

- One staff member did not receive a health screening and Tuberculosis clearance in a timely manner. The employee did not receive the health clearances until six months after their hire date, which is non-compliant with Title 22 Regulations of a health clearance one year prior or seven days after their employment date.

- One staff member did not receive Emergency Intervention Plan training (Pro-ACT Refresher Course) every 12 months, in accordance with the Group Home's program statement.

Recommendations

The Group Home's management shall ensure that:

15. Staff members receive a criminal clearance in a timely manner.

16. Staff members complete a criminal clearance statement in a timely manner.

17. Staff members receive a health clearance in a timely manner.

18. Staff members receive Pro-ACT Refresher course in accordance with the Group Home's program statement.

On May 9, 2013, the OHCMD imposed a Do Not Refer (DNR) status on the Group Home. Subsequent to the Group Home being placed on DNR status, the County of Los Angeles Board of Supervisors approved the Contract termination of the Agency's Foster Family Agency and Group Home Foster Care Services Contracts, effective September 9, 2013. All children were removed from the Group Home as of August 2, 2013. Due to this ongoing situation, OHCMD did not conduct an Exit Conference to address these findings. The Group Home was not requested to submit a Corrective Action Plan to address the recommendations, and the Group Home did not have the opportunity to present documentation that may have changed the findings noted in this compliance report.

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

The OHCMD's last compliance report, dated August 23, 2012, identified seven recommendations.

Results

Based on our follow-up, the Group Home fully implemented 2 of 7 recommendations, for which they were to ensure that:

- Staff members meet the education/experience requirements, and
- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report specifically related to CSW's authorization to implement NSPs.

Based on our follow-up, the Group Home did not fully implement five previous recommendations for which they were to ensure that:

- Children are progressing toward meeting NSP case goals,
- Children attend school as required,
- Children show an increase in academic performance and/or school attendance,
- Staff members receive timely health screenings, and
- Staff members receive timely certification in accordance with the Group Home's Emergency Intervention Plan of annual EIP Refresher Course (Pro-ACT).

Recommendation

The Group Home's management shall ensure that:

19. The outstanding recommendations from the 2011 monitoring report, which are noted in this report as Recommendations 6, 8, 9, 17, and 18, are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a fiscal review of the Group Home's fiscal operation from January 1 through December 31, 2009. The fiscal report, dated May 17, 2013, revealed $27,623 in unallowable costs and $79,746 in unsupported/inadequately supported expenditures. The Auditor-Control (A-C) and the DCFS Fiscal Monitoring and Special Payments Section are following up with the Group Home, as the Group Home filed an appeal to the A-C's findings.

TEENS HAPPY HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

9651 S. Hobart Boulevard
Los Angeles, CA 90047
License # 198203038
Rate Classification Level: 7

	Contract Compliance Monitoring Review	Findings: March 2013
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Improvement Needed
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Worker's Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive	9. Full Compliance

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

	Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, 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)	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 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance
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. Not Applicable
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	1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance

	Procedures 7. All Required Training	7. Improvement Needed