



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

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December 15, 2021

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

From:   
Bobby D. Cagle  
Director

**LUVLEE'S RESIDENTIAL CARE DBA NEW DAWN**  
**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 Luvlee's Residential Care dba New Dawn Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in July 2021. The Contractor has two offices: one in the First Supervisorial District and one in San Bernardino County. These sites provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 6
PRIORITY 3 1

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

*"To Enrich Lives Through Effective and Caring Service"*

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: Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; and Personal Needs/Survival and Economic Well-Being.

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

CAD reviewed three 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 at both of the Contractor's sites.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
  - A smoke/carbon monoxide detector installed in a child's bedroom was not working because the batteries and the wires had been removed.

Priority 2

- General Contract Requirements
  - Special Incident Reports were not properly documented.
- Facility and Environment
  - Required notices were not posted and visible.
- Personal Rights and Social/Emotional Well-Being
  - Children reported not being informed about their right to obtain safe sex and reproductive health information.
  - Children reported not being informed about their right to have contraceptives or a locked container to keep them in.

- Personnel Files
  - Personnel did not receive initial training.
  - Personnel did not receive on-going training.

Priority 3

- Facility and Environment
  - A vehicle was not maintained in good repair.

On August 25, 2021, the Children Services Administrators team from DCFS CAD and the Out-of-Home Care Management Division Quality Assurance and Investigations Section Specialists 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:bm

Attachments

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Dr. Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Sean Hardge, Chief Executive Officer, Luvlee's Residential Care  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

# CORRECTION ACTION PLAN

## GENERAL CONTRACT REQUIREMENTS

5. Special Incident Reports (SIRs) are properly documented.

5.2 SIRs were properly cross-reported in the I-Track System

Facility	Comment
Site 616	C616-1, out of 9 SIRs reported, one SIR #763238 was not reported timely.
Site 615	C615-2, out of two SIRs reported, one SIR #754810 was not reported timely.

1. Explain the Cause.

Executive Assistant was on vacation during the time of reporting.

2. Corrective Action Taken.

Executive Assistant and Program Director will coordinator with each other. When Executive Assistant goes on vacation, Program Director will assume responsibility in ensuring reports are submitted timely.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

New Dawn’s Executive Assistant will ensure that SIRs are submitted within the 24-hour reporting period or sooner, depending on the severity of the incident. New Dawn’s Executive Director and Executive Assistant will coordinate with each other to ensure reports are submitted timely over the weekend and holidays. In the event that the Executive Assistant goes on vacation, New Dawn’s Director will assume responsibility of the submitting the reports.

Reviewer Comment

## FACILITY AND ENVIRONMENT

8. Common quarters are well maintained.

8.6 A functioning smoke detector & carbon monoxide detector is installed in hallways of all sleeping areas

Facility	Comment
Site 615	At the time for the review, the smoke/carbon monoxide detector in C615-1's bedroom was not working. It was later known that the NMD disconnected the wires because the detector was beeping, possibly because the battery was low. The smoke/carbon monoxide detector has since been repaired, the battery has also been replaced.

1. Explain the Cause.

Client removed the Batteries from the Smoke Detector at night.

2. Corrective Action Taken.

NMD during the night had removed the batteries from the smoke detector. NMD was counseled and educated on the safety risk involved when tampering with smoke detectors. Staff will complete a Special Incident Report to document property damage if a client removes batteries from the smoke detector.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Staff will be responsible to check the smoke/carbon monoxide detector(s) daily and documented in the Daily Facility Checklist Form. Smoke Detector batteries will be replaced every six months by the facility manager and/or by staff responsible with conducting monthly fire drills. In addition, each site will receive a visit by the local fire department annually, to assess for potential fire safety hazards. (Attachment 2)

Reviewer Comment

9. All required notices and postings are posted and visible.

9.3 Foster Youth Bill of Rights is posted and visible.

Facility	Comment
Site 616	The Foster Youth Bill of Rights was not posted.

9.4 Sexual Health & Reproductive Rights are posted and visible [SB89].

Facility	Comment
Site 615	The Sexual Health & Reproductive Rights was not posted.
Site 616	The Sexual Health & Reproductive Rights was not posted.

1. Explain the Cause.

The Foster Youth Bill of Rights and the Sexual Health Reproduction Rights may have been removed when updating the boards at the Facility.

