



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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March 18, 2021

To: Supervisor Hilda L. Solis, Chair
Supervisor Holly J. Mitchell
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: *Cynthia May Miller for*
Bobby D. Cagle
Director

**FIVE ACRES – THE BOYS’ AND GIRLS’ AID SOCIETY OF LOS ANGELES COUNTY
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Five Acres – The Boys’ and Girls’ Aid Society of Los Angeles Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in September 2020. The Contractor has one licensed site located in the Fifth Supervisorial District. The site provides services to the County of Los Angeles DCFS placed children, Probation foster youth, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 8
PRIORITY 3 3

CAD conducted a virtual Contract Compliance Assessment review of the Contractor’s compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

“To Enrich Lives Through Effective and Caring Service”

The Contractor was in full compliance with 2 of 10 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; and Permanency and Transition Services.

For the purpose of this review, seven DCFS placed children were selected for the sample. CAD reviewed the files of the seven selected children, virtually interviewed four of the children to assess the level of care and services they received; two children declined to be interviewed and one child was discharged on August 24, 2020, after the file review and prior to the interviews. An additional three discharged children files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephone interviews with staff. To assess the quality of care and supervision provided to the placed children and foster youth, DCFS also conducted virtual site visits.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Children's bedroom did not meet the requirement of at least one operable window or door to ensure safe and direct emergency exit to the exterior of the home.
- Personal Needs/Survival and Economic Well-Being
 - Child reported not being provided with medical care when requested.

Priority 2

- General Contract Requirements
 - Special Incident Reports were not properly cross-reported in the I-Track System.
- Facility and Environment
 - Vehicle used to transport the children had worn tire tread; and front bumper was loose.
 - One of the site facilities did not have snacks available and accessible to the children.
- Needs and Services Plans (NSPs)
 - A Native American child did not receive program services in accordance with the Indian Child Welfare Act (ICWA) standards.
- Education and Independent Living Program Services
 - Children were not enrolled in school immediately upon placement.
- Health and Medical Needs
 - Initial dental examinations were not conducted timely;
 - Required follow-up dental examinations were not conducted timely.

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- Personnel Files
 - Personnel did not receive the required initial Commercial Sexual Exploitation of Children training.

Priority 3

- Facility and Environment
 - Each operable window did not have an intact window screen.
- Needs and Services Plans (NSPs)
 - NSPs were missing the Children's Social Worker/Deputy Probation Officer signatures.
- Personal Rights and Social/Emotional Well-Being
 - Children report not being allowed to attend religious services of their choice.

On October 19, 2020, the DCFS CAD Children Services Administrator I and II and the Out-of-Home Care Management Division Quality Assurance Specialist, held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations, and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

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

BDC:KDR
LTI:jar

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Adolfo Gonzales, Chief Probation Officer
Brandon Nichols, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Chanel Boutakidis, Executive Director, Five Acres
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



November 20, 2020

J. Angel Rodriguez
Children Services Administrator 1
Department of Children and Family Services
Contracts Administration Division
Compliance Section
3530 Wilshire Blvd; 4th Floor
Los Angeles, CA 90010

Dear Mr. J Angel Rodriguez,

As per your request, please see the following Correction Action Plans in response to the Five Acres STRTP Contract Compliance Review Exit Summary.

CAP (1) Requested

5.2) SIRs were not properly cross reported in the I-Track System for 5 children (C2, C4, C5, C6, C7).

Corrective Action Plan:

STRTP Unit Program Coordinator (UPC) will ensure that CSW is cross reported on the I-Track form before submitting to Supervisors or Designee for final review before submitting to the I-Track system. STRTP Program Manager and Residential Treatment Supervisor will review weekly with Unit Program Coordinator that the Special Incident Reports are completed with all content needed including cross reporting. All applicable staff will be re-trained on this process by 12/15/2020, and implementation will begin immediately on this date.



CAP (2) Requested

6.14) Vehicle (V2 and V5) front tires on the passenger side have worn tire tread.

Corrective Action Plan:

1. Facilities staff address any/all vehicle concerns in a timely manner, everything done to or work performed including recalls is kept in a vehicle maintenance tracking log.
2. All agency vehicles undergo a maintenance and safety check by agency maintenance staff that are scheduled once a month and work is completed by a licensed mechanic, as needed.
3. Staff will be re-trained on the reporting of vehicle concerns to the maintenance department by December 15, 2020.

CAP (3) Requested

6.18) Vehicle was not free of damage as vehicle V4 front bumper was loose.

Corrective Action Plan:

1. Facilities staff address any/all vehicle concerns in a timely manner, everything done to or work performed including recalls is kept in a vehicle maintenance tracking log.
2. All agency vehicles undergo a maintenance and safety check by agency maintenance staff that are scheduled once a month and work is completed by a licensed mechanic, as needed.
3. Staff will be re-trained on the reporting of vehicle concerns to the maintenance department by December 15, 2020.

CAP (4) Requested

7.1) Each operable window did not have an intact window screen as office windows were missing window screen (S2).

Corrective Action Plan:

1. Facilities staff address any/all issues related to exterior and grounds being well maintained in a timely manner through receiving work order request for items needing repair.
2. All applicable staff will be re-trained on this process by 12/15/2020, and implementation will begin immediately on this date.



CAP (5) Requested

10.10) Each bedroom did not have at least one operable window or door to ensure safe and direct, emergency exit to the exterior of the home as S2 C1's bedroom has two windows with one damaged and as a result non-operable and the other is a fixed bay window.

