



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

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602

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March 31, 2021

To: Supervisor Hilda L. Solis, Chair  
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Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Bobby D. Cagle  
Director

*Cynthia McCoy Miller for*

**HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES  
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 virtual Contract Compliance Review of the Hathaway-Sycamores Child and Family Services Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in October 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, children placed by other counties and Non-Minor Dependents.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 4
PRIORITY 3 0

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.

The Contractor was in full compliance with 6 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Engagement and Teamwork; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, seven DCFS placed children were selected for the sample. CAD reviewed the files of the seven selected children and virtually interviewed six of the children to assess the level of care and services they received; and one child refused to be interviewed. An additional three discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed four staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic 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

- Needs and Services Plans (NSPs)
  - The NSPs were not comprehensive or accurate.

#### Priority 2

- General Contract Requirements
  - Special Incident Reports were not properly documented.
- Permanency and Transition Services
  - The NSP Permanency Section did not document the child's case plan goals.
- Personal Rights and Social/Emotional Well-Being
  - Child reported not being given the opportunity to plan recreational activities with the provider; and
  - Child reported not being provided a box to lock contraceptives in.

On November 17, 2020, the DCFS CAD Children Services Administrators I and II and the Out-of-Home Care Management Division Quality Assurance Specialist, held an exit conference with the Contractor's representative.

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

Each Supervisor  
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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:ms

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Adolfo Gonzales, Chief Probation Officer  
Brandon Nichols, Chief Deputy Probation Officer  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Gina Peck-Sobolewski, Vice President, Hathaway-Sycamores Child and Family Services  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



Matthew St. John, Children Services Administrator I  
Contract Compliance Administration  
Department of Children and Family Services  
3530 Wilshire Blvd 4th Floor  
Los Angeles CA, 90010

**Re:** Corrective Action Plan (Contract Compliance Review-2020)  
**STRTP:** Hathaway-Sycamores Child and Family Services (HSCFS)  
2933 N. El Nido Dr.  
Altadena, CA 91001  
**License:** 197804907

December 17, 2020

Dear Mr. St. John,

Per your request, please refer to the attached Corrective Action Plan, pertaining to the Contract Compliance review for 2020 that was conducted in October and November 2020.

## **I. GENERAL CONTRACT REQUIREMENTS**

### **5. Special incident Reports are properly documented**

#### ***5.1 SIR documentation is in the Needs and Services Plans (NSPs)***

**Deficiency:** "Child #2: SIR #674323, dated 1/8/2020, regarding an ER visit was not recorded in the NSP dated 1/19/2020, SIR #690604, dated 3/27/2020, regarding Educational Plan was not recorded in the NSP dated 4/18/2020. Child #6: NSP dated 6/2/2020 was missing the SIR number for SIR dated 5/2/2020"

**Cause:** This was due to human error and insufficient training in this area.

**Corrective Plan and Implementation:**

- Facilitators will receive a booster training on SIR documentation within NSPs.
- Facilitators will review consumers' SIRs in iTrack and accurately reflect them in NSPs.
  - Facilitators will follow up with Program Support Services Supervisor to ensure that SIRs reflected in iTrack align with SIRs that were completed and internally filed.

**Quality Management Plan:**

- Lead Facilitator will monitor and check all incoming NSPs for the inclusion of iTrack SIR numbers and follow up with Facilitator if incomplete or inaccurate; subsequent monthly audits (Lead Facilitator) will be conducted to ensure progress is sustained.
- When reviewing and signing NSPs, Lead Facilitator will check iTrack to ensure that all SIRs are captured.
- Director and Lead facilitator will conduct monthly audits to ensure that all items are complete.

**5.2 Special Incident Reports**

**Deficiency:** "Child #2 and #6: SIR #699492 regarding an incident of Assaultive Behavior (Peer) was not cross reported to OHCMD."

**Cause:** SIR was not cross reported properly due to human error.

**Corrective Plan and Implementation:**

- Exhibit A-5 to be reviewed with Program Manager, Leads and PSS staff in reference to guidelines surrounding submission for all SIRs.
- Program Managers to verify that all cross reports are correctly added prior to final submission.

**Quality Management Plan:**

- Assistant Director of Residential Programs and Director of Residential Programs will oversee completion of SIRs daily.
- Assistant Director of Residential Programs and Director of Residential Programs will provide booster trainings as needed to ensure proper adherence to Exhibit A-5.