2. Corrective Action Taken.

New Dawn's Executive Assistant posted at each site the Foster Youth Bill of Rights and the Sexual Health and Reproductive Rights. Information is located in a common communal area, visible to clients and visitors.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

New Dawn's Executive Assistant will visit the facility quarterly for quality assurance to ensure that the Foster Youth Bill of Rights and Sexual Health and Reproduction Rights maintains its posting and visibility. Clients will have other opportunities to be inform of their rights, such as: - Intake worker will review the Foster Youth Bill of Rights with the client. The document will be signed by the client and stored in their case file. and; - Clients will receive a Participant Handbook, that includes the FYBR and the Sexual Health and Reproduction Rights.

Reviewer Comment

6. Vehicles are maintained in good repair

6.10 Horn

Facility	Comment
Site 615	At the time of the review, the horn was not working.

1. Explain the Cause.

Wire from Horn was disconnected.

2. Corrective Action Taken.

Vehicle was taken to the mechanic. Wire was successfully attached. Horn is working properly.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

An employee will be assigned to check the vehicles weekly. A vehicle Inspection Form is completed and provided to the Director or designated supervisor. Supervisor will be responsible for taking the vehicle to the mechanics for maintenance and for any defects identified in the vehicle inspection form. Vehicle(s) will be taken to the mechanics, no later than three days upon receipt of the vehicle inspection form. (Attachment 1)

Reviewer Comment

PERSONAL RIGHTS AND SOCIAL /EMOTIONAL WELL-BEING

59. Children report they were informed about their right to obtain information on safe sex and reproductive health information [ILS, Section, 87075(e) & 87078(d)(12); SOW, Part C §15.3.10.3].

Facility	Comment
Site 616	C616-1, reported not being informed about the right to obtain information on safe sex and reproductive health.
Site 616	C616-2, reported not being informed about the right to obtain information on safe sex and reproductive health.

1. Explain the Cause.

New state mandate, STRTP was working on implementing state mandate at the time of review.

2. Corrective Action Taken.

New Dawn’s Mental Health Rehabilitation Specialist (MHRS) facilitated a group session on 09/07/2021, that focused on sexual education and sexual reproduction. Prior to the group session, the MHRS researched sexual education on the Planned Parenthood website to assist with properly educating the clients. The MHRS provided the clients an opportunity to vocalize if they felt more comfortable learning the topic in a individual session. All clients stated they were interested in learning the topic in a group setting. MHRS also reminded the clients that they were allowed breaks if they felt uncomfortable with the topics. The MHRS printed out handouts for the clients. The MHRS addressed several topics such as; STDs, consent and sexual assault, pregnancy, birth control, as well as sexual reproduction. MHRS’s have been instructed to continue to facilitate group and/or individual sessions with current clients and new clients on Sexual Health and Reproduction.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Upon entry into the program, clients will receive a participant handbook that provides information on safe sex and reproductive health. MHRS will provide individual and/or group session(s) with clients, at minimum once during placement at New Dawn. MHRS will document session(s) in a progress note. MHRS will provide individual and/or group session(s) within three months upon enrollment. MRHS will take into consideration if the client has any sexual trauma/abuse in order to determine appropriate timing of providing sexual education. MHRS will work with Head of Service if more time is needed to facilitate groups or individual discussion due to sexual trauma/history that could retrigger a client. If it is determined discussion can potentially retrigger a client, MHRS will document in a progress note if it will adversely affect a client. MHRS will work with Head of Service to be trauma-informed and age-appropriate. New Dawn’s Executive Assistant will check quarterly during quantity assurance to determine if a group or individual sessions were provided for each client in placement.

Reviewer Comment

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

Facility	Comment
Site 615	C615-1, reported not being informed about the right to have contraceptives and a container to lock them.
Site 616	C616-1, reported not being informed about the right to have contraceptives and a container to lock them.
Site 615	C615-2, reported not being informed about the right to have contraceptives and a container to lock them.
Site 616	C616-2, reported not being informed about the right to have contraceptives and a container to lock them.

1. Explain the Cause.

New requirement. Provider is now informed of changes, and has contraceptives at the facility.