Corrective Action Plan:

1. Facilities staff address any and all issues related to exterior and grounds being well maintained in a timely manner through receiving work order request for items needing repair.
2. All applicable staff will be re-trained on this process by 12/15/2020, and implementation will begin immediately on this date.

CAP (6) Requested

12) Adequate nutritious perishable and nonperishable foods were not maintained in Kodiak cottage not having snacks available or accessible to children at the time of the virtual walk-through on 10/6/20.

Corrective Action Plan:

By 12/15/20, STRTP Program Managers will review with supervisors to maintain available snacks in easily accessible areas for children at any given time and Supervisors will review with staff. Staff will check for snack availability and order additional supplies at least weekly and more as needed. Supervisors will ensure that staff obtain snacks from the kitchen daily as well as request from the kitchen a replenishment of basic snack items when the cottage is close to running out, such as bread, peanut butter, jelly, etc.

CAP (7) Requested

16.5) The CSW/DPO did not sign the NSPs as C4 and C6 was missing CSWs signature.

Corrective Action Plan:

The Case Manage Supervisor will ensure that CSW signatures are attained within the 5 day time limit as per the SOW. Case Manager Supervisor will monitor this process through a tracking log to ensure NSPs are submitted to CSWs timely. All applicable staff will be re-trained on this process by 12/15/2020, and implementation will begin immediately on this date.



CAP (8) Requested

18) Child (C3) did not receive program services in accordance with ICWA standards

Corrective Action Plan:

By 12/15/20, STRTP Program Manager and Clinical Supervisor will review with Clinicians that upon identification of a Native American child at intake or later on in treatment, clinician will lead the implementation of program services in accordance with ICWA standards. STRTP Program Managers and Case Manager Supervisor will also review with UPC and Case Managers ICWA standards and the need to identify and implement standards appropriately. Program Manager and Clinical Supervisor will track children who are identified as Native American and monitor that ICWA standards are implemented.

CAP (9) Requested

27) Children were not enrolled in school immediately upon placement as C3 enrolled 35 days after placement and C4 enrolled 40 days after placement.

Corrective Action Plan:

The Rehabilitation Specialist Supervisor and the Public School Coordinator will continue to work with Pasadena Unified School District (PUSD) to continue to advocate and ask for a speedier enrollment time frame. At the present time, PUSD holds enrollment meetings only once a week and have not been open to the “immediate” enrollment as per Foster Youth Educational Rights. Rehabilitation Specialist Supervisor and/or Public School Counselor will continue to contact PUSD upon a foster kid being admitted to the facility and provide PUSD with the information needed/requested by the school. Five Acres staff will also Team with the DCFS School Liaison for further support and guidance in this matter.

CAP (10) Requested

34) Initial dental examinations were not conducted timely for C4, C6, and C7.

Corrective Action Plan:

By 12/15/20, Health Services Supervisor will review with Health Services Assistants to schedule initial dental exams within 30 days of placement and thoroughly document on progress notes and NSPs any barriers to scheduling the appointment. Supervisor will also review checking the HEP as well as contacting the dental office when the appointment is being scheduled to verify that children have not had a recent exam and would not be able to have another dental exam within 6 months; if children have had a recent exam, Health Services Assistants will document the date on the NSP provided by the HEP or the dental office and schedule a dental exam at



the next possible date. If Health Services Assistants are unable to schedule the appointment in the future due to the dental office scheduling restrictions, they will set a reminder to contact the dental clinic 1 week prior to the expected 6 month time frame in order to schedule the client for their dental exam.

CAP (11) Requested

36) Required follow-up dental examinations were not conducted timely for C4's follow-up dental appointment recommended as a result of a dental exam on 3/11/20.

Corrective Action Plan:

By 12/15/20, Health Services Supervisor will review with Health Services Assistant to schedule required follow-up appointments immediately and document this in progress note and the Medical Appointments calendar.

CAP (12) Requested:

52) Children (C3) report they are not allowed to attend religious services of their choice and reported "We don't do that."

Corrective Action Plan:

By 12/15/20, STRTP Program Managers will review with Supervisors that children are allowed to attend religious services of their choice and this can be accomplished in person or virtually. Program Managers will also review that information on children's religious preferences and whether or not they would like to attend religious services is obtained at initial intake, and children can request to attend religious services after initial intake as well as being brought up in the CFT meeting (if children didn't request this initially).

CAP (13) Requested:

61) Children (C3) reported not being provided medical care when needed, related to seeing a doctor regarding an injury to a middle finger on the left hand.

Corrective Action Plan:

By 12/15/20, Health Services Supervisor will review with Nurses the importance of documenting injuries, monitoring injuries, and seeking additional medical care, such as scheduling for children to see a doctor for injuries. Supervisor will also review with Health Services Assistants to schedule appointments with doctors in a timely manner when Nurses indicate the need on shift reports or emails.



CAP (14) Requested:

83.4) Personnel (S4) was missing initial CSEC Training.

Corrective Action Plan:

CSEC training is part of all residential staff's initial training plan and due within 90 days of hire, and these training are tracked through the Relias Learning management System. By 12/15/20, STRTP Program Managers will review with Supervisors tracking upcoming training due dates with staff and ensuring that staff are able to take the time to complete the required trainings, like CSEC training. Supervisors will also review with staff in supervision upcoming trainings due for staff to complete.

Should you need additional information, please feel free to contact Claudia Rice at crice@5acres.org or 626-773-3834.

Thank You,

Claudia Rice, LMFT

Claudia Rice, LMFT
Division Director of Residential - DCFS
Five Acres Residential Division

cc: Mirla Valenzuela
Patricia Balanos-Gonzalez
Elizabeth Gonzalez
Tiffani Tran