**IV. NEEDS AND SERVICES PLANS****16. The NSPs were completed accurately and on time****16.2 NSPs were comprehensive and accurate**

**Deficiency:** “Child #1: NSP dated 10/14/2019 reflects 3 case plans, and no con-current case plan is assigned. NSPs dated 11/4/2019, 12/2/2019, 1/2/2020, 1/31/2020, 3/1/2020, 4/30/2020, 5/30/2020, 6/29/2020, 7/29/2020, 8/29/2020 all reflect 3 Current case plans, and 2 Con-Current case plans. Child #2: NSPs 10/31/19, 11/20/2019, 12/20/2019, 1/19/2020, 2/18/2020, 3/17/2020, 4/18/2020, 5/18/2020, 6/17/2020, 7/16/2020, 8/17/2020 all reflect 2 Con-Current case plans. Child #4: NSP 1/15/2020 reflects 1 SIR, but no SIR number. Child #5: NSPs 1/26/2020, 2/16/2020, 3/16/2020, 4/16/2020, 5/15/2020, 6/15/2020, 7/15/2020, 8/14/2020 all reflect 2 Current Case Plans. Child #6: NSP dated 6/2/2020 reflected an SIR dated of 5/2/2020, with no SIR number.

**Cause:** This was due to a combination of human error and insufficient training in this area

**Corrective Plan and Implementation:**

- Facilitators will receive a booster training on SIR documentation within NSPs. During training, Facilitators will review the importance of completing all required fields thoroughly and accurately.
- Facilitators will review consumers’ SIRs in iTrack and accurately reflect them in NSPs.
  - Facilitators will follow up with Program Support Services Supervisor to ensure that SIRs reflected in iTrack align with SIRs that were completed and internally filed.

**Quality Management Plan:**

- Lead Facilitator will monitor and check all incoming NSPs for thoroughness and accuracy of information.
- When reviewing and signing NSPs, Lead Facilitator will check iTrack to ensure that all SIRs are captured.
- Director of Clinical Services will work with Lead Facilitator to ensure monthly audits of required content.

**V. PERMANENCY AND TRANSITION SERVICES**

**20. The NSP Permanency section documented the child’s case plan goals (i.e. concurrent plan, progress made, barriers).**

**Deficiency:** “Child #1: NSP dated 10/14/2019 reflects 3 case plans, and no con-current case plan is assigned. NSPs dated 11/4/2019, 12/2/2019, 1/2/2020, 1/31/2020, 3/1/2020, 4/30/2020, 5/30/2020, 6/29/2020, 7/29/2020, 8/29/2020 all reflect 3 Current case plans, and 2 Con-Current case plans. Child #2: NSPs 10/31/19, 11/20/2019, 12/20/2019, 1/19/2020, 2/18/2020, 3/17/2020, 4/18/2020, 5/18/2020, 6/17/2020, 7/16/2020, 8/17/2020 all reflect 2 Con-Current case plans. Child #5: NSPs 1/26/2020, 2/16/2020, 3/16/2020, 4/16/2020, 5/15/2020, 6/15/2020, 7/15/2020, 8/14/2020 all reflect 2 Current Case plans.”

**Cause:** This was due to insufficient training in this area

**Corrective Plan and Implementation:**

- Facilitators will receive re-training on completion of the current case plan and concurrent case plan sections of the NSP.
- Facilitators will ensure that only one box is checked off for the current case plan and concurrent case plan within the NSP.
  - Facilitators will utilize the comment field within the current case plan and concurrent case plan sections of the NSP to provide context around potential lateral placement options.

**Quality Management Plan:**

- When reviewing and signing NSPs, Lead Facilitator will check to ensure that only one box is checked off for the current case plan and concurrent case plan within the NSP.
- Director of Clinical Services will work with Lead Facilitator to ensure monthly audits of required content.

**VIII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELLBEING**

**53: Children report they are given the opportunity to plan recreational activities with the provider**

**Deficiency:** "Child #1: Child 1 stated he is not given the opportunity to plan recreational activities."

**Cause:** While the children are given the opportunity to assist in planning activities, there was no documentation that reflected this.

**Corrective Plan and Implementation:**

- During bi-monthly youth council meetings, youth representatives will be provided with time on the agenda to bring back activity ideas from their peers in their living units.
- The youth council agenda will be amended to reflect and section out time to discuss "Youth Activities".

**Quality Management Plan:**

- The Assistant Director of Residential Programs and the Lead Parent Partner co-lead the youth council meetings and will ensure the topic is covered at every youth council meeting to provide a space for youth's ideas to be heard.

**60. Children were informed about their right to have contraceptives and a container to lock them in**

**Deficiency:** "Child #7: Child 7 stated he has not been given access to his lock box yet."

**Cause:** This was due to the recent completion of renovation of our Rowland building and recent transfer of youth to new hall. The new lock boxes had not yet been installed in the new hallway.

**Corrective Plan and Implementation:**

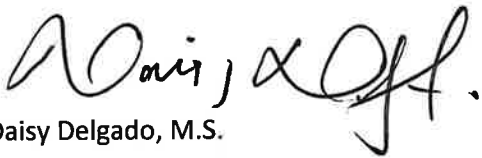
- New lockers were installed into the dressers in the Rowland building on 11/17/20.

**Quality Management Plan:**

- New lockers are now installed and will be ready for any new intakes in the renovated building with the new furniture.

Please contact me should you have any questions or concerns.

Respectfully,



Daisy Delgado, M.S.  
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