2. Corrective Action Taken.

MHRS facilitated a group on Sexual Health and Reproductive Rights and provided each client with contraceptives. Using a piece of fruit, the MHRS demonstrated how to use a condom. The MHRS encouraged the clients to demonstrate task on fruit. MHRS reminded the clients that they will always have access to free condoms at the facility, if needed, which are located in the office at each site. The MHRS reminded the clients he or any Residential Counselor are available to transport the clients to clinics for any health concerns. The MHRS helped to normalize discussion by modeling social coping skills. The MHRS used appropriate language, validated the client's feelings towards the topic, and used positive reinforcement to engage the clients in the session.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Contraceptives will be accessible to clients and are stored in the office at each site. Clients are able to store contraceptives in their personal hygiene box or among their personal belongs. Staff received training on September 29, 2021 and were informed of client rights to have in their personal possession contraceptives. Clients shall stored their contraceptives in their hygiene box or among their personal possession.

Reviewer Comment



PERSONNEL FILES

83. Personnel received initial training & orientation.

83.3 Personnel received one hour of Child Abuse Identification & Reporting training.

Facility	Comment
Site 616	Staff 2, Did not have the Child Abuse Identification & Reporting training on file.
Site 615	Staff 1, Did not have the Child Abuse Identification & Reporting training on file.

83.5 Personnel received LGBTQ training

Facility	Comment
Site 616	Staff 3, Did not have LGBTQ training on file.

83.6 Personnel received 8 hours of reproductive and sexual health training

Facility	Comment
Site 615	Staff 1, Did not have the initial reproductive and sexual health training on file.

1. Explain the Cause.

Staff were not enrolled on time to complete Child Abuse Identification and Reporting and LGBTQ Training. Reproductive and Sexual Health Training was not available in our online training platform, Relias Learning.

2. Corrective Action Taken.

New Dawn Executive Assistant updated new hires Initial Training Plan in our online training platform, Relias Learning Center. Employees will be required to complete their initial training within 90 days from their date of hire. Executive Assistant added to the initial training plan: Identifying and Prevention Child Abuse and Neglect, Human Trafficking, A Growing Epidemic, LGBTQ and Sexual and Reproductive Wellness for Youth in Foster Care. Identifying and Prevention Child Abuse and Neglect Course Description: teaches about the various types of child abuse and neglect that are currently the most common, and the physical and behavioral warning signs that may accompany different kinds of child maltreatment. Employees will learn guidelines for mandatory reporting. Human Trafficking, A Growing Epidemic Course Description: Human trafficking victims are often concealed by their traffickers; however, studies show that many victims interact with healthcare professionals while they are being victimized. This places healthcare professionals in a unique position to recognize the signs and risk factors of human trafficking and take steps if they suspect a person may be a victim of human trafficking. The goal of this course is to provide healthcare staff with critical steps to recognize and respond to human trafficking. Sexual and Reproductive Wellness for Youth in Foster Care Course Description: Understanding the law regarding foster youth and sexual/reproductive education. Providing resources to help foster youth. Developing skills to talk with youth and educated them on sexual/reproduction. Working More Effectively with LGBTQ+ Children and Youth In this course, you will receive basic information on gender and sexual identities in LGBTQ+ children and youth to better inform your practice. The course will also discuss the effects of institutional, cultural, and social discrimination on LGBTQ+ youth as well as the impact of complex trauma. It will explore assessment practices, treatment models and methods for building resilience in LGBTQ+ children and youth.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

New hires will be informed by New Dawn's Executive Assistant that they are required to complete their initial training plan within two or three weeks from the date of enrollment. Employee will not shadow at the facility until initial training plan is complete.

Reviewer Comment

84. Personnel received annual on-going training.



84.5 Personnel received on-going CSEC training.

Facility	Comment
Site 616	Staff 2, Did not have the CSEC training on file.

84.6 Personnel received on-going LGBTQ training.

Facility	Comment
Site 616	Staff 2, Did not have the LGBTQ training on file.
Site 615	Staff 1, Did not have the LGBTQ training on file.

1. Explain the Cause.

New Dawn Employees were not aware that they had to complete LGBTQ and CSEC trainings annually. They were under the assumption that once you've done the training, the requirement is fulfilled.

2. Corrective Action Taken.

Executive Assistant created an Annual Training plan in our online training platform, Relias Learning Center. Training Plan includes LGBTQ, CSEC and Sexual and Reproductive Wellness. Employees have been informed that these trainings must be completed every calendar year.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Employees will be informed every quarter by New Dawn’s Executive Assistant identifying trainings that have been satisfied or needs to be completed (Attachment 3). Employees are not limited to Relias Learning. They can utilize other learning communities, such as: Foster and Kinship Education, Praxes Learning, DMH, West Coast Children Clinic, etc. Employees will continue to receive information on training opportunities via email and memos.

Reviewer Comment

Attach Documents

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No file chosen